

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/303709788>

Body Image of Women With Breast Cancer After Mastectomy: A Qualitative Research

Article in *Journal of Breast Health* · May 2016

DOI: 10.5152/tjbh.2016.2913

CITATIONS

105

READS

1,037

2 authors:



Sema Kocan

Recep Tayyip Erdoğan Üniversitesi

15 PUBLICATIONS 143 CITATIONS

[SEE PROFILE](#)



Ayla Gürsoy

Antalya Bilim University

70 PUBLICATIONS 409 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Evaluation of Frequency, Causes of Inappropriate Attendance to the Emergency Departments and Relationship to Overcrowding in Trabzon Province [View project](#)



Coronary Artery Bypass Graft (CABG) patients care needs and dependency after discharge from hospital [View project](#)



Body Image of Women with Breast Cancer After Mastectomy: A Qualitative Research

Sema Koçan¹, Ayla Gürsoy²

¹Vocational School of Health Services, Recep Tayyip Erdogan University, Rize, Turkey

²Karadeniz Technical University, School of Health Sciences, Trabzon, Turkey

ABSTRACT

Objective: To gain a holistic and deep understanding about how mastectomy effects the body image of women who have breast cancer.

Materials and Methods: The sample of this qualitative descriptive study consisted of twenty patients who underwent mastectomy procedures. Semi-structured interviews were conducted during the second week after mastectomy. Each interview was transcribed verbatim, and a thematic analysis was performed.

Results: After the mastectomy, the findings related to the women's body image and their experiences were specified as four main themes and seven sub-themes. The main themes were: meaning of the breast, mastectomy and me, my body image and body image changes, and social life. Most of the participants in this study stated that the breast meant femininity, beauty, and motherhood. It was found that the meaning of mastectomy varied according to individuals. Women used quite negative statements about their appearances. The participants also said that they felt that half themselves was missing, as individuals and women. The women stated that they preferred clothes that hid their lack of breast. Some of the participants mentioned that relations with their husbands were not like before, and they abstained from social interaction.

Conclusion: Our findings suggest that mastectomy as a surgical treatment for breast cancer may negatively affect a woman's body image and her self-image.

Keywords: Body image, mastectomy, breast care nursing, qualitative research

Introduction

Breast cancer is one of the four most frequent types of cancer seen in women and the second leading cause of death from cancer (1). As throughout the rest of the world, the rate of breast cancer in Turkey is steadily increasing. Breast cancer incidence in Turkey was 24/100 000 in 1993 and increased to 50/100 000 in 2010 (2). Regarding surgical procedures, modified radical mastectomy was the most common surgery (63%), and breast conserving surgery was the second (36%). Only 1% of patients had radical mastectomy (3). Mastectomy, as the surgical treatment of breast cancer, results in a permanent change to the appearance of women. The breast is considered a part of a woman's identity in Turkey and many cultures; it represents femininity, sexuality, beauty, motherhood, and feeding infants (4). The perceived loss of any of these attributes may lead to a negative change in body image (5).

Body image is defined as the mental picture of one's body, an attitude about the physical self, appearance, and state of health, wholeness, normal function, and sexuality (6). For some individuals, a change in appearance can lead to a negative body image and various psychosocial problems (5). Negative body image among breast cancer survivors includes dissatisfaction with appearance, perceived loss of femininity and body integrity, reluctance to look at one's self naked, feeling less sexually attractive, self-consciousness about appearance, and dissatisfaction with surgical scars (6). The relevant literature emphasizes that patients with breast cancer can experience changes in body image, self-concept, emotions, behavior, family dynamics, and the roles of the patient and her family (7).

The importance of a woman's breast has a dramatic impact upon her body image, and depending on the woman, the loss of a breast through mastectomy will have multiple meanings and can trigger conflicting emotions. Thus, the scale of the psychological reaction to the removal of a breast is closely related to the emotional importance that the woman attaches to her breasts. Consequently, depending on

Address for Correspondence :

Sema Koçan, e-mail: sema.koc.an@hotmail.com

Received: 04.01.2016
Accepted: 09.02.2016

the negative change in a woman's body, any perceived losses may lead to various psychosocial problems (8-11).

Providing professional psychosocial support for the patients after mastectomy is one of the important responsibilities of the nurse. Among the psychosocial problems that emerge as a result of mastectomy is the patient's experience of change in her body image (12).

