

Research Article

Body Image, Self-Compassion and Sexual Distress in Patients with Mastectomy

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Abstract

Objectives. To identify the relationship in body image, self-compassion and Sexual distress in patients who have undergone mastectomy and to determine body image and self-compassion as a predictor of sexual distress.

Method: The sample size for this study was 74 women participants, approached from the oncology departments of three government hospitals and one private hospitals of Lahore who have experienced mastectomy. Demographic questionnaire, translated version of Body Image Scale, Self-compassion Scale and Female Sexual Distress Scale-Revised were used as measuring instruments.

Results: Significant relationship was found in body image, self-compassion, and sexual distress of women with mastectomy through Pearson moment correlation. Regression analysis showed that body image and self-compassion were found to be the significant predictor of sexual distress.

Conclusion: Intervention programs can be designed to promote the level of self-compassion in patients to help them to deal effectively with the illness. Moreover, awareness and guidance can be provided regarding sexual problems faced by women due to disfigurement and to foster the level of hope and acceptance in them.

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Introduction

There are some health issues that are common to both men and women. However, women are more liable to get negatively affected by them. They are more conscious about their appearance and perceived body flaws that they may have due to illness or diseases which may in turn influence their sexual and marital life. Among these health issues, cancer is more frequently reported.¹

Cancer is defined as ‘Tumor or abnormal rapid divisions of cells in any part of the body which can proliferate rapidly to other parts of the body through the process known as Metastasis’. Breast cancer is

reported as the largest form of illness in women across the world.¹ It is cured through the surgery in which all tissues from a breast are removed for treatment or prevention of breast cancer which is known as Mastectomy. It is comprised of removal of one or both breasts as well as lymph nodes in the area of the arm to stop spreading cancer.² Removal of breast influence the way in which women perceive their appearance.

Also, it has negative impact on the women’s perception of their body image. Body image is the representation of one’s own body which is formed in one’s mind. The manner in which one views her body is

known as body image.³ The phenomenon of perception of body shape is regulated by conditions of the body and takes place at unconscious level.⁴

Body image is greatly influenced by adopting non-judgmental attitude toward one's failures and inadequacies and being compassionate toward one's body. The self-compassion is a process that involves engaging oneself in an activity that allows for identification of the similar experiences of self and other and the ability to place personal experiences into a broader perspective rather than feeling self-pity and exaggerating the personal sufferings.⁵ Compassionate attitude towards oneself results in a state of mindfulness in which person tends to observe his feelings and thoughts in a non-judgmental way.⁶

Sexual distress is phenomena that causes drop in sexual pleasure, anxiety about sexual performance, disturbances in sexual desire, pain during intercourse, physiological changes associated with loss of sexual desire and arousal, difficulty in achieving orgasm, anxiety about sexual performance and not finding sex pleasurable.⁷

Mastectomy can raise the discrepancy between how one will like to appear and how one actually is, thus resulting in negative self-image. A prolonged condition of elevated discrepancy might manifest as distress and tension.⁸ Negative body-image is likely to be experienced by the people who are less compassionate while patient with elevated levels of compassion towards herself, possess the ability to offset any self-blame and self-criticism thus resulting in positive body image. Wasylikiw, MacKinnon and MacLellan also showed that negative relationship was present in body image concerns and self-compassion, thus increase in self-compassion is accounted for less body image concerns and less concern about weight. The findings also depicted that if self-esteem was kept constant, self-compassion was a significant predictor of body image.⁹

The sexual life of the patients also get disturbed due to mastectomy resulting in decrease in sexual desire and perceived threat to femininity. It was also evident from the findings of Fallbjork, Rasmussen, Karlsson and Salandar as they identified that the patients with mastectomy experience feelings of decreased sexual interest and sexual attractiveness they also reported

that their partner's sexual interest in them has decreased.¹⁰

Physical effects of mastectomy were also reported which include concerns about body image, pain and swelling.¹¹

The present study aimed to examine body image concerns after mastectomy and its effects on the sexual functioning of patients and role of self-compassion in resisting the concerns about body and sexual distress.

