

Qualitative Analysis of Anxiety among Women with Breast Cancer after Mastectomy in Idukki District, Kerala

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Abstract

The present descriptive study has been conducted to examine the socio-demographic characteristics and anxiety among Women affected by breast cancer. This study presents three case studies of women surviving breast cancer in Idukki district in Kerala each highlighting the Anxiety. The first case study includes a 38-year-old woman experiencing sustained anxiety after mastectomy about her partner's love, the family's financial struggles, and the future of her children and their studies. the second, a 67-year-old unmarried woman with progressive disease who expressed fears of dependence and isolation and had feeling that she was a burden to the relatives who cared for her, and the third, a socioeconomically disadvantaged 40-year-old woman whose anxiety centered on financial hardship and her children's future. Applying a qualitative approach using an exploratory design, information was gathered through an in-depth interview with the patient in the presence of a palliative care nurse. Psychosocial interventions, including counselling, coping strategies, and family support played a key role in her distress. This study attempts to understand the need to integrate anxiety-focused psychosocial care into breast cancer patients and palliative services in Idukki district.

Key words: Breast cancer, Mastectomy, Anxiety.

Introduction

Breast cancer represents a major health concern for women with rising incidence rates and a need for early detection and effective treatment and it is also the most life changing diagnosis a women can face. This disease that begins when cells in the breast starts to grow in an abnormal way forming a lump and sometimes it spreads other parts of the body. According to the World Health Organization (WHO): "Breast cancer arises in the lining cells (epithelium) of the ducts (85%) or lobules (15%) in the glandular tissue of the breast. Initially, the malignant tumour is confined to the duct or lobule where it generally causes no symptoms and has minimal potential for spread. Over time, these in situ (stage 0) cancers may progress and invade the surrounding breast tissue and then spread to the nearby lymph nodes or other organs in the body." (Source: WHO – Breast cancer fact sheet).

In 2022, the World Health Organization reported that Breast cancer affects women worldwide, with about 2.3 million new cases diagnosed each year. and nearly 670,000 women losing their lives to the disease. It represents a major global health concern, Challenging the health of millions of women every year and accounting for a significant proportion of cancer-related deaths and it is also one of the most emotionally and socially challenging illness. Advances in treatment, including mastectomy, have greatly improved survival and reduced the risk of the disease coming back. Still, the emotional and social impact of both the illness and its treatment

is often less talked about for many cases of mastectomy, is not only about coping with surgery but also -emotional, relational, social and financial challenges which also includes the fear of hospitals visits, worries about children, partners, family and the future that affect everybody's lives.

For a women, Anxiety means that continues fear about the cancer would reappear for another, it was the loneliness of facing the disease without spouse for third, it was the painful situation of how she would cope with life and she had also worried of children's future and financial problems. These cases remind that caring for people with breast cancer must also include care for their minds not just bodies.

Review of Literature

Breast cancer is been noticed as a major public health issue worldwide. Early studies made clear that it's increasing the prevalence and the need for early screening and awareness. Frost et al. (2000) highlighted that while mastectomy significantly improves survival in women with extensive disease, it can also deeply affect their physical, psychological, and social well-being. Whereas surgical improvement has survival outcomes to have intense psycho social outcomes, affecting body image, self-esteem, and quality of life (Frost et al., 2000).

Across the years, research and cancer records have continued to report rising incidence rates, particularly in developing regions. Brandberg et al. (2008) and the European Organization for Research and Treatment of Cancer (EORTC, 2008) noted that treatment approaches had become more multimodal, combining surgery, radiotherapy, and systemic therapy to improve outcomes. Even so, they also high lightened the importance of addressing the emotional and body image-related difficulties following breast surgery. Hamilton et al. (2009) examined the psychological adjustment of women with breast cancer and found that anxiety, body image concerns, and social support significantly influenced recovery and mental health outcomes.