During the treatment process of breast cancer, patients' body image and concerns related to their situation can impact both their physical and emotional health. Thoughts about body image, life, the possibility of metastasis, or the reconstruction of the breast can dominate patients' daily lives. A study on women with breast cancer can help us to better understand and improve patients' health, and we can learn about possible cultural similarities or differences when compared with other populations. Based on this need, the aim of this study was to identify the effects of mastectomy on women's body image soon after their surgery.

Materials and Methods

This descriptive study adopted a purposive sampling technique, whereby "particular settings, persons, or events were deliberately selected for the important information they can provide that cannot be obtained as well from other choices" (13). Participants were from two different city centers in the Eastern Black Sea region of Turkey. Thus, interviews were conducted during the second week after surgery. Inclusion criteria for this study required that participants had primary breast cancer, had undergone unilateral modified radical mastectomy due to breast cancer, had been informed of the diagnosis, had not undergone breast reconstruction, had not received systematic treatment, were in the age range of 18-60 years, were able to speak Turkish, did not have a psychiatric history, were not receiving psychiatric treatment at present, and did not have any other health problem that could affect body image (amputation, visible scar, blindness, visible physical disabilities). In qualitative research it is difficult to determine sample size. The researcher continues to gather data until the stage when the concepts and progress for the possible answer to the research question start to repeat (when the researcher reaches the saturation point) (14). When the emerging concepts and progress start to repeat, the researcher decides the sample number sufficiency. By depending on this principle, the sample number of the research is maintained until the researcher reaches the saturation point. Twenty patients met the necessary study criteria and were included in the sample. Approval for the study was obtained from the local Medical Faculty Clinical Studies Ethics Committee, and interviews were scheduled to be conducted in the homes of the study participants. Both written and oral consent were obtained accordingly. The data in the research were gathered using semi-structured interviews. The interview method is a mutual and interactive communication progress based on a style of asking questions and receiving answers in order to deeply understand what people think about a predetermined subject and about how they feel (14). In the process of preparing interview questions, two academics who were expert about qualitative research were consulted for their opinions.

During the interview, participants were first asked, "Can you tell me about the journey you have experienced since you first learned that your breast must be removed? Feel free to say whatever comes to mind." Additional questions pertained to previous and present views of the women's assessment or reactions, the absence of the breast, perception of self, relationships with family members and others, and the

effects of mastectomy on clothing choices. The last question was "Is there anything else you think I should know about this?" Data collected in the Turkish language were also analyzed in Turkish according to Braun and Clarke (15) and then translated into English.

Analysis of Data

Interview responses were subjected to thematic analysis in a qualitative descriptive approach because thematic analysis is a way of ensuring that the analysis remains as close to the intended meaning as articulated by the respondent as possible, that is, "what" is spoken (or written) rather than "how" (16). The main aim of this research was to determine or 'capture' what women feel, like taking a photograph.

Data were analyzed as follows:

1. The first interview with each study participant sought to obtain a first impression of the experiences of living without a breast. It was then edited by making use of the notes taken by the researcher during the interview that documented the tone of voice, gestures, and facial expressions of the participant. In order to identify and code expressions of importance for the compilation of each woman's story, each interview was reread. The interviewer's reflective notes were used to supplement each transcript. The purpose of these notes was to enhance the richness of the data and to support the rigor and trustworthiness of the analysis.
2. Collected data that constituted a meaningful whole were coded. The authors generated initial codes individually and then met with other reviewers to discuss their initial codes.
3. All codes were brought together and similarities and differences were reviewed and revised. Related codes were put together to create themes, and based on these themes, main themes were formed.
4. This was done by creating a map of the codes and themes and generating themes and sub-themes. These themes were then reviewed in great detail and further refined to ensure that the codes were relevant to each theme.
5. At this stage, each transcript was reread to check for additional coding and to check that nothing had been missed in the earlier phases. Finally, the themes and subthemes were checked to make sure they told a clear story and captured the depth and breadth of the data. They were then given a concise name and defined to capture each theme. The thematic analysis was carried out by two researchers and one Ph.D student. Except for this study team, the analysis was carried out independently of each other. Once coding was complete, the group met and arrived at a combined analysis, which was then examined and agreed upon in a team discussion.
6. The last phase of the thematic analysis involved writing up the results, which are presented below.

