

# Body Image Disturbance and Self-Esteem among Women After Mastectomy

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## **Abstract:**

Breast cancer and its treatment are associated with significant psychological and emotional consequences that extend beyond the physical burden of the disease. Mastectomy, although an important surgical option for the management of breast cancer, may result in major changes in body appearance, femininity perception, sexuality, and personal identity. These changes can lead to body image disturbance, reduced self-esteem, anxiety, depression, social withdrawal, impaired intimacy, and decreased quality of life. Body image disturbance after mastectomy is a multidimensional experience involving dissatisfaction with surgical scars, chest appearance, body symmetry, and feelings of incompleteness or loss of femininity. The psychological impact may be more pronounced among younger women and may be influenced by several factors, including marital status, social support, coping strategies, cultural beliefs, type of surgery, breast reconstruction, and healthcare communication. Since self-esteem is closely related to body perception and emotional adaptation, women with poor body image after mastectomy may experience reduced confidence, impaired self-worth, and difficulty in psychosocial adjustment. Therefore, assessing body image disturbance and self-esteem among women with mastectomy is essential for improving psycho-oncology care, supportive interventions, rehabilitation, and overall survivorship outcomes.

**Keywords:** Breast cancer; Mastectomy; Body image disturbance; Self-esteem; Psychological adaptation; Quality of life; Psycho-oncology; Women.

## **Introduction:**

Breast cancer and its associated treatments frequently produce significant psychological and emotional consequences that extend beyond the physical effects of the disease itself. Among these consequences, body image disturbance and reduced self-esteem are considered some of the most challenging psychosocial issues experienced by women undergoing mastectomy **(1)**.

The breast carries important symbolic meanings related to femininity, sexuality, motherhood, attractiveness, and personal identity. Consequently, surgical removal of the breast may alter body perception and negatively affect emotional well-being, interpersonal relationships, and quality of life **(2)**.

Although advances in breast cancer treatment have significantly improved survival outcomes, many women continue to experience long-term psychosocial difficulties during survivorship. Emotional adaptation following mastectomy varies substantially among individuals and is influenced by psychological resilience, social support, cultural background, coping strategies, and personal beliefs regarding body image and femininity **(3)**.

This chapter focuses on body image disturbance and self-esteem among women undergoing mastectomy. It discusses the prevalence, psychological consequences, contributing factors, and psychosocial adaptation processes associated with treatment-related bodily changes.

### Body Image Disturbance After Mastectomy

Body image disturbance is highly prevalent among women undergoing mastectomy and represents one of the most important psychosocial consequences of breast cancer treatment. Body image disturbance refers to negative perceptions, thoughts, emotions, and behaviors related to changes in physical appearance and body functioning (4).

Women undergoing mastectomy frequently report dissatisfaction with body symmetry, surgical scars, chest appearance, and femininity perception. These concerns may intensify during social interaction, body exposure, or intimate relationships. Some women experience embarrassment, shame, and avoidance of mirrors or social activities because of discomfort with their postoperative appearance (1).

Research indicates that body image disturbance may occur immediately after surgery and persist for months or years following treatment completion (2). Emotional distress is often greater during the early postoperative period when patients are adapting to sudden bodily changes and physical limitations.

Several studies suggest that younger women experience greater body image dissatisfaction compared with older women because younger patients frequently place greater importance on physical appearance, sexuality, fertility, and partner acceptance (5).

Women undergoing chemotherapy in addition to surgery may experience additional appearance-related challenges including alopecia, weight fluctuations, skin changes, and fatigue. These treatment-related effects may further intensify body dissatisfaction and emotional distress.

Body image disturbance following mastectomy is not limited to cosmetic concerns alone. Instead, it represents a multidimensional psychological experience involving identity disruption, altered femininity perception, reduced confidence, and emotional vulnerability.

