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Kobieta po mastektomii w małżeństwie i rodzinie na podstawie badań empirycznych

Women after mastectomy in marriage and family life on the basis of empirical studies

Streszczenie

Wstęp. W pracy przedstawiono różne aspekty funkcjonowania w małżeństwie, rodzinie oraz w najbliższym otoczeniu społecznym kobiety po przebytej operacji amputacji piersi z powodu zmian nowotworowych, skutkujące powstaniem różnego typu trudności występujących w wielu sferach życia kobiety po mastektomii (emocjonalne, psycho-fizyczne oraz seksualne, a także w płaszczyźnie społecznej). Ukazano tu również różne sposoby radzenia sobie z tymi problemami tychże kobiet w ich nowej i trudnej sytuacji życiowej.

Cel. Celem niniejszej pracy jest przedstawienie funkcjonowania kobiety po przeprowadzonej mastektomii w małżeństwie i rodzinie.

Materiał i metoda. Badania przeprowadzonym w 2006 r. udział wzięło 100 mężatek po mastektomii. Osoby pochodziły głównie z Warszawy, Białej Podlaskiej, Radzynia Podlaskiego, Olsztyna i Lublina Dla uzyskania wyników posłużono się autorskim kwestionariuszem ankiety. Respondentkami były tu kobiety po amputacji piersi, od której upłynęło nie mniej niż rok czasu. Ankietowanymi były mężatki posiadające dzieci.

Wyniki. Kobiety po mastektomii mają różnego typu trudności. Są to problemy związane z przebytym zabiegiem, z dodatkowym leczeniem oraz w samoobsłudze. Jeśli chodzi o dolegliwości po mastektomii to są to najczęściej mrowienie i drętwienie kończyny po stronie operowanej (52%), dolegliwości bólowe związane z obrzękiem ręki (37%), a także bólem kręgosłupa (36%) oraz braki sił fizycznych i dobrego samopoczucia (35%). Wsparcia potrzebowały kobiety mieszkające w mniejszych miastach. Natomiast nie potrzebowały pomocy kobiety mieszkające w dużych miastach.

Wnioski. Nasuwa się więc tu wniosek, że dotychczasowe opracowania poruszały kwestie związane głównie z leczeniem, rehabilitacją, i powikłaniami po leczeniu. Natomiast problemy dotyczące funkcjonowania kobiety po mastektomii w małżeństwie i rodzinie były pomijane (lub ich nie dostrzegano). Stąd ich niedostateczna obecność w literaturze krajowej.

Słowa kluczowe: mastektomia, funkcjonowanie kobiety w rodzinie po mastektomii, sfera psycho-fizyczna, społeczna, seksualna.

Abstract

Introduction. The paper presents various aspects of functioning in a marriage, family and in the closest social environment of women after mastectomy due to breast cancer resulting in different types of difficulties occurring in many spheres of woman's life (emotional, mental and physical, sexual and social). Moreover, the paper discusses a variety of ways of coping with these problems by these women in a life situation which is new and difficult to them.

Aim. The objective of the paper is to present functioning in marriage and in family life of women who have undergone mastectomy.

Material and methods. The survey carried out in 2006 covered 100 married women after mastectomy. They came mainly from Warsaw, Biała Podlaska, Radzyń Podlaski, Olsztyn and Lublin. The results were collected with the use of a questionnaire prepared by the authors. The respondents were women who had undergone mastectomy at least one year before. The surveyed were married women with children.

Results. Women after mastectomy face various types of difficulties. These are problems associated with the past procedure, with additional treatment and self-care. The most frequently occurring symptoms after the surgery are formication and numbness of the limb on the operated side of the body (52%), pain connected with arm swelling (37%) and pains in spine (36%), together with the lack of physical strength and poor mood (35%). Women living in small towns required support. In turn, women from cities did not need help.

