

Article

# Mental Health among Women after Mastectomy: The Role of Counselling

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**Abstract:** The aim of the present research through the study of the mastectomy experience of women with breast cancer, is the investigation of its consequences in women who took part, as well as the role of counseling therapy in promoting mental their health. Five women voluntarily participated in semi-structured interviews, which they had undergone mastectomy and attended counseling. For in the analysis of the interviews, the Phenomenological Analysis was used. From the analysis of the interviews, it became clear that mastectomy brings about both physical changes, from the sensation of breast loss, as well as changes in their mental world, as their mental health is directly affected in awareness of breast removal. Therefore, the provision of advisory support is one of the main factors contributing to the relief of psychological symptoms, controlling negative thoughts and reducing negative one's emotions experienced by women. Through the therapeutic process the women besides promoting their mental health, know themselves better through the eyes of others (partner, family). The results of the research contribute significantly to the theoretical and objective understanding of the mastectomy experience, as they highlight important aspects of it her experience regarding the negative effects of mastectomy. Simultaneously highlight the special importance of providing psychological support in order to strengthening their mental world. Finally, they reveal its necessity conducting qualitative research to further explore and understand the experience of women who have undergone a mastectomy.

## How to cite this paper:

Theofilou, P. (2022). Mental Health among Women after Mastectomy: The Role of Counselling. *World Journal of Cancer and Oncology Research*, 1(1), 8–18. Retrieved from <https://www.scipublications.com/journal/index.php/wjcor/article/view/428>

**Keywords:** Mastectomy, Mental Health, Counselling

**Received:** August 12, 2022

**Accepted:** September 28, 2022

**Published:** September 30, 2022



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## 1. Introduction

Breast cancer is the most common form of cancer in women worldwide the world. As over a million new ones are diagnosed each year cases [1]. The incidence of breast cancer is higher in industrialized countries, mainly North America and Australia, where one in eight women will develop breast cancer [1]. His cancer Breast cancer is a form of cancer that develops from glandular cells in the ducts and lobules (cells found in the breast). It evolves progressively, filters them adjacent organs or tissues (skin, muscles, lymph nodes) and later may give metastases to distant organs (liver, lungs, bones, brain, etc.) [1].

As for the psychological part, breast cancer usually causes feelings of fear, loss of femininity, self-confidence, sexuality, as their body image changes. Also, the interpersonal relations of the woman with the persons of her close environment, with resulting in feelings of isolation and loneliness. Therefore, this resulting emotional variation affects their psychological well-being breast cancer patients, so that they experience stress, anxiety and even depression. The mental health professionals who are appropriately trained in women with breast cancer play an important role in alleviating the negative of emotions experienced by a woman, in strengthening femininity and woman's sexuality as well as strengthening self-esteem and her confidence. In addition, the therapist helps the patient by providing counseling support to adapt to his psychosocial requirements but and to

support his family and partner, where they may experience intense cancer-related stress. Finally, the therapist provides counseling support not only individual to the woman with breast cancer, but also to the partner and children, so as to contribute to her mental well-being [2].

Breast cancer treatments, such as radical mastectomy and surgery, can adversely affect a woman's body image. The correlation between body image and depression was revealed in several studies found that people suffering from breast cancer with bad body image were likely to report more depressive symptoms [3, 4].

From the review of the relevant literature, it follows that the experience of mastectomy is often the object of study of qualitative as well as quantitative researches, which they use different methods to analyze the data. Her study specific research is part of the investigation of the experience of mastectomy and of effects it has on the psychology of women, as well as its important role counseling support to cope with their breast loss. Below are the results of qualitative studies, which come from either from surveys that study the experience of breast cancer in general or studies that they exclusively concern the experience of mastectomy.

According to the research of Menon AS, O' Mahony [5], it showed that the loss of the breast brings about significant physical changes, which affect the woman's inner world. Therefore, the removal of the breast is not simply experienced as a loss of femininity, but it brings about a general change in the total existence of women, affecting significantly their interpersonal relationships [5]. In contrast, to the research of Landmark and Wahl [6], which included only women who had undergone mastectomy, the results showed that breast loss changes women's perception about their body mainly in terms of their femininity and sexuality. The women experience feelings of inferiority towards the male sex as well as a reduction of their self-esteem [6].

