

Postoperative psychosocial care of the body/woman after mastectomy for breast cancer: a reflection

Abstract

On a global level, breast cancer is considered the second most common type of cancer in women. However, the majority of patients will survive due to early detection and the evolution and availability of effective treatments, such as radiotherapy, chemotherapy, hormonotherapy and, most frequently, the surgical removal of the breast or breasts (increasingly less radical) or part of thereof, known as mastectomy, thus improving chances of survival. This provides evidence as to the need to link breast cancer treatment to care that enables a better quality of life for women whose body has undergone suffering and a therapeutically necessary mutilation, which should be echoed in new paradigms for bodily care. This suggests a further need for a theoretical reflection on professional nursing care for patients who have undergone mastectomy treatment for breast cancer, comprising an analysis of the theoretical proposals of authors such as Leonardo Boff, Mayeroff and David Le Breton. These authors reveal that one cannot deal with emotions, feelings and thoughts without a body, nor can one care for a body without emotions, feelings and thoughts. This leads to the conclusion that the psychosocial care of the body/woman requires an integrated care that represents, for the nursing professional, a process involving not only the act of nursing but also the human being in its entirety.

Keywords: psychosocial care, nursing, body/woman, mastectomy, breast cancer

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Introduction

Breast carcinoma represents a health problem of the utmost importance, given its incidence in morbidity statistics and According to the World Health Organization, it is accompanied by high mortality rates with the latest statistics indicating that 1.38 million new cases are registered every year, of which 458 thousand end in death, mainly by to the late detection of the disease. This last point has been greeted with dismay, due to the fact that scientific and technological advances enable the treatment of breast cancer, when detected early, to achieve high survival rates, although continued professional care is necessary to achieve a better quality of life threatened by the process of the disease and necessary multidisciplinary treatment in which often includes the mastectomy which generates serious economic, psychological and social implications bearing in mind that it is a hundred times more frequent in women than in men.

According to the *Instituto Nacional de Estadística, Geografía e Informática* (INEGI),¹ in the Mexican Republic, breast cancer occupies second place in terms of mortality and first place in terms of morbidity, with a mean national average of 90 new cases each year. Under the lens of nursing based on the clinical practice of providing care for breast cancer people, it can observe said that the diagnosis and treatment of breast cancer generates situations of extreme doubt and psychosocial imbalance in women, principally due to the changes, both visible and invisible, that have occurred in their body. For both the woman and her family, breast cancer represents suffering that materializes at different times, from diagnosis to the therapeutic proposal of the surgical procedure very often considered the most effective. However, there is no doubt that mastectomies generate permanent changes in a body, requiring specific professional care in order to reduce the physical, psychological and social complications and improve the survivor's quality of life. This theoretical reflection prompts the question as to the type of professional care required by a woman in her entirety, considering not only her physical form but

also that which is historical and social, with emotions, feelings and thoughts unleashed in the post-operative of mastectomy.

Psychosocial postoperative care of the body/woman after mastectomy

According to the Royal Academy of the Spanish Language (2019), the word care originates from the latin cogitare ("think" and, by extension, "thought", from cogitatus), the transitive verb meaning to do something with care, diligence, application and dedication – it means to assist, keep watch and conserve, so for Camargo.² of nursing care is, in essence, to attend to the human being in its entirety.

Thus, the person must be seen as such, human being/body, as must the relationship between body and mind, meaning that each person is seen as singular, with their own needs and values, which should be taken into account by the practice of nursing in the daily provision of care. For this reason, breast cancer represents a significant threat to those women living with it, and under different treatment regimens more so, as described by Mayeroff Milton,³ interrupting their lives, altering their worldview, and demanding strength and creativity in order for both the patient and her family to face the future. This informs the principal task of a nursing professional, which is to care for a woman/body or human being/body with cancer, rather than the cancer of a woman or human being, given that it is impossible to care for a body without regard to emotions, feelings and thoughts.