Results

The study participants were aged between 32 and 58 years; the mean age was 45.9 years (SD \pm 7.3). Sixty-five percent of the women had completed primary school (n=13), twenty-five percent had completed high school (n=5), five percent of the women had secondary school education (n=1) and five percent of the women in our study were university (n=1) graduates. Eighty-five percent of the study participants were housewives (n=17), and 85.0% (n=17) were married.

Analysis of the data revealed four main themes with subthemes emerging within each. The diagram depicts the first- and second-level themes coded in the final template with top-level themes in bold, and second-level themes in plain text. After the analysis was conducted to identify the body image of the women who had undergone a mastectomy operation, four main themes were determined.

Meaning of Breast

Most of the participants in this study stated that the breast meant femininity, beauty, motherhood, and attraction, and for them it was seen as an organ that perfects women. The statements of the participants show that the breast is not only an organ but also a symbol to which many meanings are attached.

“The breast is the organ that shows women as beautiful. I mean, my breast looked more beautiful when there were two. But I am not sad for that. I mean, they meant femininity, they were important for me. But I don’t make much of it because I am not married now” (8th participant).

“Breast is part of me, of course. It evokes my femininity. I have three children. I breastfed them. It also reminds me of breastfeeding” (2nd participant).

“It represents my femininity. Also it is very important regarding how I look for my husband and my clothes on me. When I look in the mirror, my breast is not there. I don’t want to look in the mirror (She seems to be sad)” (6th participant).

Mastectomy and Me

Although mastectomy can evoke negative emotions and thoughts for many women because of the loss of a breast generally, other women feel a sense of hope related to still being alive.

The First Encounter After Surgery with the Loss of the Breast

The first encounter with the surgical area was a difficult and exhausting experience for women because of the scar; they felt fearful of the surgical site. Some women might see the surgical site shortly after the operation; however, for many reasons, most women wait longer. Many participants mentioned that when they saw the operation area in the mirror, they were afraid and they felt bad, weird and different.

“I saw it the second day after the operation for the first time. At that moment, nothing came to my mind. Afterwards, when I went into the bathroom and looked in the mirror, “I feel so bad” (her eyes beginning to fill with tears) what have I become! I am crooked” (9th participant).

“I didn’t want to see the operation area at all; I saw it when I was back home. Before seeing it, I knew that I was going to feel the emptiness but when I saw it, I felt very different (crying), words are never enough to explain” (14th participant).

Emotional Conflict

Women’s thoughts and feelings about mastectomy revealed many differences. Some women were grateful to still be alive and saw this as more important than the loss of a breast. Other women understood the necessity of the surgery for their health, but after surgery, they experienced great sadness at the loss of their breast.

“As long as I enjoy good health, the breast doesn’t mean a lot for me. The important thing is my health. I mean, an artificial breast or cosmetic surgery would do. Health was the priority for me” (13th participant).

“Before the operation, I was a normal person. But after the operation, your one side is missing. Of course, I am feeling a lack of it. One side is beauti-

ful; the other side has collapsed. But the operation is a must for health” (2nd participant).

Some participants expressed that they see their situation as the will of Allah and they turn to Allah, the Almighty.

“Allah, the Almighty, gave this disease to me. I am not pleased with my appearance. But Allah gave this to me, I have to be pleased. We will pull ourselves together a little” (9th participant).

The statements indicate that mastectomy affects women in different ways, and their reactions to it are dependent on personal attributes.

My Body Image

Altered Appearance

Many of the women spoke about the negative impact of an altered appearance on their body image. After the surgery, many women described what they saw as “wretched, horrible, scary, ugly, crooked, collapsed shape.” But the most commonly used description of their appearance was that they looked incomplete and half because they did not have breast.

“I didn’t appreciate myself before the operation anyway. I always thought “I wish I had blond hair”, “I wish I had blue/green eyes.” But now, after the operation, I think... I was prettier before. In the past, I was beautiful but now I lost my breast and to be honest, I am feeling worse and uglier (Her eyes beginning to fill with tears and crying)” (15th participant).

One woman stated that her appearance was deformed.