Aims and objectives of the study

The current study was aimed to explore the relationship in body image, self-compassion and sexual distress in women mastectomy. Furthermore, to identify body image concerns and self-compassion as predictors of sexual distress in patients with mastectomy.

Method

The present study comprised of 74 women patients with mastectomy within the age range of 25-50 years (M= 37, SD= 7.25). Non probability purposive sampling technique was used to collect data from the Oncology wards of four hospitals such as Mayo Hospital (n= 16), Jinnah Hospital (n= 17), INMOL(Institute of Nuclear Medicine and Oncology Lahore) hospital (n= 39) and Fatima Memorial Hospital (n= 2). Only those women were selected (1) who were married, (2) currently in relationship with their hus-bands(3) have undergone partial, complete, nipple sparing, skin-sparing and radical mastectomy at least 1 month before and (4) also those who had experienced breast reconstruction after surgery. Those patients who were unmarried, divorced, widowed, whom breasts have been removed due to any accident or injury or had sexual problems prior to mastectomy were excluded. The research instruments that were used in the current study included Body Image Scale (BIS)¹², Self-compassion Scale¹³ and Female Sexual Distress Scale-Revised (FSDS-R).¹⁴

Body Image Scale was constructed by Hopwood et al. (2001) with 10 items.¹² Body Image Scale was used in study after translating it in Urdu language by the researcher according to standardized criteria. The scale contain affective, behavioral, and cognitive

items. The questions were based on four points Likert scale with response categories ranging from “Not at all” (least) to “Very much” (most) with maximum score of 30. Zero score shows no distress or concern about body image and higher score represent higher distress. This scale has high reliability of Cronbach α 0.93 and Cronbach α 0.76 for the current study.

The self-compassion scale was developed by Neff (2003) with 26 items based on 5 point response category (1 = almost never, to 5 = almost always).¹³ This was translated according to standardized procedure. This scale comprised of 6 sub scales i.e Self-judgment, Self-kindness, Common humanity, Isolation, Mindfulness and Over identification. The score could range from 6-30. Low score indicate the low tendency to be compassionate towards oneself. The instrument consumes average 15 minutes to administer. The instrument has well defined psychometric properties with an internal consistency of 0.92 and test-retest reliability of 0.93. The alpha reliability of this scale for the current study is 0.82.

Female Sexual Distress Scale-Revised (FSDS-R) was developed by Derogatis, Clayton, Wunderlich and Fu (2008).¹⁴ The Urdu version of the instrument which was translated according to the standardized procedure by Latif and Yousaf (2013)¹⁵ was used which consisted of 13 item. It was 5 point Likert-type scale that include 0 (never) to 4 (always). The score could range from 0-52. The scores below 15 depict no distress. Higher score represent higher distress. It has well established reliability (0.74) and validity (.0001). The internal consistency of the instrument is 0.86 whereas .76 for the current study.

The procedure of the research consisted of following steps. Initially the permission was taken from the original authors of measuring instruments to use them in research. The translated version in Urdu language to make them comprehensible for patients. Written permission was sorted for data collection from the authorities of Mayo Hospital, Jinnah Hospital, INMOL Hospital and Fatima Memorial Hospital. The patients were approached at Oncology wards. Written informed consent was taken. The pilot study was conducted (N=6), then main study was conducted after making changes in questionnaires to make them more comprehensible for the participants. For the main study, 95 women were approached, out of which

87 women responded while 13 questionnaires were discarded which were left incomplete by patients due to pain and irritability. The response rate for the current study was found to be 78%. On average each administration took 35 minutes. All ethical considerations were followed including assurance of confidentiality of data and anonymity of the identity of the patients. Psycho education was also provided to the patients who felt discomfort or distress during the administration of instruments. Analyses were run on the date on SPSS so it was free from researcher biases.