Conclusions. A conclusion arises that the previous studies have mainly discussed issues connected with treatment, rehabilitation and complications following treatment. However, the problems associated with women's functioning in marriage and family after mastectomy have been neglected (or they have not been noticed). Thus there is insufficient information in the Polish literature on the subject.

Key words: mastectomy, women's functioning in the family after mastectomy, mental and physical sphere, social sphere, sexual sphere.

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INTRODUCTION

Breast cancer is a very serious health problem. Unfortunately, this is one of the most frequent neoplastic diseases among the female population. Various methods of treatment are prepared and developed, with the purpose of effectiveness or at least prolonging the lives of those women and improve the quality of their lives. A frequently applied and necessary treatment is a surgical procedure consisting in breast amputation, also referred to as mastectomy. However, the treatment also has a number of consequences and is usually connected with long rehabilitation, both physical and psychological, the loss of a breast causes women to experience a subjective sense of serious mutilation. It introduces many changes to the life of women living in their families, for instance, a change of lifestyle, reducing activity and the range of roles played in the family, as well as deep changes both in the social and professional life. However, women's mental states and reactions accompanying the diagnosis of the disease itself, information on prognoses and treatment options, as well as the subjective sense of "social stigma", are rarely described and analysed in the typical literature on the subject. Only very few authors deal with this type of subject matter in the area of psychooncology, also raising such issues as the sense of support, the problems of crisis in a disease, the problems with communication between family members, and ways of coping with these issues.

AIM

The objective of the paper is to present the functioning of a woman after mastectomy in a marriage and in family life.

MATERIAL AND METHODS

The survey was carried out with the use a questionnaire prepared by the authors. It consists of six questions concerning personal details, sixteen half-open questions and one disjunctive question. The survey was carried out in 2006 in rehabilitation shops and in Amazons' Clubs for women after mastectomy in the area of Warsaw, Biała Podlaska, Radzyń Podlaski, Olsztyn and Lublin. The representative sample consisted of women who were at least a year after breast amputation, married and with children. The survey included a hundred women after mastectomy.

RESULTS

All the respondents were married and had children. Their age was between 30 and 60. The largest group consisted of respondents aged 50-60 (39%), and the smallest group's age was between 30 and 40 (6%).

The greatest percent of the surveyed women lived in Warsaw (40%) and Olsztyn (25%), while the percentage was lower in the case of women from Lublin (17%), Radzyń Podlaski (12%) and Biała Podlaska (6%).

Among the surveyed, the largest group comprised women after radical mastectomy (55%), slightly less had undergone simple mastectomy (32%), and women after partial mastectomy constituted the smallest group (13%).

As far as the time which had lapsed since breast amputation is concerned, definitely the largest group consisted of women over 2 years and 2 years after the procedure (66% and 11% respectively).

In the area of physical functioning, women after mastectomy experience various difficulties. These are problems associated with the undergone procedure, with additional treatment and self-care. The most frequently occurring symptoms after the surgery are formication and numbness of the limb on the operated side of the body (52%), pain connected with arm swelling (37%) and spine trauma (36%), together with the lack of physical strength and poor mood (35%). Difficulties in the physical sphere are also associated with additional treatment in the form of additional treatment such as chemotherapy (58%) or radiation, i.e. radiotherapy (33%). Nearly a half of women experienced vomiting, hair loss and nausea (51%).

When it comes to difficulties in self-care, the largest percentage of women had problems with tidying (48%) and preparing food (48%) as well as with everyday body care (14%) and dressing up (10%).

In the emotional sphere, the largest number of women experienced fear of disease recurrence (75%) and death (24%). As many as 75% respondents feared the recurrence of the disease already in the first month after breast amputation, which lasted throughout the whole treatment period. In turn, fear of death occurred in 24% of respondents and continued throughout the treatment.