“I look at myself and think that a part of my body is nonexistent. To be honest (Smiling), I have never thought that I would be in this situation. I look in a mirror and the result is deformity. Nothing, but just deformity” (9th Participant).

One of the participants pointed out that she felt ashamed due to her appearance.

“I am ashamed so I try to cover my breast with my arm. I use fabric instead of brassiere” (17th participant).

Altered Self-Esteem as a Female

As already mentioned, the female breast is an organ that symbolizing feminine identity. Thus removal of the breast by mastectomy can adversely affect a woman’s feelings of femininity and self-confidence. Most of the participants stated that they felt diminished as a woman, half, abnormal and depressed.

“Before the surgery, I seemed the same as other women. My two breasts were already existent, but after the surgery I have thought that contrary to other women, I am incomplete (She hesitates to look at my face)” (5th Participant).

“Frankly, I feel missing. As if my body is half. I feel that there are deficiencies on my body. Now, I am surely aware that I had self-love in the past” (15th Participant).

These statements reiterate once again that for women the breast stands for beauty, breast-feeding, sex, and femininity, and its removal may mean loss of identity for some women.

After mastectomy, a woman who is unable to fulfill her role and responsibilities can feel useless and as though she has lost her social iden-

tity. Some of the participants stated that they could not do the housework and garden as before and thus felt depressed and as half a person.

"I have not done the housework yet, I lift sundries but not heavy stuff. Yesterday, my daughter was cleaning the home and I said that I wish I could have done this, I am very sad about that. Does anybody want to do the housework? But I wanted to (Smiling)" (12th Participant).

"My daily life has been affected like that: I cannot use my right arm due to the removal of lymph nodes. This condition has resulted in my feeling as a half person because I generally do garden work and now I cannot" (20th Participant).

The participants' statements indicate that women who cannot fulfill their role and responsibilities after mastectomy may experience negative emotions such as depression and as though they are not a whole person.

Clothing Adjustments

Because the female breast symbolizes beauty and femininity, the removal of the breast may result in a desire to hide the new reality and change one's way of dressing. Most of the participants stated that they wanted to cover and hide the loss by changing their way of dressing and wearing loose-fitting clothing.

"As I said, as if any dress fits me no longer. I dress a bit casually or I put something over my breast, for example, a scarf. I cannot bear this condition even when I am alone. I try to hide it when I am alone, too" (14th Participant).

"I cannot wear my old clothes any longer. Earlier I preferred to wear slim fitting dresses. I strive hard to hide this. I do not want anybody to see me in this condition. Whoever I am with, I try to hide it and mostly I wear a waistcoat. I wear loose-fitting clothes to avoid people's glance (Crying)" (15th Participant).

Statements indicate that women who experienced a negative body image after mastectomy preferred to adjust their way of dressing in order to cope with their new reality.

Body Image Change and Social Life

Changes in Relationships with Family Members

A few of the participants mentioned that relations with their husbands were not like before, and they worried about this.

"Maybe my husband feels nothing bad towards me, but I do not want to show myself to him. I do not want to show that part because of the loss. Generally, I avoid environments where people come with their partners; other women do not struggle with this problem and I necessarily wonder what my husband is thinking about these other women. They have breasts but I do not. That's all I think about (Her voice falters)" (6th Participant).

"It affected relations with my husband, of course. It affected my sex life and also I can not serve my husband. I think that my husband has mercy on me because of illness" (9th Participant).

One participant stated that she was worried how her health status affected her children.

"I do not care about myself but my children. I wonder if they are affected by this condition?" (7th Participant).

Our study results revealed that after mastectomy, many women suffer from a negative body image. They may also be concerned with how

their own family and other people perceive their bodies after this radical surgery.

Changes in Relationships with Other People

The removal of a woman's breast can greatly affect her relationship to the environment, resulting in a limited social life and tendency to avoid social situations. Most study participants pointed out that they avoided social situations and felt they needed to hide their breast loss. However, two of the participants stated they received support from others.

"I say to myself I shouldn't go to some places, such as social events and weddings. The women there are all right but I'm missing my breast. Of course, I would like to cover and to hide the lack of my breast" (10th Participant).

