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The Impact of Mastectomy on Women's Body Image

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ABSTRACT: This qualitative study was conducted with three women who underwent mastectomy as part of breast cancer treatment. Using clinical interviews and the Machover Projective Drawing Test, the findings revealed that the participants experienced significant difficulties in accepting their post-surgical bodies. The loss of a breast was associated with persistent feelings of anxiety, guilt, sadness, and emotional distress. For many of these women, mastectomy was not merely a medical procedure but an existential crisis that profoundly affected their sense of identity, femininity, and self-worth. The study also found that these psychological challenges negatively influenced their interpersonal and marital relationships. The findings highlight the importance of psychosocial support in helping women reconstruct a positive body image following mastectomy.

KEYWORDS : Impact, Mastectomy, Body Image, Breast Cancer, Women's Mental Health.

INTRODUCTION

The World Health Organization (WHO) defines a chronic disease as a long-lasting condition. The French High Council for Public Health, for its part, specifies that a chronic disease is a pathological condition of a physical, psychological, and/or cognitive nature that is expected to persist over time and has a major impact on the patient's daily life. Indeed, although medicine continues to advance, there are numerous psychosocial repercussions affecting the quality of life of patients suffering from chronic illnesses. Cancer is among these chronic diseases (Libert, 2006).

The announcement of a cancer diagnosis is experienced by patients as a profound upheaval in their lives and in the lives of those around them. In France, cancer is perceived as the most dangerous disease, ahead of AIDS and cardiovascular diseases. For a long time, cancer was associated with an incurable illness, confronting individuals with their mortality and vulnerability to disease. Its unpredictability and the consequences it entails generate fear (Reich, 2009).

In 2017, the total prevalence of cancer in metropolitan France, as reported by the French National Cancer Institute (INCa), reached 3.8 million cases. This figure can be explained by the increase in the number of new cases (incidence) and the decrease in mortality rates, in line with population aging. These two divergent trends are largely attributable to medical advances, including increasingly effective treatments and enhanced early screening promoted through the 2014–2019 Cancer Plan (Colonna, 2018). Among the 380,000 new cancer cases recorded by INCa in 2018, breast cancer remained by far the most common, with 56,000 cases. It is the leading cause of cancer-related death among women.

In the Democratic Republic of the Congo (DRC), breast cancer represents a major public health issue, with a steadily increasing incidence. According to recent statistics from the National Cancer Control Center (CNLC) of the Ministry of Health (2025), the DRC currently records up to 52,612 cancer cases, with a mortality rate of 71.4%, corresponding to approximately 37,575 deaths. A study conducted at the University Clinics of Kinshasa in 2023 revealed that breast cancer is the most common cancer among women in Kinshasa, accounting for 46.6% of gynecological cancer cases.

The treatment of breast cancer varies depending on the severity of the disease and the stage at which it is diagnosed. Women diagnosed with breast cancer embark on a complex care pathway in which treatment decisions are made. One of the most common therapeutic approaches in breast cancer management remains mastectomy. This surgical procedure involves the partial or total removal of the breast affected by the tumor and constitutes a key stage of treatment in many breast cancer cases.

From a psychosomatic perspective, this type of treatment disrupts physical integrity and profoundly affects the woman concerned (Bacqué, 2008). She must face not only the gaze of others but also the image reflected by her altered body.

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Certainly, anxiety is present in all surgical procedures, but it is particularly pronounced in cases of breast cancer, especially when surgery involves breast removal through mastectomy.

Indeed, mastectomy not only results in the loss of a breast but also symbolizes a profound alteration in a woman's physical appearance, often perceived as a fundamental component of gender identity, femininity, sexuality, and personal worth. This alteration of body image can lead to changes in how the patient perceives herself and in her relationship with her social environment. It is a psychologically complex experience in which the emotional and psychological consequences, particularly regarding self-esteem, should not be underestimated (Dong et al., 2023).

A study conducted by Fobair et al. (2006) revealed that nearly 50% of patients who had undergone mastectomy reported body image disturbances within the first two years following surgery. These disturbances may manifest as feelings of shame, anxiety, depression, and fear. In this sense, breast removal not only alters the shape of the body but may also be perceived as the loss of a fundamental aspect of femininity.