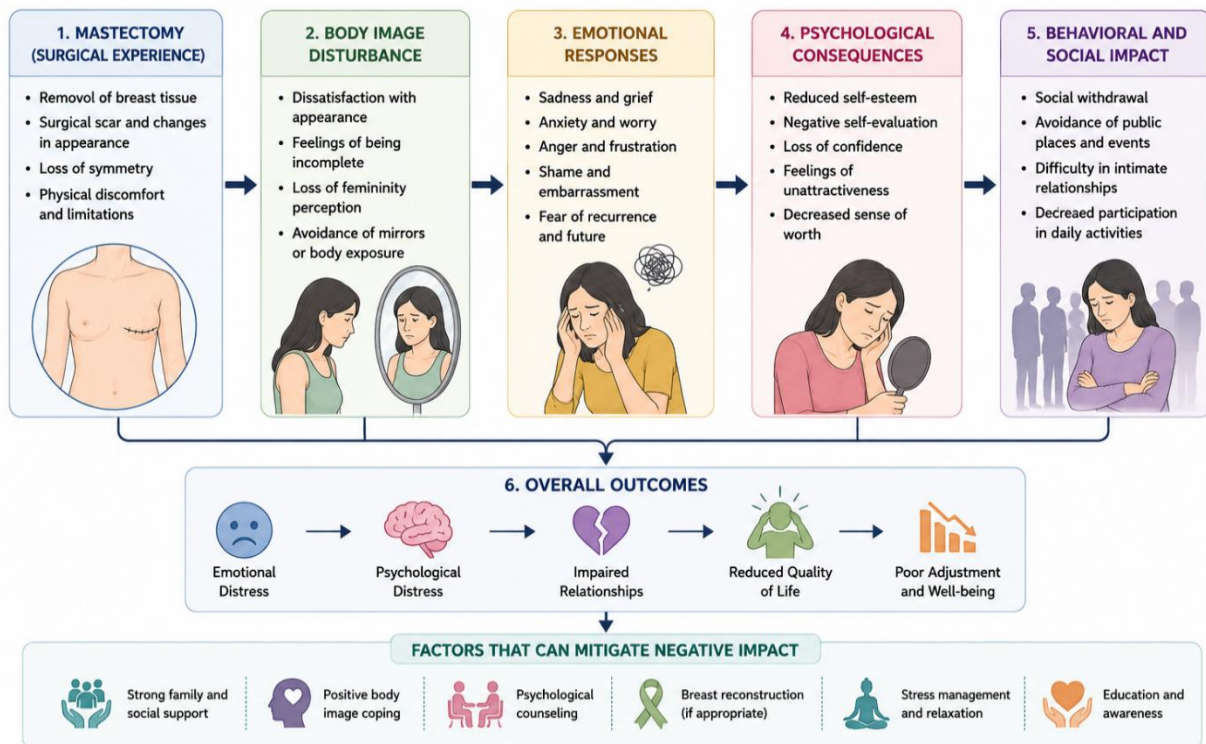


Figure 1. Psychological effects of mastectomy-related body image disturbance.

Figure 1 demonstrates how treatment-related bodily changes following mastectomy may contribute to body image disturbance and emotional distress, subsequently affecting social functioning, self-confidence, and quality of life (1,2).

### Self-Esteem After Mastectomy

Self-esteem is strongly influenced by body perception and emotional adaptation following breast cancer treatment. Women who experience significant body dissatisfaction after mastectomy frequently report reduced confidence, impaired self-worth, and diminished feelings of femininity (6).

For many women, the breast represents an important aspect of identity and sexuality. Consequently, surgical removal of the breast may negatively affect perceptions of attractiveness and desirability. Some women report feeling “incomplete” or less feminine following mastectomy, particularly when postoperative bodily changes are visible or difficult to conceal (2).

Reduced self-esteem may contribute to several psychosocial difficulties, including:

- Anxiety and depression
- Social avoidance
- Reduced intimacy
- Sexual dysfunction
- Emotional isolation
- Fear of rejection

Women experiencing low self-esteem frequently demonstrate increased sensitivity to social judgment and appearance-related criticism. These concerns may negatively affect interpersonal relationships and marital satisfaction.

However, psychological responses vary considerably between individuals. Women with strong emotional support, adaptive coping mechanisms, and positive healthcare communication generally demonstrate greater resilience and emotional adjustment following surgery (3).

Breast reconstruction may improve self-confidence and body satisfaction in some women, although reconstruction does not completely eliminate psychological distress. Emotional adaptation depends on multiple interacting factors rather than physical appearance alone.