Discussion and Conclusion

The research was carried out with volunteers who had undergone mastectomy for primary breast cancer and were recruited from two hospitals in the same geographic region. Most of the women who participated in the study were traditional Muslim housewives from rural regions of Turkey with little education. In other studies on this topic, these women have been underrepresented, and there is very little data about the psychosocial condition of this particular group of women after mastectomy.

Meaning of Breast

This study was performed to learn more about women's perception of mastectomy and body image. For most study participants, interviews confirmed that the breast was an organ that symbolized femininity, beauty, and motherhood. Other studies have confirmed that women feel that the breast symbolizes femininity and is one of the most important features of womanhood (4, 17, 18).

Mastectomy and Me

In our study, patients reported that when they first saw their surgical site, they felt frightened, bad, strange, and different. In the first studies related to this topic, the women remembered their first look at the surgical site as difficult and upsetting, and they avoided looking at it (19-21). Some women also indicated that their first look at the surgical incision shocked them and caused mixed emotional reactions (11, 21).

The women's statements showed that they attached different meanings to mastectomy. While some women felt their health was more important than not having breast, others experienced sadness resulting from the loss of the breast and hope in which they believed that they could handle this significant health challenge. Drageset et al. (22) stated that mastectomy was necessary to regain health, but they also noted that loss of the breast after mastectomy might result in conflicting or negative emotions. Sometimes this loss can cause women to become more devout in their religious beliefs and practices. During the interviews some women expressed that they regarded their situation as the will of God, and they turned to God as a source of strength and acceptance.

My Body Image

In our study, all of the women used negative assessments related to their appearances (ugly, missing, weird). These statements show that women experience negative emotions due to the physical changes resulting from the operation. Studies related to this issue have reported that women regarded their appearances as deformed, irregular, non-proportional, and ugly after mastectomy (23, 24).

In our study, most of the women stated that they were inclined to wear loose-fitting clothing, and they tried to cover their surgical incisions.

This negative response is the woman's attempt to hide the loss of a breast from her social environment. Women who experience a negative body image after the loss of a breast often try to change their dressing style in order to deal with their unhappiness and discomfort. Many women find it difficult to find a way to dress that makes them feel comfortable with their new body, their new situation (5, 19, 25, 26).

Thus, the loss of a breast to mastectomy will be perceived by many individuals as a serious blow to a woman's identity and sense of self (27). Most of the participants in our study stated that they felt something missing, and they felt ill and abnormal. The existing literature emphasizes the female breast as a symbol of femininity and womanliness. Women characterize the loss of a breast as deprivation of womanhood or identity (28-31). Some of the participants in our study declared that after mastectomy they could not do housework or work in the garden, and this situation made them feel empty and inadequate. Other studies have reported that women felt unable to carry out daily life activities such as shopping, cleaning the home, and hanging clothes (32-34). Women who cannot fulfill their role in life after undergoing a mastectomy may experience feelings of loss related to the things they used to do so easily. This situation may affect their sense of self, which may in turn, affect their body image in a negative way.

A positive body image is associated with a person's satisfaction about their appearance, and it can be affected by others' opinions as well. The participants' statements expressed their perception that people felt sorry for women who had undergone mastectomy. The women themselves knew they were viewed differently, and they could sense the negative attitudes of others.

Body Image Change and Social Life

The statements of the women in our study indicated that the loss of a breast affected relations with their husbands, and they were worried about this because of their own negative body image. Women who had undergone mastectomy were concerned that this change in their appearance could impact their sex lives negatively (22, 35). Mastectomy has a negative impact on husband and wife relationships and also impacts relationships with their children. Studies have shown that after mastectomy, women wanted to appear stronger for their children. Some had even placed breast prostheses in their brassiere to hide their loss of a breast (22, 26).

After breast loss, some women want to avoid social situations because of their appearance, and our study participants felt the same and also avoided social situations. Other studies in various countries have also reported the common finding of the negative impact of mastectomy on women's social life (21, 36).