Guindo (2023), in her study, shows that mastectomy is often experienced as an attack on bodily integrity, aggravated by a lack of information and psychological support. Women sometimes feel deprived of their right to control their own bodies, leading to an inner suffering that is difficult to verbalize. This experience resembles a form of bodily dispossession, in which surgery not only saves life but also takes away an essential part of self-esteem and the feeling of being a woman.

Research by Njie-Mbopi and Nguefack (2023) explores the experiences of women who have undergone mastectomy, highlighting a profound mourning process for the lost breast. This mourning is accompanied by feelings of sadness, guilt, shame, and social withdrawal. These emotions are often intensified by the gaze of others and by confrontation with dominant aesthetic norms that value beauty, bodily symmetry, and youthfulness. As a result, women who have undergone mastectomy may find themselves at odds with societal representations of the "acceptable" body, thereby reinforcing a negative body image.

Body image, however, is not a fixed construct. It evolves according to individual variables (personality, resilience, life history), interpersonal factors (quality of social support, relationship with one's partner), and cultural influences (societal values and norms). Some women manage to reconstruct a more positive body image after mastectomy, particularly through therapeutic support, reconstructive surgery, or engagement in processes of identity resilience.

For his part, Averill (1998) emphasizes that mastectomy can disrupt the body schema—that is, the internal representation of the body in space—and provoke a destabilization of a woman's personal identity. This disruption affects her ability to project herself into emotional or sexual relationships and may lead to emotional isolation. The body then becomes a source of suffering and rejection rather than a medium for self-expression.

From these various studies, it can be observed that body image, often linked to feminine identity, sensuality, and self-esteem, when altered by events such as mastectomy, generates significant emotional and psychological consequences for women. It may lead to a loss of self-confidence and affect a woman's social behavior, sexuality, and even her relationship with her partner.

It is therefore this issue of the impact of mastectomy on women's mental health that lies at the heart of the present study.

METHODOLOGY

Study Setting

This study was conducted at Saint Joseph Hospital, located on Lumumba Boulevard, in the municipality of Limete, between 14th and 15th Streets, in the Mont Amba District, Central Kinshasa, within the city-province of Kinshasa, Democratic Republic of the Congo.

Participants

Participants

The participants in this study were women who had undergone a mastectomy at Saint Joseph Hospital. Since the study falls within the framework of qualitative research, only three participants were selected. They were included in the study according to the following criteria: having undergone a mastectomy, attending the hospital for postoperative medical follow-up, being within two months after the mastectomy procedure, being available to participate in the study, and freely agreeing to sign the informed consent form.

Instruments

The following instruments were used to collect data from the participants: the clinical interview and the Machover Draw-a-Person Test. The clinical interview enabled us to understand how women who had undergone mastectomy perceived and interpreted their situation following surgery. The Machover Test helped us explore each participant’s perception and representation of her body.

Clinical Interview

More broadly, an interview can be defined as an essentially verbal interaction between two individuals in direct contact, conducted with a previously established objective (whether more or less formally defined). It is this characteristic that distinguishes an interview from an ordinary conversation or an informal exchange (Ngufulu Basuluka, 2018).

Operationally, the interviews conducted with our participants were based on an interview guide comprising the following four dimensions:

- **Identification:** age, marital status, educational level, religious affiliation, etc.;
- **Social experience:** examining the psychological state of women who had undergone mastectomy within society;
- **Self-representation:** analyzing how women who had undergone mastectomy perceive their bodies;
- **Self-perception in relation to others:** exploring how participants perceive themselves in their interactions with other people.

Machover Test

The Machover Test consists of providing a participant with a sheet of paper and asking her to draw a person, followed by a series of questions about the figure drawn. This test is primarily used to study body image as a complex reflection or conception of self-image. It also explores pathological manifestations of the body that reveal early libidinal fixations, attitudes toward bodily orifices and excretory functions, and anxiety

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related to bodily functions, which are considered major determinants. Minor physical sufferings or bodily concerns may also be reflected in the drawing.

Data Collection Procedure

Data collection from women who had undergone mastectomy was carried out in a calm and peaceful environment. With the authorization of the management of Saint Joseph Hospital, we first explained the purpose and significance of our study to the patients. We then invited them individually to participate in an interview conducted either in French or Lingala (the local language).

Following the interview, guided by the interview schedule, we administered the Machover Test. Before administering the test, standard precautions were taken: all drawing materials (pencil and paper) were prepared, and participants were asked to read and sign the informed consent form to provide their approval.