Table 1 Common Psychological Consequences Following Mastectomy

Psychological Outcome	Possible Manifestations
Body Image Disturbance	Dissatisfaction with appearance
Reduced Self-Esteem	Reduced confidence and self-worth
Anxiety	Fear and emotional distress
Depression	Sadness and hopelessness
Social Withdrawal	Avoidance of social interaction
Sexual Dysfunction	Reduced intimacy and desire

## Relationship Between Body Image and Self-Esteem in Breast Cancer

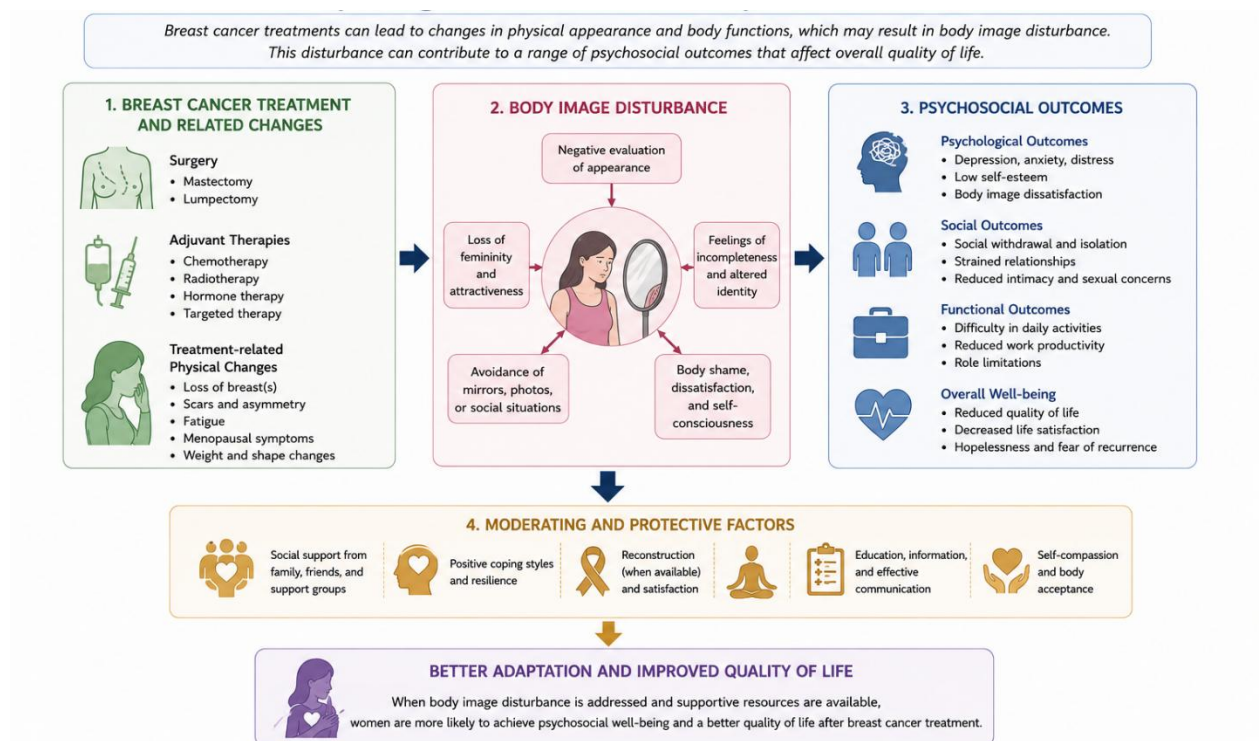
Body image and self-esteem are closely interconnected psychological constructs among women diagnosed with breast cancer. Physical changes resulting from surgery, chemotherapy, radiation therapy, and hormonal treatment frequently alter body perception and negatively affect self-worth (1).

Mastectomy represents one of the most psychologically challenging experiences for many women because the breast is strongly associated with femininity, sexuality, and identity. Women who experience significant body dissatisfaction following surgery often report reduced confidence, impaired social functioning, anxiety, depression, and diminished quality of life (2).

Research suggests that body image disturbance may persist long after completion of medical treatment. Some women continue to experience emotional distress, social withdrawal, and impaired intimate relationships during survivorship (3).

However, psychological adaptation varies substantially between individuals. Women with strong social support, adaptive coping strategies, and higher pre-treatment self-esteem generally demonstrate better emotional adjustment and resilience (6).

Figure 2 demonstrates how treatment-related bodily changes may contribute to body image disturbance and reduced self-esteem among breast cancer survivors. These psychological effects may subsequently influence emotional well-being, social functioning, intimate relationships, and overall quality of life (1).