The data analysis strategies that were used in the present research were descriptive and inferential statistics. Descriptive analysis focuses on condition related variable such as age, education, family system, family income, no of children and time spent during diagnosis and treatment etc. Mean and standard deviation were found for all variables. Pearson moment correlation was used to assess the relationship between body image, self-compassion and sexual distress. Regression analysis was done to find the predictive relationship between body image, self-compassion and sexual distress. All data were analyzed on the computer software SPSS version 21.

Results

The descriptive statistics showed that age of the participants is (M=37, SD= 7.25). Most of the patients from whom data were collected were illiterate or educated till primary, belonged to nuclear family system with income of (M=Rs.38324/-, SD= 21054) and had 3 children. The time spent during diagnosis and treatment was (M=4 months, SD= 0.97).

Inferential statistics i.e. Pearson product moment correlation was conducted to identify the relationship in body image, self-compassion and sexual distress in patients with mastectomy. To explore the predictive relationship of body image and self-compassion with sexual distress, regression analysis was conducted.

The results described in table 1 indicated a significant inverse relationship in body image and self-compassion which showed that more the concerns a patient have about her body image, the less compassionate the person will be. A significant inverse relationship was found between self-compassion and sexual distress which showed that more self-compassionate

Table 1: Pearson Product Moment Correlation in Body Image, Self-Compassion, Psychological And Sexual Distress in Patients with Mastectomy

Measures	1	2	3	4	5	6	7	8	9	M	SD
1.BI	-	-.62**	-.51**	-.48**	-.42**	-.42**	-.46**	-.57**	.68**	27.74	6.40
2.SC		-	.73**	.81**	.69**	.66**	.82**	.72**	-.58**	55.69	10.71
3.SK			-	.47**	.45**	.16	.60**	.51**	-.54**	13.30	2.98
4.SJ				-	.33**	.53**	.58**	.67**	-.46**	10.24	3.31
5.CH					-	.38**	.47**	.43**	-.38*	11.79	2.25
6.Iso						-	.38**	.44**	-.27*	9.40	2.86
7.Mind							-	.59**	-.52**	10.78	2.93
8.OI								-	-.51**	7.18	2.82
9.S.D									-	24.61	9.86

Note.N=74, BI= body image, SC= self-compassion, SK= self-kindness, SJ= self-judgment, CH= common humanity, Iso= isolation, OI= over-identification, S.D= sexual distress, **= p<.01, *=p<.05, M= mean, SD= standard deviation

patient will less likely to experience sexual distress.

A significant positive relationship was found in body image and sexual distress which showed that increased concerns about body image in patient results in increased sexual distress.

The second hypothesis was that the body image concerns and self-compassion will likely to predict sexual distress in patient with mastectomy.

Using the stepwise method two significant models

Table 2: Predictors of Sexual Distress

Variable	Model I		Model II
	B	B	95%CI
Constant	-4.35	16.70	
Body Image	1.04***	.78***	(.45, 1.11)
Self-compassion		-.24**	(-.44, -.05)
R^2	.45***	.50***	
F	60.21	35.54	
ΔR^2	.45	.50	
ΔF	60.21	35.54	

Note. N=74, CI= confidence interval, **p<.05, ***p<.001.

emerged as showed in table 2. The first model accounted for 45 % variance of sexual distress which indicated that body image was the significant predictor of sexual distress, increased concerns about body image would predict increased levels of sexual distress.

The Self-compassion was also found to be the predictor of sexual distress as the second model accounted for 50% variance of sexual distress which showed that self-compassion was the significant predictor of sexual distress. Low level of self-compassion would create sexual distress in patients with

mastectomy.