Gallegos⁴ states that there is sufficient empirical evidence to support the idea that the loss of one or both breasts, as part of her body, causes a woman emotional and psychological alterations. These will depend on the woman's age, their children, husband or partner, job and the importance she has given to her breasts prior to the mastectomy, and will manifest itself in a series of symptoms, such as anxiety, insomnia, shame and feelings of uselessness. Her psychosocial integrity will be affected, causing her uncertainty in

terms of how the proposed treatment will unfold and forcing her to constantly confront both the possibility of recurrence or death and the need to re-signify her mutilated body. Not only her physical and moral characteristics and the attributes assigned to gender via socio-cultural choices may be considered in this construction of meaning for her body, but also a return to her natural inclination, in that visibility is a naturally decisive factor, as is a woman's social identity. Said identity surrounds women at all times in their daily life and has enormous importance for their body identity. This also includes the complexity of the interchange of meanings upon which the social condition of being a woman is based, for which reason care can be focused on a body/woman needing to be cared for.

According to Boff,⁵ humanized and integrated care demands of the nursing professional specific scientific knowledge extended to the family, in that it requires specific training for every eventuality, the personalities involved and the manner in which to react to and confront the limitations presented. Such care, therefore, becomes necessary for facing the draining reality of a woman's daily life, bearing in mind that care is considered essential to the discipline of nursing and involves not only the receiver but also the nurse, as the provider. Thus, this care must be timely, rapid, continuous, permanent and oriented to resolving particular problems that include both verbal and non-verbal communication. However, professional practice, within the biological paradigm, has left to one side the observation of the face, emotions and feelings that are so important during each moment of life histories constructed on a daily basis. For this reason, attention must be paid to the language of the body that requires attention during more than one intervention, in order to reduce complications such as: physical and emotional pain; the deterioration of mobility with exercise plans for and the prevention and treatment of lymphedema; and, infections, seromas, nausea, and vomiting among other forms of discomfort. However, there is no doubt that there is insufficient empathy for either treating the body as a whole, which refers to the sense of closeness with or the inclusion of the patient's family in order to pass on learning with a therapeutic objective and, in turn, effectively care for the patient, as described by Le Breton.^{6,7}

The care provided to the body/woman thus means a search to assimilate, creatively, events from life, work commitments, meetings, important and existential crises, success, failure, health and suffering, according to that set out by Boff and revisited by Gallegos,⁴ who affirm that care reinforces one's identity as a rational being. Only in this way can we transform ourselves into strong, autonomous, rational and free people. Thus, the psychosocial care of the body/woman will be centered on strengthening self-knowledge of her body, self-esteem and self-control, encouraging security and confidence in her daily life as a social being closely related to other human beings who suffer, feel, care and learn.⁸

As Boff⁵ writes, "caring is more than an act, it is an attitude"; therefore, it comprises more than a moment of treatment, zeal and a sleepless vigil—it is a loving gesture to reality, a gesture of protection

bringing with it serenity and peace. Without care, nothing alive survives, while, with care "everything lasts longer". Moreover, Boff states that the integrated care and healing of the human being requires a return to the great therapeutic traditions of humanity, which understand healing as a process not only involving the sick aspect but also including the entirety of the human being. Therefore, healing would comprise not only the elimination of the disease, but also the creation of a new equilibrium among the physical, psychic, social and even spiritual aspects of the person.

Final considerations

After mastectomies undertaken as a treatment breast cancer, the identification of care needs by the nursing professional is not complete without considering female body identity as pertaining to the woman/body and her experiences, values, feelings and emotions, namely that which identifies her in a natural psychosocial environment, providing the pattern for how she should be treated and identifying her needs in this regard.

Among the actions undertaken for the education and care of people living with both non-transmissible chronic conditions and surgical processes by the nursing professional, it is important to revisit humanized care in matters with global implications, such as the psychosocial care of the human being/body.

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None.

Conflict of interest

The authors declare there is no conflict of interest.

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