



NAVIGATING SHADOWS OF MASTECTOMY: BODY IMAGE AND SEXUAL LIFE OF WOMEN WITH BREAST CANCER

*¹Ayesha Riaz

²Ishrat Rana

*³Asif Ali Jauhar

⁴Sehrish Iftikhar

⁵Abdul Waheed

⁶Sumaira Riaz

¹Ph.D Scholar Department of Psychology Riphah International University Faislabad

²Ph.D Scholar Department of Psychology Riphah International University Faislabad

*³Ph.D Scholar Department of Psychology Riphah International University Faislabad

⁴University of Southern Punjab, Multan Pakistan.

⁵Life Institute of Counseling and Research Training

⁶Department of Applied Psychology Bahuddin Zakariya University Multan, Pakistan.

¹ayeshariaz527@gmail.com, ²ishratrana786@gamil.com, *³asifalijohar786786@gmail.com,

⁴sehrishrehman24@gmail.com, ⁵abdulwaheed.liert@gmail.com, ⁶liertpakistan@gmail.com

Abstract

Background: Breast cancer is not only a life-threatening illness but also a deeply personal and transformative experience for women. Mastectomy, a common treatment for breast cancer, significantly alters body image and may deeply affect a woman's sense of femininity, sexuality, and overall quality of life. Understanding these psychological and emotional impacts is crucial to providing holistic care. Objective: This study aims to explore the lived experiences of women who have undergone mastectomy, with a focus on how the surgery affects their body image and sexual life. By uncovering the nuanced and personal dimensions of these changes, the study seeks to inform more empathetic, individualized support systems in oncology and psychosocial care. Methods: A qualitative, phenomenological approach was employed to capture the subjective experiences of participants. In-depth, semi-structured interviews were conducted with 15 women aged 30 to 60 years, who had undergone mastectomy within the last 1 to 5 years. Participants were recruited from oncology clinics and breast cancer support groups. Data were analyzed using thematic analysis to identify recurring patterns and emotional narratives related to body image and sexuality post-mastectomy. Results: Many women reported feeling less of a woman or incomplete, struggling to reconcile their post-surgery body with societal and personal ideals of femininity. Participants described a decline in sexual desire, avoidance of intimacy, and a sense of loss in their sexual identity, often exacerbated by fear of rejection or partner discomfort. Some women found empowerment through reconstructive surgery, tattoos, or redefining beauty on their own terms, while others chose to embrace their scars as symbols of survival. Participants expressed a strong desire for more open communication with healthcare providers about body image and sexual health, highlighting a significant gap in cancer care. Conclusion: Mastectomy profoundly influences women's perceptions of their bodies and sexuality, often leading to emotional distress, relational challenges, and identity struggles. Addressing these issues requires a multidisciplinary approach that integrates psychological support, sexual health counseling, and patient-centered communication. This study underscores the importance of creating safe spaces for women to voice their experiences and access resources that support both physical recovery and emotional healing.

Keywords: Breast Cancer, Mastectomy, Body image, Sexuality

Article Details:

Received on 18 July 2025

Accepted on 10 Aug 2025

Published on 11 Aug 2025

Corresponding Authors*:

Asif Ali Jauhar

INTRODUCTION

Breast cancer emerges as a significant global public health concern affecting women, ranking as the most prevalent form of cancer, particularly surpassing lung cancer. Annually, over 2.1 million women receive a diagnosis of breast cancer worldwide (Sung et al., 2021). Technological advancements and improved early detection mechanisms have notably contributed to enhanced survival rates among breast cancer patients, leading to the formation of a substantial cohort of breast cancer survivors (Evans et al., 2021). Various treatment modalities are employed for breast cancer based on disease staging, with surgical intervention being a prominent approach. Surgical procedures, predominantly mastectomy or breast conservation, are undertaken to either control cancer cell proliferation or mitigate cancer risk (Evans et al., 2021).