Patients need medical, social, and psychological support during and after completion of treatment for breast cancer. In order to offer patients the best health care possible, the health care team needs to use an integrative approach in the treatment of their patients. This concept considers both the patient's physiologic as well as psychological needs. The multidisciplinary team consists of a doctor, nurse, psychiatrist, psychologist, social services expert, dietician, physical therapist, a pharmacist, and clergyman or other spiritual advisor (37, 38). During this process, nurses should provide patients with information and support both prior to and after surgery. Nurses can teach effective coping skills to help patients through the difficult health challenge they face. Furthermore, nurses can also serve as consultants as needed by patients. After the surgery, patients should also be encouraged to look

at and to touch the site of their operation. In order to more fully support patients who must undergo mastectomy, reconstruction options should be discussed either before surgery or soon thereafter. Results of research on the effect of reconstruction for body image showed an increase in positive body image and satisfaction of patients (39, 40).

The results of the study contributed information for thoughts and feelings related to changes in the appearance of the early post-mastectomy women. This study will also be a guide to assist health care teams in developing ways that will help patients become more attuned to their experiences and to discover effective methods of coping with their new health reality.

Limitations of the research

This exploratory study reflects the situation of women shortly after mastectomy. With time, women may or may not adjust better to their altered appearance. We aim to conduct a longitudinal follow-up study to determine changes of mastectomy-related concerns in the course of time.

Researchers have long known that mastectomy negatively affects a woman's body image. However, the results of our research, provided by the women's own very personal statements, emphasize the experiences of the trauma and loss of patients with breast cancer after mastectomy. The study is very important for providing a more intimate and personal sense of body image that until now has usually been presented with statistical results. It is hoped that this small exploratory study will contribute to improving body image-related supportive care of women who are treated with mastectomy.

With the recent advances in medical care and technology, more and more women are surviving breast cancer. Therefore, nurses need to become more knowledgeable about breast cancer treatments and how these affect women who will be in their care. The results of this study show that body image and experiences after mastectomy are individual and contextual, but the one unchanging result is that mastectomy negatively changes women's body image. Nurses and other healthcare professionals will need to develop a more comprehensive understanding of body image changes among women after diagnosis and treatment. Rather than relying on vague preconceptions of what each woman needs because of her age or the phase of her life, healthcare professionals can learn from each woman's own and very personal story of what losing a breast means to her.

Ethics Committee Approval: Ethics committee approval was received for this study from local ethic committee.

Informed Consent: Informed consent was obtained from patients who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - S.K., A.G.; Design - S.K., A.G.; Supervision - A.G.; Funding - S.K.; Materials - S.K.; Data Collection and/or Processing - S.K.; Analysis and/or Interpretation - S.K.; Literature Review - S.K.; Writing - S.K.; Critical Review - S.K., A.G.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. T.C. Sağlık Bakanlığı Kanserle Savaş Dairesi Başkanlığı Ulusal Kanser Programı 2009- 2015. (Republic of Turkey, Department of Against- Can-