The participants were contacted either in the consultation room or, in some cases, in their hospital rooms. Due to their health condition, some patients were unable to move around, making bedside data collection necessary.

Data Analysis

Given the qualitative nature of the data collected, content analysis and case study methods were used to analyze the findings.

Content Analysis

Content analysis enabled us to organize participants' responses into thematic dimensions so that they could be presented in a logical and coherent manner. This analysis was conducted at two levels:

- **Horizontal analysis:** examining thematic consistency across interviews;
- **Longitudinal analysis:** examining thematic consistency within each individual interview.

Case Study

The case study approach allowed us to reconstruct the history of each participant in a systematic and chronological manner. This chronological sequencing of events facilitated a deeper understanding of the psychological suffering experienced by women who had undergone mastectomy.

RESULTS

The results are presented as clinical case studies. They are described individually, using pseudonyms to protect the identity and confidentiality of the participants.

Voici la traduction en anglais :

Juventus Case

Identification

Juventus is a 50-year-old married woman and mother of five children. She is the seventh of seven siblings, and both of her parents are deceased. She works as a government employee.

Excerpt from the Autobiographical Narrative

Everything began in January 2020 when I noticed a lump in my left breast. I was worried, but I told myself it would go away since it was a small lump. After some time, I realized that the pain kept increasing. I then went to see a doctor at Saint Joseph Hospital, where he discovered that it was a cancerous mass, although he did not want to tell me immediately.

A few days later, he informed me and explained that a mastectomy would be necessary to prevent the other breast from becoming affected. When I heard this news, I was devastated and shocked; I could hardly believe it. I thought it was a dream, but it was real.

Not knowing what to do because I felt overwhelmed, I had no choice but to talk to my husband. We then returned to the hospital for a second visit, and the doctor explained my condition to him. My husband eventually agreed to the surgery. We scheduled a third appointment for the operation. I must admit that this was the darkest period of my life because I kept thinking about my fate after the surgery and wondering whether it was really necessary. I asked myself whether I would be able to live without one breast and whether my husband would continue to see me the same way. I could not believe it.

However, thanks to the support and encouragement of the doctors and my husband, I finally accepted the surgery. After the operation, things were psychologically difficult at first because I had to stay at home every day, alone and lost in thought. I did not want people around me to know about it. It affected me deeply because I used to go out almost every day for work.

I felt almost useless because I could no longer do anything. I was no longer able to fulfill my responsibilities as a mother and a wife. To me, it felt like a punishment imposed by life, one that I was forced to endure.

Machover Test Information

Juventus drew a character with identity-related deficiencies in the form of a little girl. The figure had a head containing certain details (hair, eyes, nose, and mouth). This representation confirms her regressive and childlike attitude resulting from her condition. She now sees herself as a child who is incapable of serving and helping her family; instead, she is now the one being cared for and supported by them.

Partial Analysis

Juventus, a wife, mother, and government employee, went through an especially distressing experience. After discovering a lump in her left breast, she consulted a physician who confirmed a diagnosis of breast cancer and recommended a mastectomy. Faced with this difficult news, she discussed the matter with her husband, who supported the medical recommendation and encouraged her to undergo the procedure. Having no real alternative, she eventually consented to the operation.

Following surgery, she currently exhibits profound psychological trauma related to the loss of her breast, which she associated not only with her identity as a woman but also with her maternal and marital roles. She perceives her current body as a punishment imposed upon her by life.

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Barcelona Case

Identification

Barcelona is a 59-year-old divorced woman and mother of five children. She is the fourth of six siblings and is a homemaker by profession.

Excerpt from the Autobiographical Narrative

My illness began with the appearance of a lump in my left breast. I then went to a healthcare center near my home. After consultation and medical examinations, I was told that it was breast cancer.

At first, I thought the doctor was joking. Later, I realized he was serious, and I felt as though ants were crawling all over my body. I was speechless, weak, and unable to believe what I was hearing. I experienced several emotions at once. I wanted to cry; I even thought about suicide. Honestly, I do not even remember what I did that day.

It was very difficult to accept because I was afraid of dying and leaving my children orphaned. It was a real tragedy for me because, beyond being divorced and raising my children alone, I also had to struggle to accept such an unfair situation.

I kept thinking about my children's future without me. I lost my courage and even found it difficult to tell them the news. Meanwhile, the disease continued to worsen. I felt alone, and my health kept deteriorating.