McClelland et al (2015)[7] conducted a study to investigate quality of life of women with breast cancer and the role of their body image. The body image seems to remain extremely important even for those who live with a shorter life expectancy. This study points out how his image is affected body, women's emotional, physical functioning and their general well-being. The women showed a significant increase in their quality of life and hers physical functioning as a function of improved body image. This relationship signals an important factor among how patients see their bodies and how they rate their strength and endurance. Given that important role that body image plays in women's lives are evident psychosocial dimensions of the issue of negative self-image. The ugly picture leads to reduced emotional functioning and is an adverse psychological factor in maintaining quality of life [7].

Trusson et al. (2017) studied social interactions during and after the treatment of breast cancer. The post-treatment period may be difficult and often characterized by the fear of relapse, physically and psychosocially problems. The analysis of the interviews revealed numerous and different perceptions of social support in the different stages of breast cancer (8).

The aim of the present research through the study of the mastectomy experience of women with breast cancer, is the investigation of its consequences in women who took part, as well as the role of counseling therapy in promoting mental their health.

## 2. Method

### 2.1. Participants

The primary criterion for the selection of the participants was subjecting them to mastectomy and follow-up was defined as a secondary criterion advisory support. Finally, the time period was set as the next criterion period of at least one year from undergoing mastectomy, so that women can they have the possibility to comfortably express their per-

sonal experience. Therefore, in 5 women aged 33-55 years, who had undergone mastectomy within 1-5 years, before their participation in the research. The women who took part in the research were approached after the researcher contacted an association of women with breast cancer, to which they provided volunteer their help to other women with breast cancer. Subsequently a brief descriptive analysis of demographic characteristics and of additional treatments followed by each participant.

## **2.2. Data collection**

Data collection was carried out through semi-structured interviews. The semi-structured interview consists of organizing a relationship between two persons, the researcher and the interviewee so as to enable the collection of experiences and information, on a specific object of study [9]. Specifically, the type of interview we will use to collect the information from women with breast cancer is the semi-structured interview [10]. The semi-structured interview is characterized by flexibility and adaptability in terms of the way and order they will be placed questions and topics to be discussed [10]. Thus, n is given opportunity for each participant to spontaneously express their opinions about specific topic [11, 12].

For conducting the interviews seven open questions were used, which included some sub-questions, so that the participants were facilitated in their answers. Thus, having as the main axis the issues under investigation and reviewing the relevant literature, the researcher compiled a list of questions, where they were directly related to the object of study. The questions concern the following main areas: a) the effect of mastectomy on body image, b) the effect of the mastectomy in interpersonal relationships (partner, children), c) consequences that had mastectomy in their mental health, d) the role of counseling support in mental health promotion.

## **2.3. Procedure**

During the process of implementing the research, the researcher observed all the ethical rules and ethical criteria concerning the development of a research process for the purpose of impartiality of the responses of the women who took part in the survey. At first, she contacted the psychologist of the association of women with breast cancer providing an oral and written briefing on the purpose of the research, inviting as many women as desired and meeting her objective criteria research to voluntarily participate in the research. The women after they came to telephone contact with the researcher agreed on the place and time of its conduct interview. The interviews were conducted from June to October 2020. In each interview, only the researcher was present participant and lasted about an hour. The five interviews were conducted in the area of the association of women with breast cancer having as the main concern to ensure privacy and quiet so that there is devotion to her researcher and the participants in the interview process.

## **2.4. Data analysis**

After data collection, the semi-structured interviews were transcribed and were analyzed according to the Phenomenological Analysis of Moustakas [13], which the modification of the analysis proposed by Van Kaam is considered. According therefore, with the principles of Moustakas analysis [13], the following steps were developed: 1) Initially, the researcher made a first contact with the de-recorded interviews and then read all the texts to get a first contact with the material. This was followed by multiple and systematic readings of each interview separately, so that to achieve a better understanding of the personal experience of each participant. The next steps were followed for each interview separately. 2) Next gathered all the basic expressions of the personal experience of each participant for mastectomy (horizontalization). 3) Then the researcher defined and grouped them consistent elements of each experience, which were categorized. As they were eliminated expressions that were not related to the basic research question, were unclear and were