**Figure 2.** Relationship between breast cancer treatment, body image disturbance, and psychosocial outcomes.

### Factors Affecting Psychological Adaptation

Psychological adaptation following mastectomy varies substantially among women and is influenced by numerous demographic, psychological, medical, and sociocultural factors.

### 1 Age

Younger women generally experience greater body image disturbance and emotional distress compared with older women. Younger patients often demonstrate increased concern regarding attractiveness, fertility, intimate relationships, and family responsibilities (5).

### 2 Marital and Social Support

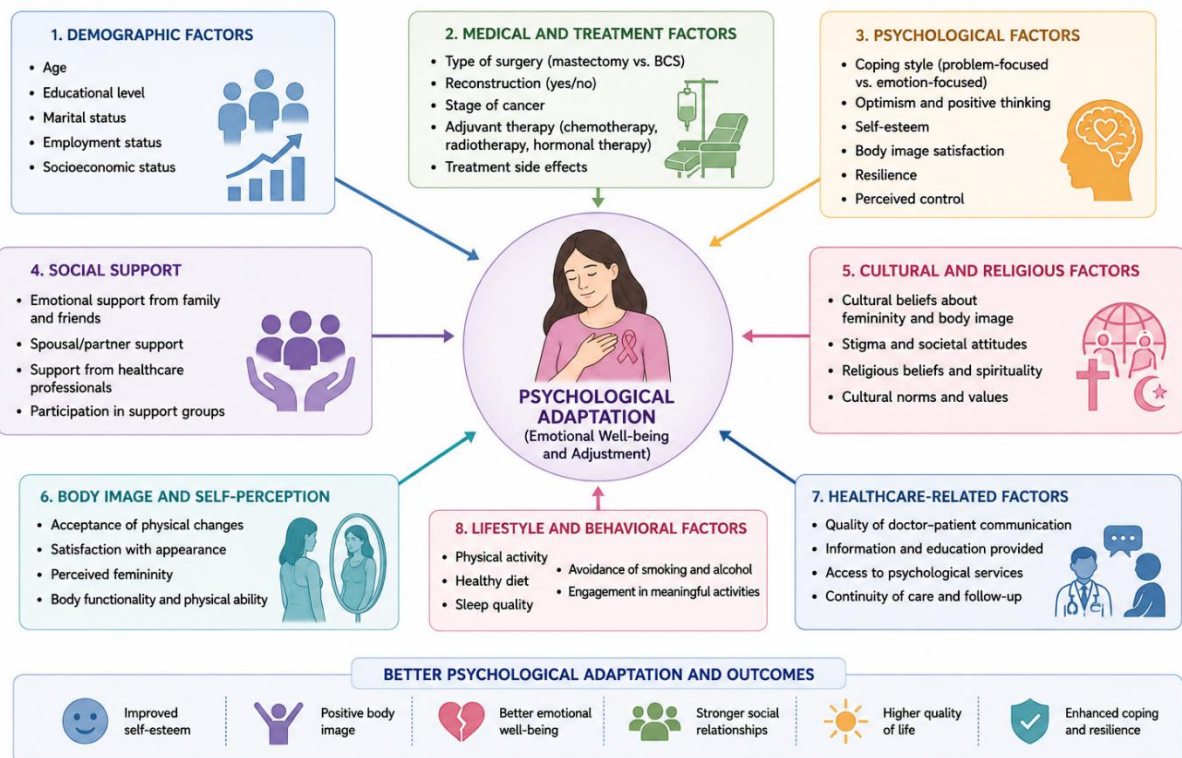
Social support plays a critical role in emotional recovery following breast cancer treatment. Women receiving emotional support from partners, family members, and healthcare professionals frequently demonstrate better psychological adjustment and greater emotional resilience (2). Supportive relationships may reduce feelings of isolation and improve coping with treatment-related bodily changes.

### 3 Type of Surgery and Reconstruction

Women undergoing breast-conserving surgery generally report better body image outcomes than women undergoing total mastectomy. Similarly, breast reconstruction may improve body satisfaction and confidence in selected patients (1). However, psychosocial outcomes remain highly individualized and may depend on expectations, surgical complications, and emotional coping style.