Discussion

Mastectomy is operation to remove all tissue from a breast for treatment or prevention of breast cancer. It not only includes removal of one or both breasts but also involves removing lymph nodes in the area of the arm to stop spreading cancer⁽²⁾. As the mastectomy is related to decrease in physical attractiveness and change in hormonal balance so mastectomy cause sexual problems. This can be related to the previous researches on psychological and social functioning in patients with mastectomy which revealed that patients with mastectomy have adverse effects on their sense femininity and they perceive the changes in body structure as a threat to their attractiveness. Irritability and unsatisfied sexual relationship was the most prevalent problems among the psychological and marital impacts.¹⁶

It was hypothesized in the present study that there is likely to be a relationship body image, self-compassion and sexual distress in patients with mastectomy. The hypothesis is strongly supported in the study. It is found that Body image has significant inverse relationship with self-compassion and sub-scales of self-compassion. These results are consistent with another research which revealed that body image and self-compassion have inverse relationship and the patients who have more concerns about body image are less compassionate about one self⁽⁵⁾. The relationship between body image and sexual distress was significantly positive in patients with mastectomy which depicted that more concerns about body image, more is the level of sexual distress in patients. The

results are explained by a study which showed that low sexual desire, feeling of sexual unattractiveness, dissatisfaction with sexual activity level, difficulties related to orgasm, fatigue and pain, changes in hormonal status and difficulties derived from vaginal dryness are the main problems reported by breast cancer patients due to feeling of mutilation and prejudices related to body image.¹⁷

A comparative study conducted by Bakht (2010) showed that there was a significant relationship between body image and sub-scales of sexual functioning i.e. sexual desire, sexual satisfaction, sexual arousal and pain in the patient group (women with mastectomy) as compared to the control group (women without mastectomy).¹⁸

The present study showed a significant inverse relationship between self-compassion and sexual distress which indicate that the patients who are more compassionate towards self are less likely to experience psychological and sexual distress. In context to Pakistani society, it was observed that patients who exaggerate their sufferings experience more distress as compared to those patients who accept their illness as inquisition from Allah. The patients who have firm belief in Allah's will and fate accept the illness as compared to those patients who attribute their illness as burden or injustice from Allah.

The regression analysis showed that both body image and self-compassion are predictors of sexual distress. High body image concerns and low self-compassion predicts high level of sexual distress. It is related with the results of study which showed that poor body image predicts sexual problems like low sexual desire and other sexual dysfunctions.¹⁷ The results of the present study are also consistent with the previous findings which showed that body image concerns after mastectomy significantly predicts sexual distress in women with Mastectomy.¹⁹

According to objectification theory, human body provides basis for distinction between sexes. Women consider themselves as an object to be viewed and evaluated. They compare their bodies to the culturally defined standards and when their bodies failed to meet the standards, they experience many interpersonal and intrapersonal issues. Among the list of issues, negative attitudes related to body such dec-

rease in body image are most common. Negative subjective experiences leads towards many mental health risks such as depression, eating disorders and sexual distress.²⁰

It is observed in Pakistani society that women's account on sexual problems is not considered appropriate. They are not free to express their sexual concerns and problems even to their husbands which they might experience due to mastectomy. Some of the husbands are not supportive towards their partners and behave in a harsh and critical way towards their spouse changed appearance. The loss of breasts is considered as threat to feminine identity and patients perceive that they have lost attraction towards their partners, leading to feeling that they cannot perform well during sexual contact. It was also observed that patients were critical about their own body image perceiving their body as incomplete. They tend to over emphasize their suffering and consider themselves alone in being the victim of this illness. All of factors including lack of support from family and husband, low self-esteem and critical perceptions about one's self may lead towards increase level of sexual distress in patients.

Conclusion

From the results explained above it is concluded that body image has significant relationship with self-compassion and sexual distress in patients who have undergone mastectomy. Body image concerns results in distress and feelings of worthlessness, increased sexual problems and lower self-compassion. Moreover it was concluded that patients who have high level of self-compassion experience less psychological symptoms and have less concerns about body image. The limitation of the research included that data was limited to only few hospitals so there was lack of diversity of socio-economic status and education level. Due to cultural restrictions and stigma in our society, the sexual problems somehow remain unreported. Awareness and guidance can be provided regarding sexual problems faced by women due to disfigurement and to foster the level of hope and acceptance in them.

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