repeated or overlapping. 4) Then check and review the constants elements of each experience based on the original text of each interview, so that confirm that they are expressed clearly and validly in the interview and that they are compatible with the personal experience of each participant. Those of them who did not observe the above criteria were considered incompatible with the personal experience of each participant and were removed. 5) Then, proceed to create the personal description of the experience, where the researcher used the valid constants data to capture the personal experience of each participant. In every text completely filled out some excerpts from the interviews. 6) Create a personal structural description, comparing the building blocks of experience from different visual aspects, so as to capture the personal structural experience of each participant, referring to her intuitive ability. As well as in every text has been added full excerpts from the semi-structured interviews. 7) Then he combined the textural and structural elements of each experience, in order to complete the description of the experience of each participant. 8) Finally, he composed in one text all the complex textural and structural descriptions, so that summarize the personal experiences of all participants, using the above semi-structured interview analysis process for each participant separately [13]. The following section presents the text of the final analysis of experiences. The names of the participants are pseudonyms for security purposes the privacy and anonymity of women.

**Table 1. Steps of data analysis.**

systematic readings of each interview separately
gathering all the basic expressions of the personal experience of each participant
defining and grouping consistent elements of each experience
checking and reviewing the constants elements of each experience
creating the personal description of the experience
creating a personal structural description
combining the textural and structural elements of each experience
composing in one text all the complex textural and structural descriptions

### 3. Results

Analyzing the women's interviews, their personal experiences become clear about mastectomy. Through the analysis, in which many times the participants extended to other topics, special attention was paid to consequences of the mastectomy, both physically and mentally but also in the important role of counseling support in the phases of his diagnosis and mastectomy breast cancer. The woman undergoing this mastectomy procedure, she is automatically overwhelmed by the feeling of difference. More specifically, the participants initially accept the mastectomy as necessary and inevitable operation for their lives. But due to the obvious changes in their body it occurs the feeling of difference by relating it to embodied identity, that is, those the elements of identity in which the body plays an important role. This feeling does their appearance as a woman's breast is a key element of her femininity, which these women lose. An equally serious role, in her opinion diversity that the participants feel, the attitude of others plays a role. In a few words, the diversity they feel evolves and is influenced by society in which also experience the similar behaviors of other citizens.

Women after mastectomy returning to their daily life and their activities strongly experience the changes in their body. Her realization body change for the loss of the breast heralds the beginning of a period mourning. Gradually and having as a main ally counseling therapy, bereavement is decreasing as women increasingly come to terms with their body changes. However, the experience of mastectomy and loss remains in the back of his mind their mind engraved, without it standing in their way but on the contrary giving

strength and mental toughness. Initially, the diagnosis of cancer causes a great shock to all the participants, as it is an unpleasant event and brings them faced with their vulnerability and mortality. The fear of death, but also the futile thoughts during the diagnosis phase causes them strongly negative and unpleasant feelings which they cannot control at first. According to Katerina, the announcement of the diagnosis is the first shock, as it freezes all of her feelings and thoughts <<At first you think you will die.....I was afraid (.) You won't forget that day, when you hear this thing everything inside you turns... You don't know what to do, you are trembling all over with fear>>. The diagnosis stage is the most painful moment for women with breast cancer, because experiencing the first shock, they are called to change their lives, making important decisions in terms of their action.

The first shock is the most powerful emotion, because women experience more pain and fear as it still seems to overshadow the mastectomy announcement. According to Dora, the pain she felt during the diagnosis phase was stronger in tension from mastectomy announcement <<I felt like I was dying when I heard the word cancer (.) I didn't want to believe that this was happening to me..., the shock of the diagnosis for I was the worst, I was overcome by the fear of death (.) The mastectomy was one shock, I would say a second shock but much smaller, because it was the only solution for survival>>. According to research, the diagnosis phase is the most dangerous of breast cancer disease, compared to mastectomy evaluation, which is considered less important [14].