Mastectomy, encompassing the removal of breast tissue, is performed in diverse forms depending on individual patient circumstances. Nevertheless, it signifies the relinquishment of a symbolically and identity-integrated organ in the context of breast cancer. Despite its efficacy in health management, mastectomy can instigate significant alterations in body image, thereby causing women to grapple with the loss of an organ emblematic of femininity and sexuality (Koçan & Gürsoy, 2016). Such ramifications extend beyond the physical realm, permeating into emotional spheres, thereby underscoring the multifaceted impact experienced by women undergoing mastectomy. The repercussions of breast surgery on women can be as profoundly distressing as the experience of cancer itself, particularly when viewed through the lenses of body image and self-esteem. This underscores not only the physical but also the psychological dimensions of the trauma endured by women (Taylan & Kolaç, 2021).

Body image constitutes a psychological construct entailing individuals' perceptions, sentiments, and attitudes toward their bodies. Tangible shifts in women's body image perceptions have been associated with adverse psychological consequences. Bagheri and Mazaheri (2015) noted a marked discrepancy in body image and quality of life between female breast cancer patients and their healthy counterparts. Furthermore, an altered body image has been identified as a factor contributing to depressive symptoms within the initial 5 years following a cancer diagnosis (Aguado Loi et al., 2013). Similarly, Luutonen et al. (2011) explored the psychological implications of breast cancer, revealing that 32% of participants exhibited depressive symptoms, while 28% experienced emotional distress. The loss of breasts for women carries connotations such as the loss of femininity, the cessation of sexuality, and the sense of incomplete motherhood. Following the initial shock and denial, these concerns become more pronounced, complicating the adaptation to the disease and its treatment (Martins Faria et al., 2021). Research indicates that negative alterations in body perception post-mastectomy disrupt sexual satisfaction and marital harmony (Hamed et al., 2015). Wang et al. (2013) categorized seven primary themes associated with sexual well-being among 20 Chinese women post-breast cancer treatment, encompassing a decline in sexual frequency, diminished sexual interest, menopausal symptoms, changes in body image, impacts on marital relationships, misconceptions about sex, and the necessity for professional consultation. In light of this collective body of evidence, this study aims to navigate shadows of mastectomy, body image and sexual life of women with breast cancer.

METHOD

STUDY DESIGN

This study employed a qualitative phenomenological approach to explore and understand the lived experiences of women who have undergone mastectomy due to breast cancer, specifically focusing on how the procedure has impacted their body image and sexual life. Phenomenology was chosen as it allows for in-depth exploration of participants' perceptions, emotions, and interpretations of their experiences.

RESEARCH SETTING

The study was conducted in oncology and breast cancer support clinics located in Multan, which provided access to women who had undergone mastectomy within the past 1 to 5 years. Support groups were also contacted to assist in recruitment and build rapport with participants.

PARTICIPANT

Women aged 25–65 years. Diagnosed with breast cancer and underwent unilateral or bilateral mastectomy within the past 1–5 years. Capable of giving informed consent and participating in an in-depth interview. Willing to discuss their experiences related to body image and sexual life post-mastectomy. A purposive sampling strategy was employed to ensure rich, relevant, and diverse experiences. Recruitment continued until data saturation was achieved—defined as the point at which no new themes or insights emerged from subsequent interviews. A total of 12–15 participants were interviewed.

DATA COLLECTION

Data were collected using semi-structured, in-depth interviews conducted face-to-face in a private setting

Interview Guide:

The interview guide included open-ended questions such as:

- “Can you describe how you feel about your body since the surgery?”
- “How has the mastectomy affected your sense of femininity or womanhood?”
- “Can you share how your intimate or sexual relationships have changed since the surgery?”

Interviews lasted between 45 and 75 minutes and were audio-recorded with participants' consent. Field notes were taken during and after each interview to capture non-verbal cues and contextual information.

ETHICAL CONSIDERATIONS

- Ethical approval was obtained.
- Written informed consent was obtained from all participants.
- Confidentiality and anonymity were ensured by assigning pseudonyms and removing identifying information from transcripts.
- Participants were informed of their right to withdraw at any time without consequence.