### 4 Cultural and Religious Factors

Cultural beliefs strongly influence perceptions of femininity, body image, and illness. In some societies, visible bodily changes may carry social stigma or influence marital relationships. Religious beliefs and spirituality may also affect emotional adaptation and coping processes.



**Figure 3.** Factors influencing psychosocial adaptation following mastectomy.

Figure 3 summarizes the major demographic, psychosocial, and cultural factors influencing emotional adaptation and psychological resilience among women undergoing mastectomy (3, 5).

### Relationship Between Body Image and Quality of Life

Body image disturbance and reduced self-esteem significantly influence quality of life among women undergoing mastectomy. Quality of life is a multidimensional concept that includes physical, emotional, psychological, social, and functional well-being (7).

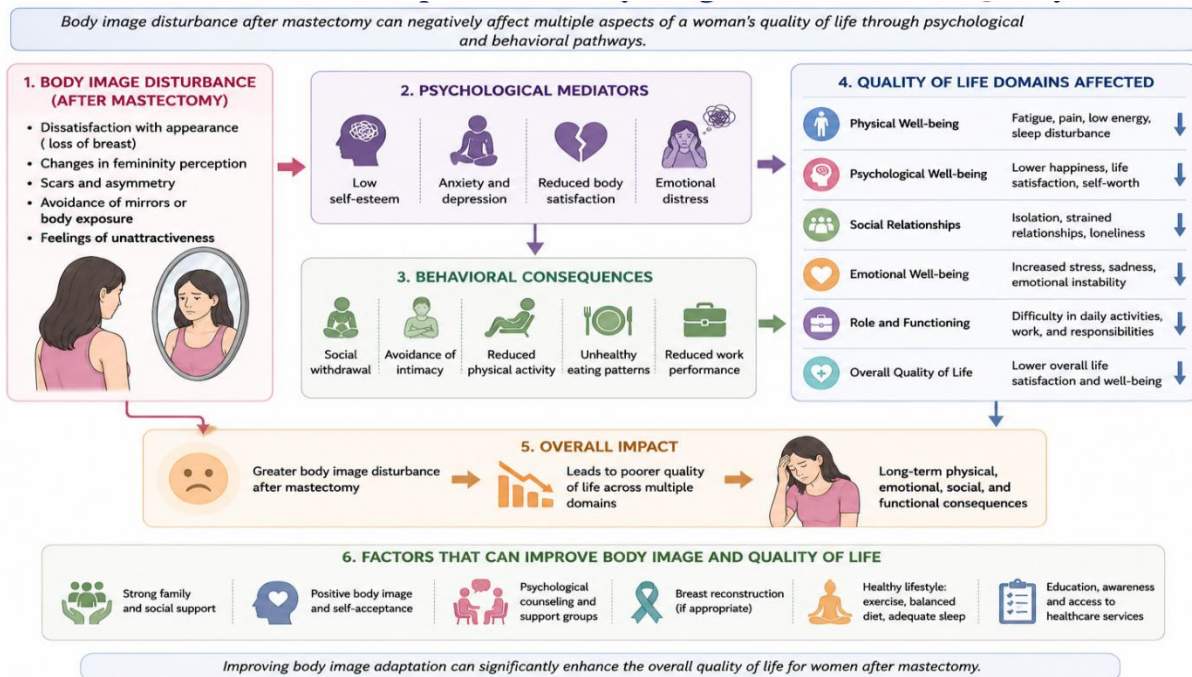
Women experiencing severe body dissatisfaction frequently report impaired emotional adjustment, social withdrawal, reduced confidence, and difficulty maintaining normal daily activities. Negative body perception may also contribute to persistent anxiety, depressive symptoms, and fear of social judgment (1).

Several studies have demonstrated a strong relationship between body image disturbance and emotional distress among breast cancer survivors. Women with poorer body image commonly report lower levels of psychological well-being and greater difficulty adapting to survivorship (2).

Sexual functioning represents another important component of quality of life affected by mastectomy. Treatment-related bodily changes may reduce feelings of attractiveness and femininity, negatively affecting intimacy and marital relationships. Some women experience avoidance of physical intimacy because of embarrassment or fear of rejection (8).

Body image dissatisfaction may also influence occupational and social functioning. Women experiencing emotional distress frequently demonstrate reduced participation in social activities and decreased confidence in public settings.