Over the next ten years, Nair and Thomas (2019) recognized that women from low- and middle-income settings, such as Kerala, continue to face socioeconomic obstacles, social stigma, and limited access to supportive care. Gupta et al. (2021) moreover, highlighted that despite advances in treatment, psychological distress particularly anxiety, depression, and fear of recurrence remain a major issue among Indian women with breast cancer. The disease's burden varies by development level: in countries with very high Human Development Index (HDI), 1 in 12 women will develop breast cancer and 1 in 71 will die from it, while in low-HDI countries, 1 in 27 women are diagnosed but the disease is more fatal, with 41 in 48 women dying from it.

In India, 30–35% of cancers in women are reports in Breast cancer. The Indian Council of Medical Research (ICMR, 2023) reported nearly 1.5 million new cancer cases. In Kerala, case rates rose from 135.3 per 100,000 in 2016 to 169 per 100,000 in 2022, making it one of the leading cancers among women (ICMR, 2023).

Treatment and Psychosocial Impact

The treatment of breast cancer is personalized and multimodal, encompassing surgery, radiotherapy, and systemic therapies.

- Surgery: removes the cancerous part or mastectomy, often followed by reconstruction (Brandberg et al., 2008).
- Radiotherapy: Reduces local recurrence (EORTC, 2008).
- Systemic therapy: Includes chemotherapy, endocrine therapy (tamoxifen, aromatase inhibitors), HER2-targeted drugs (trastuzumab), and newer immunotherapies (Retrouvey et al., 2023).

Anxiety Among Women with Breast Cancer

Anxiety is one of the most prevalent emotional outcomes with breast cancer diagnosis. Early literature (Hamilton et al., 2009) recognized key components influencing adjustment such as disease characteristics, coping ability, and social support. Anxiety can occur at any stage: during screening, diagnosis, treatment, or recovery, and it often exacerbates physical symptoms like pain, nausea, and insomnia.

Further, anxiety can unexpectedly promote to avoidance behaviors. For example, some women who experience high anxiety after learning about inherited risk may avoid breast self-examinations instead of perform them more frequently. The emotional distress also affects the family members focusing on the need for multidimensional psycho social care.

More recent studies (Gupta et al., 2021) have reaffirmed that anxiety remains an under-addressed concern despite medical progress. For many women, anxiety is closely linked Fear of death and concerns about body image and uncertainty about the future. Therefore, recognizing and managing anxiety effectively is crucial to Promoting better quality of life for individuals surviving breast cancer.

Objectives of the study.

To examine the socio-demographic characteristics of the respondent and the quality analysis of anxiety in Women who have undergone mastectomy due to breast cancer and to recommends suitable suggestions and social work recommendations in psycho social wellbeing. This case study research focusing on three individual cases. In-depth interviews were directly conducted by the researcher using a semi-structured interview guide, with the assistance of a palliative care nurse. A purposive sampling technique was used to select the participants. The Explanatory Case Study Method used to explore “how” and “why” of women lived experiences with breast cancer, post mastectomy and particularly their anxiety. also helps to understand the complex contexts of medical, emotional, and social factors that contributes to Anxiety of women after mastectomy. This case study was written using the template designed by B. Budgell.

Case presentation.

Case 1

Introduction

Participant A was a 38-year-old woman from Idukki in central Kerala. She is married and has three school going children. She was working in gulf as maid before diagnosed. Husband

employed in a local MILMA (milk cooperative) shop and she is from middle class family. Their monthly family income is ₹5,000.

Case presentation.

This case study explains about a woman who underwent mastectomy following a breast cancer diagnosis at Kottayam Medical College. She experienced an intense emotional distress at the time of diagnosis and for family's future. Although she agreed to surgery. After mastectomy She had significant anxiety with concerns about her children's well-being and the family's financial security. Through the case study, the social worker understood that cancer care isn't just about treating the disease, but about helping patients and their families cope emotionally, socially, and financially.

The case revealed that she had difficulty in sleeping, restlessness, and constant vigilance, characterizing her experience "Being a mother of three school-going children, I'm facing fear about what the future holds for my family." Husband is very supportive but sometimes it's very difficult to go for job regularly and it makes difficulty manage financial problem. And she also felt a guilt over financial dependency on her husband.