- cer, National Cancer Programme 2009-2015) (Ed: Tuncer M): Ankara, 2009; Bakanlık Yayın No: 760, ISBN 978- 975- 590- 285-2.
2. Ozmen V, Boylu S, Ok E, Canturk NZ, Celik V, Kapkac M, Girgin S, Tireli M, Ihtiyar E, Demircan O, Baskan MS, Koyuncu A, Tasdelen I, Dumanli E, Ozdener F, Zaborek P. Factors affecting breast cancer treatment delay in Turkey: a study from Turkish Federation of Breast Diseases Societies. *Eur J Public Health* 2014; 25:9-14. (PMID: 25096257) [\[CrossRef\]](#)
 3. Özmen V. Breast Cancer In The World And Turkey. *J Breast Health* 2008; 4:6-12.
 4. Cebeci F, Yangın HB, Tekeli A. Life experiences of women with breast cancer in south western Turkey: A qualitative study. *Eur J Oncol Nurs* 2011; 16:406-412. (PMID: 22000551) [\[CrossRef\]](#)
 5. Garip M. Meme kanseri nedeniyle opere olan hastalarda meme koruyucu cerrahi veya radikal mastektomi kararını etkileyen faktörler ve cerrahi türünün hasta üzerindeki etkileri. (For the patients who had operation due to breast cancer, factors affecting the decision of breast protective surgery or radical mastectomy and impacts of surgical choice on patient) Uzmanlık Tezi, Sağlık Bakanlığı Dr. Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi Aile Hekimliği, İstanbul 2008.
 6. Fobair P, Stewart SL, Chang S, D'onofrio C, Banks PJ, Bloom JR. Body image and sexual problems in young women with breast cancer. *Psycho-Oncology* 2006; 15:579-594. (PMID: 16287197) [\[CrossRef\]](#)
 7. Özbaş A. Meme kanserli ailelerde sorunlar ve çözümler. (Problems in families with breast cancer and solutions) *J Breast Health* 2006; 2:115-117.
 8. Gümüş AB. Meme kanserinde psikososyal sorunlar ve destekleyici girişimler. (Psychosocial issues in breast cancer and supportive interventions) *J Breast Health* 2006; 2:108-114.
 9. Okanlı A. Kadınlarda mastektominin psikososyal etkileri. (Psychosocial impacts of mastectomy on women) *International Journal of Human Sciences* 2004; ISSN, 1303-5134.
 10. Begovic A, Chmielewski A, Iwuagwu S, Chapman LA. Impact of body image on depression and quality of life among women with breast cancer. *J Psychosoc Oncol* 2012; 30:446-460. (PMID: 22747107) [\[CrossRef\]](#)
 11. Ashing KT, Padilla GV, Bohorquez DE, Tejero JS, Garcia M. Understanding the breast cancer experience of Latina women. *J Psychosoc Oncol* 2006; 24:19-52. (PMID: 17088240) [\[CrossRef\]](#)
 12. Uçar T, Uzun Ö. Meme kanserli kadınlarda mastektominin beden algısı, benlik saygısı ve eş uyumu üzerine etkisinin incelenmesi. (Examination of effect on body image, self-esteem and marital adjustment of mastectomy in women with breast cancer) *J Breast Health* 2008; 4:162-168.
 13. Maxwell J. Designing a qualitative study. In: L. Bickman & D. J. Rog (Eds.) *Handbook of applied social research methods* Thousand Oaks, CA: Sage 1997; 69-100.
 14. Yıldırım A, Şimşek H (2006). *Sosyal Bilimlerde Nitel Araştırma Yöntemleri. (Qualitative Research Methods in Social Sciences)* Altıncı Baskı. Seçkin Yayıncılık, Ankara; 253- 275.
 15. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3:77-101. [\[CrossRef\]](#)
 16. Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences* 2013; 15:398-405. (PMID: 23480423) [\[CrossRef\]](#)
 17. Fallbjörk U, Salander P, Rasmussen BH. From “no big deal” to “losing oneself”. Different meanings of mastectomy. *Cancer Nurs* 2012; 35:41-48. (PMID: 22067698) [\[CrossRef\]](#)
 18. Doumit MAA, Huijter HAS, Kelley JH, Saghier NE, Nassar N. Coping with breast cancer a phenomenological study. *Cancer Nurs* 2010; 33:33-39. (PMID: 20142735) [\[CrossRef\]](#)
 19. Remmers H, Holtgräwe M, Pinkert C. Stress and nursing care needs of women with breast cancer during primary treatment: a qualitative study. *Eur J Oncol Nurs* 2010; 14:11-16. (PMID: 19748314) [\[CrossRef\]](#)
 20. Yurek D, Farrar W, Anderson BL. Breast cancer surgery: comparing surgical groups and determining individual differences in postoperative sexuality and body change stress. *J Consult Clin Psychol* 2000; 68:697-709. (PMID: 10965644) [\[CrossRef\]](#)