The doctor at the healthcare center eventually informed my children and other family members. Together, they decided to transfer me to Saint Joseph Hospital for appropriate treatment. There, the doctor explained that we would first try chemotherapy to see whether I could recover without surgery.

Seven months later, the disease continued to progress, and the treatment had to be changed. I kept asking myself, "Why me? What have I done to deserve this?" Of all the women in the world, why had cancer chosen me? It seemed as though God had abandoned me and did not want my children and me to be happy.

Eventually, the doctor decided that I needed surgery (mastectomy). When I heard this, I was speechless. It took me a long time to come to terms with the situation.

Although the surgery went well, I felt incapable of meeting my children's needs because I was divorced and had no one to help care for them. I felt abandoned with my children, alone and exhausted. Yet, despite everything, I did not want to express my suffering because I did not want to worry my children or become a burden to them.

Every day I think about the strength I once had to care for my children, but now everything seems lost because of my illness. Life is truly unfair; I do not deserve this.

Machover Test Information

Barcelona drew a character resembling a man without arms or ears, with two legs of different sizes and a head containing only one eye, a nose, and a mouth. The carelessness evident in the drawing suggests an identity disturbance and a lack of interest in her own body. The absence of breasts in the drawing reflects the masculine perception she has developed of her body following the operation.

Partial Analysis

Barcelona, a 59-year-old divorced mother of five and the fourth of six siblings, experienced one of the saddest periods of her life. After the confirmation of cancerous cells in her left breast, she did everything possible to recover, undergoing seven months of chemotherapy without success. Faced with this situation, she was ultimately forced to accept the mastectomy recommended by her physicians.

Although the surgery was successful, she continues to feel sad because her health condition no longer allows her to meet her children's needs. She experiences deep sorrow for her children, whom she feels she can no longer adequately support. This alarming health situation has affected her profoundly, leading to a marked disinterest in her current body.

Milan Case

Identification

Milan is a 47-year-old married woman and mother of one daughter. She is the seventh of nine siblings and works as an entrepreneur.

Excerpt from the Autobiographical Narrative

Everything began in Angola when I started experiencing cramps in my right breast. A few days later, I noticed that the condition was worsening and that a lump was gradually forming.

I spoke to my husband about it, and he recommended that I see a doctor he knew well at Saint Joseph Hospital in Kinshasa. Upon arriving in Kinshasa, the test results confirmed the presence of a cancerous tumor in my right breast. Given the advanced stage of the tumor, the doctors advised immediate surgery.

I was completely devastated by the news. I wondered whether I would still be able to conceive and whether my husband would continue to admire me as before. I also questioned whether I would be able to continue my normal activities.

I even cried in front of the doctor, asking whether surgery was the only option. I was afraid of the consequences that losing a breast could have on my marriage and fertility. Because the disease was already advanced, the doctor insisted that surgery was urgent and necessary.

Having no other choice, I agreed to the operation, although I feared dying. The doctor reassured me that everything would go well. He also informed my husband, who eventually gave his consent, although he was not physically present.

Now that I have undergone surgery, I remain deeply worried because I have not yet seen my husband. I do not know how he will react when he notices the change in my body after I return to Angola. I do not know whether he will continue to love me despite this significant change.

In addition, I wonder whether I will still be able to conceive given my age and health condition. So far, I have only one daughter, and my husband will probably want us to have more children. I fear that he may turn his attention elsewhere and lose interest in me.

Whenever I think about it, tears come to my eyes, and I lose my appetite. I love my husband and have always wanted to contribute to his happiness, but I fear that my current body may become a source of frustration for him.

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Machover Test Information

Milan drew a character resembling an elderly, tired, and exhausted woman with her chest concealed. This reveals the negative perception and identity disturbance she has regarding her current body. She sees herself as a faded old woman who can no longer attract her husband.

Partial Analysis

At 47 years old, married and the mother of one daughter, Milan is facing a deeply distressing reality. Her ordeal began in Angola when cramps appeared in her right breast and eventually developed into a mass. After traveling to Kinshasa at her husband's suggestion, doctors confirmed advanced breast cancer and recommended surgery.

Having no alternative, Milan accepted the medical recommendation, although she was deeply disturbed by what was happening to her. Consequently, breast surgery became a source of intense anxiety.