Findings

This study founded that personal factors such as home environment and mental health are greatly influenced the patient's ability to manage with the physical and emotional effects of treatment. the supportive presence of her husband and children offered comfort and hope for being healthily. it also revealed that her close family stood by her, she also felt the sting of stigma and the quiet distance of some relatives and neighbors, which left her feeling alone at times. Although these difficulties, her strong maternal commitment and readiness to engage with health care professionals recognized key strengths that supported her to cope with the illness.

Social work intervention

Social worker provided psycho social support to her and family members through active listening which helped to reduce the anxiety and educated the husband and the family members in family education session to understanding and joint problem -solving strengthened, husbands' supportive role in the importance of shared responsibility and open communication about financial stress. The intervention focused on client's coping mechanisms promoting hope and enhancing family support during this challenging face. Social worker provided the details of various government support schemes such as the Karunya Benevolent Fund, Ayushman Bharat – PMJAY which helps the families to meet their high costs of treatment, travel and recovery.

Case 2

Introduction

The researcher had an in-depth interview with Participant B. A 67-year-old unmarried woman from Kerala, who had diagnosed with breast cancer eight years earlier and underwent mastectomy. Following two years of wellness, she experienced recurrence with spread to the

lungs. Her relatives supporting her during illness. She gets Old Age Pension ₹1,600 per month. This is the only income source of her.

Case presentation

This case study explains about an unmarried woman. she had diagnosed breast cancer eight years earlier and underwent mastectomy. After two years of follow up she experienced recurrence with spread to lungs. This case study shows the anxiety, feelings of isolation, and sense of being a burden, alongside the person centered approach that helped her feel calmer and more peace with her situation. She was suffering with severe anxiety and had fears of being left alone. She says that “I cannot help relatives so I feel guilty, as if I am only a burden to them. And I turn to prayer and my religious rituals they are the only things that bring me a little peace and strength.”

Findings

The case revealed that she was experiencing severe anxiety, accompanied by feelings of isolation, helplessness, and guilt. She often feared being left alone and carried a deep sense of guilt, feeling that her illness had made her a burden to the very people who cared for her.

Social work intervention

Social worker gave psycho social and emotional support to her and also safe space to speak about her fears and spiritual support proved that helps to reduce distress and enhancing dignity and also helps to understand about the financial access and policies for cancer care from the government system. The social worker helped the client and her family understand the available financial assistance and policies for cancer care offered through the government health system. Information was provided about schemes such as Karunya Benevolent Fund, Ayushman Bharat-PMJAY, and other state-level financial support programs that could assist with treatment costs, travel expenses, and rehabilitation. By doing so, the social worker aimed to reduce the family's financial burden and enhance their access to necessary medical and social services.

Case 3

Introduction

The researcher conducted an in-depth interview with Participant C, A woman aged 40. At the age of 37, she faced a breast cancer diagnosis. She had two children studying in high school classes. She belongs to a lower socioeconomic background. Her husband employed as a daily wage laborer (coolie) was the only breadwinner. Their monthly income is ₹3000.

Case presentation

This case study reported case of a 40-year-old woman, homemaker underwent mastectomy as the primary treatment within a few months it began spreading to other parts of her body and again she went for surgeries and hospital stays. During the conversation with the social worker, she shared her **worries and fears** about her children's future. she said, “My children are still

growing... they need me. I don't know what will happen to them if my health gets worse." Her word, shared the deepness of her anxiety and her strong dedication as a mother.

She also speaks about the financial crisis which her family facing due to her illness. Her husband's irregular income, and their increasing daily expenses and cost of treatment becomes a financial burden on the family. She said "We're managing day by day. My husband does his best, but somedays it becomes very difficult, we can't expect much support from relatives or neighbors because everyone is struggling to get."

The lack of financial consistent and social support from family and neighbors increased her stress, as most her family and neighbors were daily wage workers .so they are limited to provide assistance. despite this hardship, she expressed her strong determination to over come her illness for her children, saying –"I have to stay strong for them". They are my reason to keep going.

Findings

The patient reported high levels of anxiety related to her disease progression, fear of death, concerns about her children's future, Lack of caregiving support during hospital visits and high cost of treatment.