In the sexual sphere, difficulties which occurred after mastectomy were connected with the lack of the sense of sexual attractiveness in the case of these women (19%) and the sense that everyone is aware that they lack a breast (9%). The difficulties were expressed by women aged 40-55. The question "What kind of problems do you have with sexual life in your marriage" was answered by the respondents that they were associated with the lack of the sense of sexual attraction (16%), the lack of acceptance of their appearance (16%), and difficulties with communication (14%). However, it should be stressed that 50% of the surveyed did not have any difficulties with sexual life in their marriages.

As far as the behaviour of husbands after their wives' mastectomy is concerned, the largest percentage of women declared that their husband became more caring (34%), more protective (31%), helped more around the house (26%), made additional efforts to raise more money (14%), and was more polite and gentle (13%). Difficulties with child raising and care did not occur, and every second respondent claimed that their children did not require special care anymore (50%). However, 23% of respondents felt the need of care and help from their children. These were women at the age between 56 and 60 (66.7%).

The attitude to professional work in women after mastectomy changed. The survey shows that among the surveyed, the largest proportion (36%) started receiving a pension, and 25% had various issues connected with employment (e.g. they received a rehabilitation allowance, unemployment benefit or retirement pay). Work ws continued by 18% of respondents while 7% were dismissed from work early. As far as the financial situation is concerned, the largest number of the surveyed women (46%) claimed that it is influenced

by the disease itself. Slightly less (26%) stated that their financial situation got worse due to the treatment worsened their situation.

The question on the influence of mastectomy on the loss of social contacts was answered by 80% of respondents. They still maintained close relationships with their friends, family and acquaintances. Only 7% of the surveyed had difficulties in contacts with their acquaintances and family (6%), with co-workers (5%) with friends and neighbours (4%).

The survey indicated that over a half of women (51%) did not seek help, and the respondents who looked for help and support from others accounted for 49%. Women from towns required support (from Radzyń Podlaski and Biała Podlaska). In turn, women from cities did not need help (from Olsztyn, Lublin and Warsaw). Part of the women after breast amputation managed difficulties and limitations thanks to the support from their husbands (30%). Apart from the husbands, support was also provided by people from the outside of the family, i.e. volunteers from the Amazons' Club (51%), friends and acquaintances (54%), doctors (23%) and psychologists (18%). The largest number of the surveyed women received help in the form of information (63%), emotional support (48%) and moral support (37%). It should also be emphasised that the greatest moral support was required by women aged 56-60, while younger women were most often satisfied with information only. As far as the help is concerned, 54% of respondents claimed that their husbands helped them in housekeeping, and 31% reported that their children provided this kind of help.

DISCUSSION

The direction of the research defined by the mentioned study issues made it possible to organise the data analysis results from the study material on the basis of the literature on the subject.

The current scientific (theoretical and practical) achievements connected with breast cancer are multifaceted and significant. Thus, they are discussed in numerous scientific publications. One of important issues undertaken was the problem of the mental state of women after mastectomy and problems connected with self-assessment and ways of dealing with the stress caused by breast amputation [1,2]

There are also studies concerning the significance of psychosomatic rehabilitation, which undoubtedly positively influenced self-perception and self-acceptance of women after mastectomy [3]. There are also articles describing studies on mutual support of women after breast amputation [4,5] and studies concerning post-hospital care. There are also articles pertaining to the subject matter of mental experiences accompanying the disease and the offered treatment, the stress connected with the surgery and post-operation complications and a change in the quality of life following surgical and hormonal treatment [6].

The survey carried out indicates that 80% of women after mastectomy do not have difficulties with social contacts and nothing has changed in this respect since the surgery. In turn, the survey performed by G. Chojnacka-Szawłowska on women after mastectomy aged 36-73 showed that most women had problems with maintaining friendly relationships with other people, they lost their friends and led a less social life. The cause of the difficulties with maintaining contacts with others was the lack of acceptance and trust towards others. [4]

Social sources of support are necessary at each stage of the disease and its treatment. For the majority of patients, children provided the greatest support; spouses/partners, the doctor and friends were mentioned next. It turned out that mothers provided the least support. Similar results were received by authors whose study results showed that husbands or partners gave the most support for women after the surgery, followed by friends and doctors [7].