Indeed, when women are faced with breast removal, mastectomy it is not a conscious choice, but the only and inevitable solution for life. At in these cases the instinct of survival is what moves the threads and constitutes the more basic motivation. Marilena's words describe the survival instinct and the desire to live << The removal of my breast was the only solution; I had no other choice not to...>>

But other women with breast cancer are different and deal more sensibly and cool the mastectomy. Acceptance of mastectomy is a necessary decision to deal with difficult situations in his life. So according to Katerina, who in the face of the fear of death faces the mastectomy with composure <<At that moment it was necessary to stand strong and be cool with the loss of my breast... What I cared most about was getting back to the daughter my>>. Like Maria, who accepted the mastectomy with strength and logic,<<When I found out I was going to have a mastectomy, I thought it was an operation like any other others, I will remove my breast and then when I recover, I will put another>>. From in this perspective, it seems that removing the breast frees from fear death without evoking feelings of ultimate survival. At the same time, the chest it is treated as a part of the body, which can be easily restored. So, it seems that the possibility of recovery reduces the pain for the operation.

Nevertheless, the announcement of mastectomy for some women is one of the most unpleasant events in their lives, which cause fear and severe stress. Anastasia as he tells us, he suffered a great shock at the announcement of the mastectomy <<I didn't want to no way, to do this operation... Just hearing about it makes me panic, I'm scared, (.) What I felt was a bitterness for my life>>. In this case, the women seem to go through a process of gradual acceptance of his loss their chests. Women realize after mastectomy surgery on a physical level first the loss of their breasts. After their breast is removed, they feel that something they miss it, but wish to face it overwhelmed with feelings of fear and curiosity. According to Dora, who wished to see her breasts and familiarize herself with this <<I wanted to see how it would be, I was curious, I felt that I was missing something... At first when I saw it in the hospital what I saw was an incision with gauze...At my house i realized i lost my breast. This image, in the mirror of my house for me it was like experiencing a mourning (tears)>>. Therefore women, in contrast of their scar, they experience the loss of the breast as an object of mourning.

On the one hand, the loss of the breast is experienced by women as mourning and triggers one intense feeling of loss of control of the body and on the other hand a traumatic one is experienced experience from women, who find it difficult to talk about it. Katerina

mentions that the loss of the breast she experienced was a traumatic experience for her << In the beginning when I saw my breast, I didn't like it at all, the picture made me cry she....I really missed my breasts>>. The loss of the breast creates strongly negative feelings about body image. Women facing it mutilated part of their body, they feel disgust and avoid touching or looking at their chest. Anastasia mentions that the scar bothers her even in everyday activities <<My body bothers me a lot, it bothers me 18 shower in the bathroom, because when I go out I look at my image in the bathroom mirror and I don't like what I see at all>>.

Furthermore, the participants feel their mutilated body as foreign. No what makes the body different is not only the loss of the breast, but also the scar it has left the surgery. Women seem to gain a distance from their new self-body, as they need time to observe and familiarize themselves with it from the beginning. Dora couldn't look at her mutilated chest and had a tendency of isolation and alienation with her body <<At first I felt my body foreign, no I could look in my mirror, I thought I would see another woman... (silence)>>. The acceptance of the physical changes due to the loss of the breasts is a difficult process, during which women seek psychological support from a psychologist or from support groups. According to Anastasia, who asked counseling support in the mastectomy phase << I could not manage this scar on my body, I felt disgust (.), I visited a psychologist to feel better and help me... Slowly and gradually with his help psychologist I started touching my body and getting closer and closer to it every day, until all these negative feelings I was experiencing started to subside>>. Indeed, through touch, women gradually get used to the scar and can face their body again without the initial, intense pain. According to Maria, the who asked for counseling support in the mastectomy phase << I woke up one morning and I couldn't touch my body, I didn't want to... I immediately sought help and I turned to a psychologist (.) Now with the valuable help I received, I didn't just have swelled up with my body but I said every time how good and beautiful I am>>. In addition, and Dora, where she also requested psychological support during the mastectomy phase describing the need for body acceptance << I couldn't bear to see one mutilated part, I felt that I had lost not only my breast but also myself my...I couldn't open my eyes and look in the mirror. Without hesitation I went to a psychologist, I needed it (.) Through the initial sessions and gradually i started touching myself looking at myself for hours in the mirror and smiling>>. That amputated body part by following counseling support from women, it seems to become acceptable as it is now experienced as one part of their body. This results in the negative emotions they experience initially about their body, have even been replaced with positive emotions. However, for most of the participants through physical acceptance and advisory support, a simultaneous internal process is carried out, during which begin to see and perceive themselves from another new and different visual side as they learn to love him. Dora states that <<H Counseling support was good for me in this phase, where I felt pain for her my scar, now I have found a new self, much more positive and happier>>. Through the counseling process, it appears that women are empowering and evolve themselves, so that they can then come to terms with the change of their existence.