Social work intervention

The social worker provided a safe and supportive space for the client to express her fears, sadness, and feelings of guilt. The social worker helped the client and her family become aware of and navigate the various financial aid programs and government policies available for cancer care. Through patient and supportive discussions, the worker explained the procedures and benefits of schemes such as the Karunya Benevolent Fund, Ayushman Bharat – PMJAY, and other state-level assistance programs that could help them manage the expenses of treatment, travel, and post-surgical recovery.

Management and Outcome

Following the three case studies social worker provided an psycho social interventions which contributed to meaningful changes emotional wellbeing, family relationship and coping capacity. Ensuring family support and active listening can reduce the feeling of anxiety, stress, fear, guilt and isolation. while relaxation techniques and spiritual practices provided practical ways to manage fear. All three women reported a reduction in anxiety after counselling and psychosocial support.

Discussion

The three case studies presented in this article demonstrate that how anxiety presents as a central psychosocial concern for women with breast cancer in Idukki district in Kerala.

The clinical aspects o of breast cancer treatment, such as mastectomy, radiotherapy is well established, the emotional and social burdens often remain unaddressed.in each case highlights anxiety in different context.

- For the first Case study anxiety was associated with financial insecurity, partner support, and concerns for her children's education and future.
- For the second case study anxiety was shaped by loneliness, dependence on relatives, and the fear of becoming a burden.
- For the third case study anxiety centered on poverty, lack of caregiving support, fear of death, and limited access to financial and community resources.

This results that anxiety is deeply personal not uniform. For some it is related to body image and partner relationships; for others from dependence, stigma, or financial struggle. This indicates the need for psychosocial interventions in Holistic approaches that integrate counselling, relaxation techniques, and peer engagement, community programmes, resource navigations are essential for address Anxiety.

All three participants reported heightened anxiety following mastectomy, in

- Fear of cancer recurrence and insecurity about the future.
- Sleep disturbances, restlessness, and excessive worry about health.
- Feelings of guilt and dependency, especially when unable to contribute in financially.
- Fear of death and loneliness.

Suggestions

- Appointment of social case workers

Appointment of qualified social case workers to assess individual and family needs, coordinate support services, and ensure proper follow-up care.

- Provision of psycho social counselling

Offer regular psychosocial counselling sessions to individuals and families to help them to cope with psycho social challenges.

- Implementation of social group work intervention

Conduct structured group work sessions at regular intervals to promote mutual support, peer learning, and empowerment among community members.

- Community organisation and awareness programmes

Organise community awareness and educational programmes under the supervision of professional social workers and healthcare practitioners to enhance public understanding of health, hygiene, and psycho social wellbeing.

Role and Need of Social Workers in Breast Cancer Care

Social worker has many roles with the multidisciplinary cancer care team and addressing the psychosocial dimensions of the disease.

- Social workers evaluate the patient's psycho social, emotional and financial needs and provide individual or family counselling to help them cope with anxiety, depression, and adjustment issues following mastectomy.

- Social worker conduct and facilitate therapeutic group interventions where patients can share experiences, build resilience, and gain mutual support, thereby reducing isolation and emotional distress.
- Social worker work as mobilizer and supporter and connect patients and families with available resources such as financial aid, rehabilitation services, and community support networks, advocating for their rights and needs within the healthcare system.
- Through community organisation and awareness programmes, social workers promote early detection, educate the public about breast cancer and post-surgical care, and help reduce stigma associated with mastectomy and cancer treatment.
- Working alongside oncologists, nurses, psychologists, and palliative care specialists, social workers ensure that patients receive comprehensive and continuous care that addresses both medical and emotional needs.

Conclusion

The study concludes that the quality of anxiety among women after mastectomy is multifactorial, influenced by personal, familial, and socio-economic factors. Effective management requires integrating psychosocial care into cancer treatment and palliative care programs, which can provide emotional support, coping strategy, therapeutic intervention, community programs along medical care. Social workers have a vital role in this process. They listen, guide, and advocate for women, helping them access both emotional and practical support. By connecting patients with community resources, financial aid, and mental health services, social workers make the journey after mastectomy more manageable and hopeful.

In essence, supporting women after mastectomy is about healing the whole person body, mind, and spirit. When medical and psychosocial care come together, women are not only treated but truly cared for. This compassionate approach helps them face the future with resilience, dignity, and renewed confidence.

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