Despite these challenges, positive psychosocial adaptation is possible. Women with effective coping strategies, strong family support, and access to psychological counseling often demonstrate better emotional recovery and improved quality of life following treatment (6).



**Figure 4.** Relationship between body image disturbance and quality of life among women with mastectomy.

Figure 4 demonstrates how body image disturbance may negatively affect self-esteem, emotional well-being, social functioning, and intimate relationships, ultimately contributing to reduced quality of life among breast cancer survivors (1, 8).

### Psycho-Oncology and Supportive Care

Psycho-oncology has emerged as an essential component of comprehensive breast cancer care. The field focuses on the psychological, emotional, social, and behavioral dimensions of cancer diagnosis, treatment, and survivorship (9).

Psychological support is particularly important for women undergoing mastectomy because treatment-related bodily changes frequently affect body image, self-esteem, and emotional adaptation. Early psychosocial intervention may reduce emotional distress and improve coping during treatment and recovery.

Several supportive care approaches have demonstrated beneficial effects on psychological adjustment, including:

- Cognitive Behavioral Therapy (CBT)
- Support groups
- Psychoeducation
- Mindfulness-based interventions
- Rehabilitation programs
- Family counseling

CBT is among the most widely used psychological interventions for body image disturbance. It helps patients identify maladaptive thoughts related to appearance and develop healthier coping strategies (4).

Support groups provide opportunities for emotional expression, peer support, and normalization of experiences. Women participating in support programs frequently report reduced isolation and greater emotional resilience.

Rehabilitation programs involving physiotherapy and physical activity may also improve body confidence, mobility, and emotional well-being following surgery (10).

Healthcare professionals play a major role in psychological adaptation through empathetic communication, emotional validation, and patient-centered care. Women who feel emotionally supported by healthcare teams generally demonstrate better psychosocial outcomes.

Table 2 Psycho-Oncology Interventions for Women Undergoing Mastectomy

Intervention	Main Objective	Expected Outcome
Cognitive Behavioral Therapy	Cognitive restructuring	Reduced body dissatisfaction
Support Groups	Emotional support	Reduced isolation
Psychoeducation	Coping awareness	Improved adjustment
Physiotherapy	Functional recovery	Improved body confidence
Mindfulness Programs	Emotional regulation	Reduced anxiety

### Research Gap

Despite growing research examining psychosocial outcomes among women diagnosed with breast cancer, several important gaps remain within the current literature. First, many previous studies have focused primarily on survival outcomes and physical recovery while giving comparatively less attention to long-term psychological adaptation, body image disturbance, and self-esteem changes following mastectomy (1).

Second, available research demonstrates considerable variation in psychological outcomes between individuals, suggesting that emotional adaptation is influenced by multiple demographic, cultural, and psychosocial factors. However, the interaction between these variables remains insufficiently understood.

Third, most body image research has been conducted in Western populations. Evidence from Middle Eastern and developing countries remains comparatively limited, despite substantial cultural differences in perceptions of femininity, body image, and social expectations (3).

Additionally, some studies evaluate body image or self-esteem independently rather than examining their combined influence on psychosocial functioning and quality of life. These limits understanding of the multidimensional relationship between psychological adaptation and survivorship outcomes.

Finally, relatively few studies have explored psychosocial adaptation among women undergoing mastectomy within specific cultural and healthcare contexts. Therefore, further research is required to better understand the emotional experiences, coping mechanisms, and supportive care needs of breast cancer survivors.

The current study aims to contribute to existing literature by examining body image disturbance and self-esteem among women undergoing mastectomy and exploring their relationship with psychosocial adaptation and quality of life.

### Conclusion

Body image disturbance and reduced self-esteem represent major psychosocial consequences of mastectomy among women diagnosed with breast cancer. Treatment-related bodily changes may significantly affect emotional well-being, femininity perception, social functioning, intimacy, and overall quality of life.

Psychological adaptation following mastectomy varies substantially among individuals and is influenced by multiple interacting factors including age, social support, coping style, cultural beliefs, and type of surgical intervention.

Current evidence emphasizes the importance of integrating psycho-oncology services, psychological counseling, rehabilitation, and supportive care into breast cancer management. Addressing emotional adaptation and psychosocial well-being is therefore essential for improving long-term survivorship outcomes among women undergoing mastectomy.

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