The mastectomy experience, which begins with the announcement of his diagnosis breast cancer, accompanies women throughout their lives. From at this point the woman should review and redefine her life, as well as making important decisions to manage her problem in the future. The diagnosis phase is characterized by uncertainty and ambiguity, as the thoughts, self-perception and behavior change. In addition, sir characteristic of this specific experience is alienation from the body, which is connected with the internal alienation of the self. The person to be able to cope with new facts of his life, he asks for psychological support either in the diagnosis phase either in the mastectomy phase, so as to relieve and release both physically but also mentally. So thus, completing the counseling treatment of it, the individual feels that he regains control over his life and develops

himself. In addition to the physical changes brought about by mastectomy, it causes intense changes in the self-perception of the participants, because the loss of the breast is experienced as a loss of femininity, as the breast is the main symbol of femininity, according to by the standards of modern western society. The management of physical change identity, is experienced more strongly through interpersonal relationships, where the way reaction of others acts as a mirror. The mutilated chest gains one specific meaning, as it is linked to the loss of femininity, as stated by Maria <<Seeing the scar, I felt that I was no longer a woman, I felt strange with my body, as my partner left me when I had the mastectomy, because he didn't want a woman without breasts... So now I didn't feel feminine at all >>. The breast is the basic symbol of femininity in modern western society, the Gift she feels missing without her breasts << You feel half like a woman, something was missing, so I saw it>>. Also, as Anastasia claims, the loss of the breast, the downplayed as a woman, as she felt she had lost her femininity << I didn't feel it my femininity, I felt little as a woman without my breasts>>.

Today's society creates the feeling in women after mastectomy that they are distant from the ideal female model of the time, due to the absence of the breast. The women they even find it difficult to see images that show women's breasts, which they remind them of the loss of the breast, reinforcing the sense of difference. The women, when they realize their diversity in terms of its dimension of femininity react ambivalently. On the one hand, some women express themselves intense anger towards society's values, as shown by Anastasia's words "it makes me angry as a woman (.) why is it necessary to have breasts in order to be lustful?" On the other hand, other women, who have grown up with the specific values, they accept the position they are in and feel they cannot react to change their situation, as Marilena mentions "Society in which I have grown up mandates the woman to be beautiful and successful, that is it must have certain characteristics and unfortunately this cannot be changed.'

Nevertheless, the loss of femininity is experienced more strongly by the participants in interpersonal relationships with the opposite sex. As the loss of the breast is one physical alteration, which inevitably disturbs their hitherto romantic relationship of two sexes. Therefore, a decisive role in the acceptance of the new identity in terms of femininity, is the attitude of a partner. Presence and emotional support of, encourages women to continue to feel feminine and attractive despite the loss of their breasts. Therefore, the psychological support of the couple with breast cancer is considered important as according to Marilena << In the beginning, o my partner thought he was mad at me because we weren't sleeping or having any sexual intercourse (.) My partner and I went to my psychologist one day, as I felt a great familiarity, because I had been doing treatments for a long time from the diagnosis phase and the I felt like my own person.... The psychologist helped us as a couple and through her psychological support and gradually I lay with him and felt his love and hers mutual support of>>. Even the partner's attitude stands out in particular important because it strengthens women's self-confidence. The manifestation of love partner's desire, helps women feel more intimate with their bodies, but and be sexually desirable. According to Katerina, who received from phase of diagnosis psychological supporter, as well as attended some sessions with her husband in the first phase <<My partner was supportive from the beginning to the end of my treatment... I never felt that it bothers him, but opposite I felt the same love attraction as before>>. Anastasia reports that the balances they were disturbed with her husband at the beginning << She does not touch my body, I feel her his embarrassment he doesn't know what to do with his hands... (.) It took according to the psychologist me to do some sessions together to help me feel sexual desirable>>. However, Dora's partner is a positive "mirror" << O my husband, since he was coming with me to some sessions with the psychologist with his will, he is so in love with me and I feel his love and love attraction even more>>. Specifically, the confirmation of femininity by the erotic a partner is for women a decisive factor in maintaining it their