DATA ANALYSIS

Interviews were transcribed verbatim and analyzed using thematic analysis as outlined by Braun and Clarke (2006). The steps included:

1. Familiarization with the data.
2. Generating initial codes.
3. Searching for themes.
4. Reviewing themes.
5. Defining and naming themes.



6. Producing the final report.
Coding was carried out using NVivo (version XX) software to organize and manage data. Two researchers independently coded the data to enhance credibility and trustworthiness. Discrepancies in coding were discussed and resolved through consensus or consultation with a third researcher.

TRUSTWORTHINESS OF THE STUDY

To ensure the rigor of the study, the following strategies were employed:

- Credibility: Prolonged engagement, member checking (participants reviewed and confirmed interpretations).
- Transferability: Thick description of the research context and participant experiences.
- Dependability: Audit trail maintained throughout the research process.
- Confirmability: Reflexivity maintained through journaling and researcher bracketing to minimize bias.

Theme	Sub-Themes
Body Image	Identity & femininity; Physical appearance; Social confidence
Sexual Life	Loss of sexual desire and confidence, Worry about partner intimacy, Adjustment over time, Emotional vulnerability and healing

RESULTS

IDENTITY & FEMININITY

“I didn’t feel like a woman anymore. My breasts were part of how I saw myself — losing them felt like losing a piece of who I am.”

“There’s a grief that comes with it, not just for your health, but for the version of yourself you used to know.”

“People say ‘it’s just a breast,’ but it’s not just that. It’s a symbol of femininity, of motherhood, of sexuality — it’s deeply tied to identity.”

“I struggled to look in the mirror because I didn’t recognize the woman looking back.”

A mastectomy (the surgical removal of one or both breasts) can significantly impact a woman’s perception of herself, especially in societies where femininity is strongly associated with physical traits like breasts. Culturally and personally, breasts are often linked to motherhood, sexuality, and gender identity. Their loss can create a dissonance between self-image and societal expectations. Some women feel a diminished sense of womanhood or struggle with gender identity post-surgery, especially if they closely associated their breasts with being female. There can be a sense of mourning not just for the loss of a body part, but for a perceived loss of self.

PHYSICAL APPEARANCE

“When I saw the scars for the first time, I felt broken. Not because of the surgery, but because I didn’t feel beautiful anymore.”

“I wear loose clothes now, not because I want to, but because I feel like I have to hide my chest.”

“I tried wearing a prosthesis, but it just reminded me of what I’d lost. I wanted to accept my body as it is, but it’s hard.”

“The reconstruction helped a bit, but it’s not the same — it still doesn’t feel like my body.”

A mastectomy can alter a woman’s appearance in ways that challenge her sense of normalcy and attractiveness. Surgical scars, loss of nipples, or an uneven chest (if only one breast is removed) can make it hard to feel “normal” or attractive. Some women feel

pressured to undergo breast reconstruction or wear prosthetics to meet societal beauty standards. Fashion choices may become limited, leading to discomfort or self-consciousness (e.g., wearing swimsuits, lingerie, or low-cut tops).

SOCIAL CONFIDENCE

"I used to feel confident walking into a room. Now I feel like everyone's looking at me, even if they're not."

"Dating after mastectomy feels terrifying — when do you tell someone? Will they still want you?"

"I became more withdrawn socially. I didn't want to explain or answer questions. It was exhausting."

"With time, I learned to speak openly about it — it gave me strength. But it took a long time to get there."

These physical and identity changes can deeply affect a woman's ability to interact confidently in social or romantic situations. Worrying that others may notice or treat them differently can cause withdrawal or avoidance. Anxiety about a partner's reaction to their post-surgery body can lead to decreased sexual confidence or even avoidance of intimacy. Workplace Confidence: Some women may feel less assertive or visible, especially in work cultures where appearance can influence perception. Friends or loved ones may not fully understand the emotional toll, leading to feelings of loneliness.