The studies presented in this paper indicate that the friends and acquaintances provided the greatest support (54%), including husbands (30%), and volunteers from the Amazons' Club (51%), doctors (23%) and psychologists (18%). In this case the largest support was received by women after radical and simple mastectomy after a year, over a year, and two years from breast amputation. Other studies carried out by A. Irzmańska in the Lublin Amazons' Club in 1993 among women aged 38-62 demonstrated that help was most frequently provided by members of the Amazons' Club (14%) and children (14%), slightly less often by doctors and psychologists (13%), and the least frequently by husbands and friends (10%) [5].

The studies also indicate that bad disposition and the lack of physical energy were reported by women who had undergone simple mastectomy a year after the procedure (35%). In turn, studies performed by M. Adamczak, G Konopnicka, C. Ramlau among 44 women after breast amputation aged 38-76 a year after the procedure present other results. They concerned the women's mood and physical fitness. It turned out that in the case of 59% of women their mood worsened, and 65% of women had difficulties in the area of physical fitness [8].

The functioning of women with breast cancer in the sexual sphere is also worse – this is one of the areas with considerable influence on the quality of life. After treatment (surgery) 28% of women assessed their sexual life as good, 48% as satisfactory, and 24% as poor. As the main reasons for the change in the relationship with the partner and in sexual life, the women mentioned concern connected with their health condition, bad mood related to their physical appearance, problems with contacts with their partners [9].

Meyerowitz B. also stated that mastectomy is a special procedure which causes a change in body image by the loss of a breast, which can cause problems in partnership life [10].

The loss of a breast compromises a woman's confidence in her womanhood, and feeling the lack of possibility of fulfilment, mainly in the role of a mother. Surgical breast removal does not constitute disability in the general sense of the word, and constitutes mutilation in the mental sense. In particular, young women fear that they will lose their attractiveness [11].

The survey results presented in this paper show that women after mastectomy experience strong fear of disease recurrence [12]: women after simple mastectomy (78.1%) and sectional mastectomy (84.6%) and two years after the

surgery (72.7%). These were women aged 40-45 and 51-55 (76.9%). In turn, the survey carried out by M. Bulsa, T. Rzepa, M. Foszyńska- Kłoda, G. Czaja-Bulsa, H. Teichert [1] showed that the following factors have impact on these women's psyche: anxiety, fear (21%), the disease and its consequences (76.4%), as well as unemployment and poor financial situation (4.4%).

CONCLUSIONS

In the physical sphere, women after mastectomy had difficulties connected with the undergone procedure, additional treatment and self-care. The largest group consisted of respondents who experienced formication and numbness of the operated limb, and 58% experienced the effects of chemotherapy. Difficulties in self-care declared by the surveyed women concerned primarily problems with tidying, preparing meals and, to a lesser extent, problems with everyday body care.

Women after breast amputation have difficulties both in the mental and emotional domain, and the sexual sphere. They are most frequently associated with the fear of disease recurrence (75%), of death (24%) and the sense of the lack of sexual attractiveness (19%).

In the area of the social functioning, the hypothesis concerning difficulties in fulfilling the role of a wife and mother was not confirmed. However, women after mastectomy have difficulties in fulfilling their professional roles. Radical mastectomy causes the most considerable changes because the women are forced to go on a disability allowance, rehabilitation allowance, or unemployment benefit. This concerns women aged 41-55 two years after the surgery. In relation to the above, the financial situation of women after mastectomy changes. With regard to social life, most women stated that they still maintained social contacts, i.e. mastectomy does not necessarily cause the decline of relationships with other people.

Every second respondent did not seek any help or support after mastectomy. However, help and support (despite not being requested) was given by the women's husbands, adult children, friends and/or acquaintances, as well as volunteers from the Amazons' Club. Women received help in housework mainly from their husbands, and secondly from their children.

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