sexual identity. Also, a special role in the acceptance of the new identity, in the strengthening of the self and therefore the stimulation of femininity and sexuality, is the follow-up of counseling treatment both by women and for their partners. Most participants seem to want one partner supportive, so that through what their interpersonal relationships reduce the feeling of the loss of their femininity and sexuality and therefore to stimulate and themselves. Therefore, a woman who often feels supported emotionally from her partner usually has a good mood, positive self-esteem, physical well-being and good functionality in the roles performed. Also, like the emotional support from the women themselves to their partners can play an important role in the adaptation of partners.

However, the case of Maria must be mentioned, which is the only one participant, who experienced an intense fear of rejection as her partner left << My partner when I had the mastectomy left and left me alone my... He didn't want a woman without breasts he told me... (silence)>> Mary, the one who accepted psychological support in the mastectomy phase states that <<With mastectomy I was afraid of the rejection of the other sex, but with the provision of emotional support from my psychologist I managed gradually and with efforts to reduce the fear and my confidence strengthened>>. In addition, women who have received sexual rejection of their partner are possessed by a more general fear of rejection. The psychological support of women who have experienced fear of rejection, reduces them levels of depression and improves their quality of life by enhancing their self-esteem.

After the participants completed the treatments, they described their experiences as a way of exploring oneself, according to Maria <<After that I changed, I saw life differently... The hardest thing is not the physical pain but to find yourself again>>. Contributing to counseling has helped women to accept themselves as well as their new image, as Marilena reports << H psychological support helped me not only to accept myself but also to release because the sunshine exists in us is when we smile at each difficulty>>. For other women, like Anastasia, the disease became an occasion to change their life, where he found that he was oppressed <<With the illness I realized that I was oppressed in my job because I studied something I never loved.... Now after the sessions I did, I am in better touch with myself, I have found what it is what fills me up and makes me smile every day>>. Also, the Gifts after the experience and psychological support, she got to know herself better and found strength of << If you get along with the mirror and yourself, you will find your own strength... Then everything happens>> Finally, for Katerina the mastectomy experience was a special challenge as it encouraged her to openly share her experience and help women with breast cancer. As he says << For me the mastectomy experience was one road race, with the valuable help of psychological support I stood on my feet I won (.) Now I talk openly about my problem and help with it way and other women with breast cancer>>. So it seems that the personal each participant's experience is a personal experience for each one, where through the counseling support they not only defeated the disease more painlessly but also they discovered a new part of themselves. Overall, the necessity of psychological support either in the phase of diagnosis or in the phase mastectomy is considered necessary, based on the above statements of women with breast cancer. The effectiveness of counseling in women with cancer of the breast is found in the help offered to women to accept me prudence the diagnosis of this disease and how to overcome them painful symptoms of the disease and treatment with the power of the mind. Through her of treatment women are mainly supported psychologically by her specialist's mental health in order to overcome the stress and depression that creates them this disease and get stronger with the help of her close family environment. We conclude, therefore, that the psychological support of women with impending illness contributes to the recovery of their mood, to the attenuation of stress, in changing their health behavior and decisions as well in their better response to treatment.

#### 4. Discussion

This research was designed to highlight the necessity of counseling support for women with breast cancer who have undergone a mastectomy, as well as the effects of the mastectomy experience on their mental health. Based on the theoretical and research background of phenomenology approach of Moustakas [13], the researcher conducted five semi-structured interviews through the analysis of which he presented the composition of the whole of descriptions of the experience of mastectomy as close to the way as possible which was captured by the participants themselves. According to the interpretations of the participants, mastectomy is initially accepted as a necessary operation that saves their life. However, physical changes create a sense of difference, due to the loss of health on the one hand and the loss of femininity on the other [15,16]. Analytically, it appeared that the sense of diversity is influenced by its values and norms modern society and from the way of behavior adopted by the partner, as well and the family and social environment. Therefore, women experience it mutilated body as a reflection of others, i.e. the attitude of others is which will affect her accordingly. Older research reports a total change in the woman's self-perception, which significantly affects the personal and her social life, emphasizing their interpersonal relationships [17].