In addition, she worries about her fertility because she has only one daughter. Through this experience, she fears that her husband may seek another partner if she is unable to conceive again. Thus, her illness has generated multiple additional concerns and difficulties.

Milan is also troubled by her physical appearance, which she believes may no longer attract her husband once she returns to Angola. In this sense, she is mourning the loss of her former body even before fully adapting to the postoperative reality. She constantly wonders whether her husband will continue to love her despite her altered body image.

Here is the English translation of your **Discussion, Conclusion, and References** sections:

DISCUSSION

The findings from all the cases examined indicate that mastectomy is experienced by these women as a profoundly life-changing event that extends far beyond the medical sphere. Indeed, it becomes part of a personal life trajectory that is simultaneously medical, psychological, and social, in which each patient presents difficulties related to identity and a disrupted attachment to her former body. Thus, the image they have of their bodies connects their current experience to their personal history. As Bernard (1995) emphasizes, body image constitutes a living synthesis of an individual's emotional experiences. In this sense, the loss of a breast is not merely a physical injury but also a symbolic rupture that reshapes the way a woman perceives and defines herself.

The comparative analysis of these different cases reveals that mastectomy results in a significant alteration of body image. Several patients interviewed in this study described their new bodies as “incomplete,” “worthless,” or even “shameful.” For example, Juventus now perceives herself as dependent and incapable of fully fulfilling her roles as a mother and wife following surgery. Barcelona, for her part, has developed a masculine perception of her body, accompanied by increasing self-neglect and sadness related to her inability to meet her children's needs. Milan expresses deep concerns regarding her fertility and marital attractiveness, fearing emotional withdrawal from her husband.

However, despite this negative perception of their bodies, some elements of resilience emerged among these patients. For example, Juventus emphasized the constant support of her husband, which helps her gradually accept her new bodily reality. Barcelona, in addition to receiving emotional and material support from her family—which enabled her to undergo surgery—also draws strength from prayer and faith as important resources for coping with suffering and social judgment. Milan mentioned the psychological support she received at the hospital as a determining factor in her journey toward acceptance. These indicators suggest that although body image has been altered, the adaptation process is ongoing and is strongly mediated by the social, marital, spiritual, and medical environment.

The results of the projective assessments, particularly the Machover Draw-a-Person Test, support these observations. The drawings produced by the patients reveal mutilated, masculinized, or exhausted figures, confirming a negative self-representation characterized by a scotomization (psychological exclusion) of the body. Nevertheless, certain details—such as gazes directed toward others, outstretched hands, and postures suggesting a search for protection—reflect an implicit quest for support and security, indicating that the need for assistance (family, marital, psychological, and spiritual) remains central to their process of psychological reconstruction.

These findings are consistent with several previous studies. Fobair et al. (2006) demonstrated that mastectomy frequently leads to disturbances in body image, reduced self-esteem, and difficulties in sexual life, often accompanied by anxiety and feelings of mutilation. The narratives of our patients, marked by shame, fear of rejection, and loss of perceived desirability, confirm this dynamic. Similarly, the study by Abdullah et al. (2019), conducted in Nigeria and Ghana, highlights that breast reconstruction is perceived as a possible means of restoring femininity and body image—an option that was largely absent or difficult to access among our participants. Finally, Mampuya et al. (2023), in their study conducted in Kinshasa, showed that the lack of awareness and psychosocial support exacerbates emotional distress. The observations arising from the present study echo this conclusion. Indeed, the most vulnerable patients were those who lacked specialized support, whereas those benefiting from marital, family, psychological, or spiritual support appeared to initiate reconciliation with their bodies more easily.

Overall, our findings are consistent with the scientific literature and confirm that mastectomy is a mutilating event that profoundly affects patients' body image and body satisfaction. Nevertheless, the study highlights that adaptive resources—particularly marital, family, psychological, medical, and spiritual support—play a crucial role in the process of psychological reconstruction.

CONCLUSION

The present study clearly demonstrates that women who have undergone mastectomy tend to develop a negative perception of their bodies. These women often experience dissatisfaction with their physical appearance following surgery. They live with persistent anxiety and feelings of guilt associated with the mastectomy. Consequently, they experience their condition as an existential tragedy.

Furthermore, mastectomy has had a negative impact on their interpersonal relationships. As a result of their altered body image, some women have ended engagements, while others have withdrawn into social isolation because they feel ashamed of their current bodies.

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