 21. Ziegler CP, Sassi ML, Raffoul W, Delaloye JF. Mastectomy, body deconstruction, and impact on identity: a qualitative study. *Br J Health Psychol* 2010; 15:479-510. (PMID: 19840495) [\[CrossRef\]](#)
 22. Drageset S, Lindstrom TC, Giske T, Underlid K. Being in suspense: Women's experiences a waiting breast cancer surgery. *Journal of Advanced Nursing* 2010; 67:1941- 1951. (PMID: 21466581) [\[CrossRef\]](#)
 23. Demuth A, Czerniak U, Krzykala M, Ziolkowska E. Subjective assessment of body image by middle- aged men and women. *Studies in Physical Culture and Tourism* 2012; 19:25-29.
 24. Shrestha K. Psychological impact after mastectomy among Nepalese women: a qualitative study. *Nepal Med Coll J* 2012; 14:153-156. (PMID: 23671969)
 25. Dahl CAF, Reinertsen KV, Nesvold IL, Fossa SD, Dahl AA. A study of body image in long- term breast cancer survivors. *Cancer* 2010; 116:3549-3557. (PMID: 20564138) [\[CrossRef\]](#)
 26. Kennedy F, Haslam C, Munir F, Pryce J. Returning to work following cancer: a qualitative exploratory study into the experience of returning to work following cancer. *Eur J Cancer Care (Engl)* 2007; 16:17-25. (PMID: 17227349) [\[CrossRef\]](#)
 27. Przewdzicki A, Sherman KA, Baillie A, Taylor A, Foley E, Bilinski KS. My changed body: breast cancer, body image, distress and self- compassion. *Psychooncology* 2013; 22:1872- 1879. (PMID: 23203842) [\[CrossRef\]](#)
 28. Klaeson K, Sandell K, Berterö CM. To feel like an outsider: focus group discussions regarding the influence on sexuality caused by breast cancer treatment. *Eur J Cancer Care (Engl)* 2011; 20:728-737. (PMID: 21355941) [\[CrossRef\]](#)
 29. Odigie VL, Tanaka R, Yusufu LMD, Gomna A, Odigie EC, Dawotola DA, Margaritoni M. Psychosocial effects of mastectomy on married African women in Northwestern Nigeria. *Psychooncology* 2010; 19:893-897. (PMID: 20025083) [\[CrossRef\]](#)
 30. Sabo BM, Thibeault C. “I'm still who I was” creating meaning through engagement in art: the experiences of two breast cancer survivors. *Eur J Oncol Nurs* 2012; 16:203-211. (PMID: 21621460) [\[CrossRef\]](#)
 31. Arroyo JMG, Lopez MLD. Psychological problems derived from mastectomy: a qualitative study. *Int J Surg Oncol* 2011; 1-8. (PMID: 22312492) [\[CrossRef\]](#)
 32. Bosompra K, Ashikaga T, O'Brien PJ, Nelson L, Skelly J. Swelling, numbness, pain, and their relationship to arm function among breast cancer survivors: a disablement process model perspective. *Breast J* 2002; 8:338-348. (PMID: 12390356) [\[CrossRef\]](#)
 33. Fu MR. Breast cancer survivors' Intentions of managing lymphedema. *Cancer Nurs* 2005; 6:446-457. (PMID: 16330966) [\[CrossRef\]](#)
 34. Fu MR, Rosedale M. Breast cancer survivors experiences of lymphedema-related symptoms. *J Pain Symptom Manage* 2009; 6:849-859. (PMID: 19819668) [\[CrossRef\]](#)
 35. Gilbert E, Ussher JM, Perz J. Sexuality after breast cancer: a review. *Maturitas* 2010; 66:397-407. (PMID: 20439140) [\[CrossRef\]](#)
 36. Enache RG. The relationship between anxiety, depression and self- esteem in women with breast cancer after surgery. *Procedia- Social and Behavioral Sciences* 2012; 33:124-127. [\[CrossRef\]](#)
 37. Gültekin Z, Pınar G, Pınar T, Kızıltan G, Doğan N, Algier L, Bulut I, Özyılkan Ö. Akciğer kanserli hastaların yaşam kaliteleri ve sağlık bakım hizmet beklentileri. (Health-Related Quality of Life and Health Care Services Expectations of The Patients with Lung Cancer) *Uluslararası Hematoloji- Onkoloji Dergisi* 2008; 18: 99-106.
 38. Chirgwin J, Craike M, Gray C, Watty K, Mileshekin L, Livingston PM. Does Multidisciplinary Care Enhance the Management of Advanced Breast Cancer? Evaluation of Advanced Breast Cancer Multidisciplinary Team Meetings. *J Oncol Pract* 2010; 6:294-300. (PMID: 21358959) [\[CrossRef\]](#)
 39. McKean LN, Newman EF, Adair P. Feeling like me again: a grounded theory of the role of breast reconstruction surgery in self-image. *Eur J Cancer Care (Engl)* 2013; 22:493-502. (PMID: 23730890) [\[CrossRef\]](#)
 40. Fang SY, Shu BC, Chang YJ. The effect of breast reconstruction surgery on body image among women after mastectomy: a meta-analysis. *Breast Cancer Res Treat* 2013; 137:13-21. (PMID: 23225142). [\[CrossRef\]](#)