At the same time, it appeared that counseling support helped women to accept their new image and to tame the negative feelings of anxiety, anger and discomfort created by the first shock they experience when they face it their mutilated body. This particular experience is also presented by Charmaz [17] as a key part of the experience of people with chronic cancer disease. Therefore, through counseling, women not only accept the news image of them but they are also relieved of their negative feelings, evolving ourselves and integrating a new identity [17]. In addition, it becomes clear that women find it difficult to accept and face the first time in their mirror their mutilated body. So, this loss of the chest is experienced as a death for them. According to other research the mourning for breast loss is a key part of the mastectomy experience [18,19]. Through this mourning process the women experience and alienation from their mutilated body, as they feel it as foreign part and wish to isolate themselves from their social and family around. The sense of alienation of the mutilated chest, it seems that characterizes the experience of many women with mastectomy, as it is also presented by in other research [17]. The women who participated in the research following, either from the phase of diagnosis or from the mastectomy, counseling support strengthened their lost self-confidence and self-esteem of themselves. Also, depression levels and quality decreased women's lives improved. According to other researches the need of the psychological support is particularly important in the phase of diagnosis and mastectomy, because it reduces depressive levels, and increases the quality of life of women with breast cancer [8]. Additionally, Helgeson and Cohen [20] through their research data they showed that the patient is satisfied by the emotional support he receives, as he exhibits a reduced fear of death and less stress [20].

It emerged in the research that the main predictor of both emotional and of physical adaptation was spousal support. As in other investigations the role of the partner is decisive because it is the mirror of the woman [21]. Even the psychological support of their partners seems to make it easier women to accept their new identity [22]. Is noteworthy that only one participant experienced rejection from her partner, me result in having the feeling of a fear of rejection towards the opposite card. The rejection by the romantic partner in other research is experienced as a traumatic experience [23]. According to other research the psychological support of women facing the same disease has helped them to reduce stress, to improve their mood, to change it of their behavior and decisions related to health issues and in better response to treatment [24]. At the same time the counseling therapy according to the research data of Tuncay [25] constitutes an effective treatment in women with breast cancer as the high rates of survival are the basic concepts in the context of the quality of life of women with breast cancer [25] In related research, the women who

belonged to groups of psychological support for women with breast cancer showed 45% less risk of cancer recurrence and a 56% reduced risk of mortality from disease [26]. At the same time, the women avoided talking about the mastectomy experience in a relationship with their children. Instead, they focused only on their partner and the overall experience of life that breast cancer offered them. This fact can be attributed to difficulty for women to talk about such a personal and delicate subject that concerns them their children. Also, some women underwent breast reconstruction, the which mainly aims at maintaining an unchanged image towards others and at stimulation of their femininity [27].

In particular, the fact that the local society as well as the values of each culture lead to the strengthening of the sense of their diversity of women who have had a mastectomy and, in this way, lead them to restoration of their breasts. The elements we mentioned above are distinguished from others surveys, which present submission to breast reconstruction, as well as the practical difficulties that cause and the side effects that often appear [28]. Also, a basic concept that was not examined in the specific research but was mentioned of all participants was religious belief, which influenced the experience of female mastectomy. Religiosity therefore helps to better deal with and accept the disease, as according to research data contributes to the psychosocial adaptation of the woman against breast cancer, and enhances her participation in social activities. The present research through the phenomenological analysis of women's experiences had as its purpose the investigation of counseling support in the promotion of mental the health of women with breast cancer who had undergone mastectomy. So much for you theoretical, as well as at a clinical level, guided by the literature review the results of this research are key findings in Greek bibliography. Therefore, it is proven that women, through their participation in present research and the disclosure of their subjective experiences, are strengthened mentally, so that they can acquire a more active role in their lives, but also in empowering themselves. At the same time, however, the need for the study also emerges of the experience of mastectomy and the effect of counseling through adoption of a phenomenological approach that combines with other fields, such as philosophy, and sociology. Also, another suggestion for further research is to expand it counseling treatment in women with breast cancer in its stage adjunctive chemotherapy. Therefore, the research can lead to a new and ongoing search for the essence and meaning of the experience of women with mastectomy, where it will promote their mental health.

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