LOSS OF SEXUAL DESIRE AND CONFIDENCE, WORRY ABOUT PARTNER INTIMACY, ADJUSTMENT OVER TIME, EMOTIONAL VULNERABILITY AND HEALING

"I had my bilateral mastectomy a year ago... my husband and I were having difficulties enjoying sex... We were both making excuses. Today was the first day we finally opened up... This is a process and it will hurt... he cried with me and we shared our grief; together."

"I had a double mastectomy with reconstruction 10 years ago... I lost my sex life. I don't feel attractive anymore... My husband does not have any interest in having sex... This part of our lives just makes me sad."

These quotations reveal recurring themes: Loss of sexual desire and confidence—many women experience diminished libido, struggle with self-image, and fear they've lost their sexual appeal. Worry about partner intimacy—concerns include a partner distancing themselves or seeking sexual fulfillment elsewhere. Adjustment over time—some relationships recover or adapt, particularly with understanding and communication. Emotional vulnerability and healing—sharing grief and talking openly with partners can mark the beginning of emotional healing.

DISCUSSION

Experiencing mastectomy, which involves the loss of a breast, can trigger a range of reactions in individuals, encompassing both favorable and unfavorable responses. Findings of the study reveal that any women reported feeling "less of a woman" or incomplete, struggling to reconcile their post-surgery body with societal and personal ideals of femininity. Participants described a decline in sexual desire, avoidance of intimacy, and a sense of loss in their sexual identity, often exacerbated by fear of rejection or partner discomfort. Some women found empowerment through reconstructive surgery, tattoos, or redefining beauty on their own terms, while others chose to embrace their scars as symbols of survival. Participants expressed a strong desire for more open communication with healthcare providers about body image and sexual health, highlighting a significant gap in cancer care. Moreover, this study reported that mastectomy profoundly influences

women's perceptions of their bodies and sexuality, often leading to emotional distress, relational challenges, and identity struggles. Addressing these issues requires a multidisciplinary approach that integrates psychological support, sexual health counseling, and patient-centered communication. This study underscores the importance of creating safe spaces for women to voice their experiences and access resources that support both physical recovery and emotional healing. In a Turkish qualitative study, participants described their breasts as symbols of femininity, beauty, and motherhood. Post-mastectomy, many women felt “*half of themselves was missing*,” used negative descriptors for their bodies, favored hide-the-body clothing, and withdrew socially (Koçan & Gürsoy, 2016). A similar study in Western Rajasthan recounts women feeling “ugly, scary, horrible, and imperfect or half body” when seeing themselves in a mirror—highlighting profound alterations in self-perception (Patiyal et al., 2023). The photovoice study in eastern Turkey (2022–2023) revealed themes like isolation, grief over appearance loss, and the vital role of psychosocial support and spiritual belief systems in coping (Erden et al., 2025). In India, many survivors struggled with discomfort sharing intimate details. Some indicated no sexual intimacy post-treatment, while others noted initial challenges that improved over time—as empathic partners helped rebuild connection (Barthakur et al., 2017). A systematic review of Iranian women identified two synthesized themes: fear of losing a spouse’s exclusive sexual attention, and the struggle to reclaim femininity (Alinejad Mofrad et al., 2021). A broader qualitative study in Syria (amid crisis conditions) showed mastectomy impacted sexual life and relationships. Mirror trauma, loss of femininity, and social stigma compounded emotional distress, despite protective family support and faith helping in coping (Hasan et al., 2023).

CONCLUSION

Mastectomy as a treatment can negatively affect a woman’s body image and self-image. Many women felt that half of themselves were missing, tended to hide their chest, and experienced strained relationships or withdrew socially. Breast removal due to cancer significantly negatively impacts sexual life: 71% of women experienced a decline in sexual quality. Survivors often face body image concerns and sexual difficulties due to their treatment. While many find ways to manage body image challenges over time, addressing sexual health remains difficult due to social taboos—calling for innovative, culturally sensitive interventions. Women undergo a breakdown in sexual function—driven by both physical changes and cultural pressure—and then work toward restoring sexual function through behavioral adaptation, physical healing, and seeking support.

REFERENCES

- Aguado Loi, C. X., Baldwin, J. A., McDermott, R. J., McMillan, S., Martinez Tyson, D., Yampolskaya, S., & VandeWeerd, C. (2013). Risk factors associated with increased depressive symptoms among Latinas diagnosed with breast cancer within 5 years of survivorship. *Psycho-Oncology*, 22(12), 2779-2788.
- Alinejad Mofrad, S., Fernandez, R., Lord, H., & Alananzeh, I. (2021). The impact of mastectomy on Iranian women sexuality and body image: a systematic review of qualitative studies. *Supportive care in cancer*, 29(10), 5571-5580.
- Bagheri, M., & Mazaheri, M. (2015). Body image and quality of life in female patients with breast cancer and healthy women. *Journal of Midwifery and Reproductive Health*, 3(1), 285-292.

- Barthakur, M. S., Sharma, M. P., Chaturvedi, S. K., & Manjunath, S. K. (2017). Body image and sexuality in women survivors of breast cancer in India: Qualitative findings. *Indian journal of palliative care*, 23(1), 13.
- Erden, Y., Celik, H. C., & Karakurt, N. (2025). Women's body image after mastectomy: a photovoice study. *Supportive Care in Cancer*, 33(6), 501.
- Evans, D. G., Howell, S. J., Gandhi, A., van Veen, E. M., Woodward, E. R., Harvey, J., ... & Howell, A. (2021). Breast cancer incidence and early diagnosis in a family history risk and prevention clinic: 33-year experience in 14,311 women. *Breast cancer research and treatment*, 189(3), 677-687.
- Hamed, S., Mahgoub, N., Esmail, M., & El-etreby, R. (2015). Quality of sexual life among post mastectomy women. *Mansoura Nursing Journal*, 2(2), 23-33.
- Hasan, S., Chew, K. S., Balang, R. V., & Wong, S. S. L. (2023). Beyond the scars: a qualitative study on the experiences of mastectomy among young women with breast cancer in a country with crisis. *BMC women's health*, 23(1), 596.
- Koçan, S., & Gürsoy, A. (2016). Body image of women with breast cancer after mastectomy: a qualitative research. *The journal of breast health*, 12(4), 145.
- Koçan, S., & Gürsoy, A. (2016). Body image of women with breast cancer after mastectomy: a qualitative research. *The journal of breast health*, 12(4), 145.
- Luutonen, S., Vahlberg, T., Eloranta, S., Hyväri, H., & Salminen, E. (2011). Breast cancer patients receiving postoperative radiotherapy: distress, depressive symptoms and unmet needs of psychosocial support. *Radiotherapy and oncology*, 100(2), 299-303.
- Martins Faria, B., Martins Rodrigues, I., Verri Marquez, L., da Silva Pires, U., & Vilges de Oliveira, S. (2021). The impact of mastectomy on body image and sexuality in women with breast cancer: a systematic review. *Psicooncologia*, 18(1).
- Patiyal, N., Pandey, V., & Kumar, A. (2023). Lived experiences of post-mastectomy women: A qualitative study of Western Rajasthan. *Journal of education and health promotion*, 12(1), 275.
- Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: a cancer journal for clinicians*, 71(3), 209-249.
- Taylan, S., & Kolaç, N. (2021). Meme kanseri cerrahisi geçiren kadınların beden imajı ve cinsel uyumları. *Androloji Bülteni (Andrology Bullettin)*, 23(3).
- Wang, F., Chen, F., Huo, X., Xu, R., Wu, L., Wang, J., & Lu, C. (2013). A neglected issue on sexual well-being following breast cancer diagnosis and treatment among Chinese women. *PloS one*, 8(9), e74473.