

Psychological Effects of Breast Cancer: Inheriting Breast Cancer from Mother to Daughter

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Abstract: Cancer pathologies are associated with a substantial psychological burden. This is particularly the case for breast cancer, as it targets an organ that has important sexual and maternal functions.

With a diagnosis of breast cancer, the patient is confronted with the possibility of losing a part of their body; a part that represents womanhood and sexuality, as well as the possibility of impending death. This is often a time of emotional distress, which is subject to adaptation to the disease and its treatment.

The authors describe the case of a patient who "inherited" breast cancer, and they highlight the relevance of providing psychological support in this type of situation.

Keywords: Cancer, breast, psychological repercussions, Dakar.

INTRODUCTION

The occurrence of cancer is a defining moment in the life of the affected individual. Breast cancer stands out in this regard, as it affects a highly symbolic part of the body. Aside from the physical impact of the disease (e.g. formation of superficial tumors, cutaneous lesions, intramammary lesions, changes in general health, abnormal discharges, fever etc.), breast cancer is also widely associated with emotional turmoil and there is a strong need for psychological support or psychotherapy for this category of patients as they are subject to several stressful conditions [1]. These comprise, on the one hand, the physical pain associated with the symptoms of the disease, and on the other hand, psychological duress due to the uncertainty of being cured, fear of death, and the symbolic function of the affected organ [2].

In Senegal, breast cancer is the second most prominent women's cancer encountered at the Curie Institute of Dakar [3].

CASE

Aminata, or from Mother to Daughter: Inherited Cancer

Aminata is 40 years of age and she is receiving palliative care for a right mammary carcinoma with bilaterization to the left breast and pulmonary metastases in the lung. She also has a prior history of uterine fibroma, for which she underwent surgery in 2006.

Initial signs of her disease surfaced in March of 2010, with the appearance of a "lump" in her right breast. According to her, she instantly thought it could be cancer, since her mother had died from this disease. Aminata was by then two months pregnant, which resulted her delaying seeking a medical examination. She says that "since this was my first pregnancy and at 39 years of age...I wanted to my pregnancy to reach full term...I had read somewhere that cancer and pregnancy were not particularly compatible". It was not until several months later, in light of intense pain in her breast that she decided to see a doctor. This pain triggered a level of indescribable anguish in her. Although she was "obsessed" with cancer, since she had lost the mother this way and she had read much about this disease, she refused to believe that she too could now have it. She asserts that the delay in seeking a doctor's appointment was quite long.

Upon receiving the biopsy results, the doctor told her she had cancer, but added that it is "not very serious". Although she already had an inkling of such an outcome, she says she nonetheless saw it as something terrible: "it was as if the sky was crashing down on me...I realized then that life could change completely in just an instant...". She started to cry and she collapsed and started rolling around on the floor. She adds feebly "one has to experience it to understand it...one could say the pain increased tenfold ...but my inner suffering was indescribable".

Upon getting back home, Aminata talked about it with her brother and her husband, who greatly supported her. Her husband took several days leave to provide her with support and to accompany her to the various therapeutic treatment sessions.

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When we see her, Aminata is undergoing her fourth round of treatment. She has difficulty paying for her treatment, despite receiving financial assistance from her husband. She has contacted the LISCA (the Senegalese League for the Fight Against Cancer) which has helped her with being able to purchase some of her medications. Further, her body does not tolerate the secondary effects of chemotherapy well. Consequently, she says: "nausea, hiccups, anorexia have changed the way I eat...currently I only eat easily digestible foods". As she lives in a town in the North of Senegal, she used to only come to the capital city Dakar to do some shopping. Now she goes there very frequently for her chemotherapy. It has reached a point where she shudders just at the mention of the word "Dakar". Aminata reaffirms that she really does not tolerate chemotherapy well. Due to the tiredness that is a side effect of chemotherapy, she has had to stop all of her usual activities. She used to have a small cosmetics products business. She cannot think of anything but her illness, saying: "my mother was the same, she did not survive. Whether I will be able to ...?".

Aminata is scheduled to have a mastectomy. She tries to imagine how their life as a couple will be after this procedure. She confides that although her husband has assured her that their love for each other will not be weakened, she has doubts regarding the future of her marriage. The way she sees it, she is actually no longer deserving of his love, as she is now less of a woman.

Although she acknowledges that she is surrounded by people who are attentive to her needs and ready to help, she has the impression of being in a separate world. At times she feels very lonely. She asks herself all the time: "Why me?", "What have I done to deserve this?", "Am I perhaps being punished by God?"

It is thanks to consolation by her husband that she has renewed her trust in God, and she now sees her illness as a test.

Aminata got married at 34 years of age. She is her husband's only spouse. She became pregnant after 5 years of marriage, which coincided with the discovery of her illness.

DISCUSSION

Shock of the Announcement

Aminata lived in fear of the announcement of her cancer. Even though she seemed to expect it in light of

the precedent set by her mother's breast cancer, she is nonetheless greatly disturbed by it.

"As if is the sky was crashing down on me", these words reflect the merciless nature of this diagnosis which entails the consequent unavoidable prognosis and ensuing devastation. Following this initial shock, one notes a level of psycho-motor agitation. She rolled around on the floor, seemingly in a hysterical fit, as the body's way of exhibiting psychological distress. One could also view her reaction from the perspective of psychosomatic medicine, which studies the consequences of psychological duress on the body and the manifestation of an ensuing disease. It takes into account the psychological condition of the individual and their family, professional and social environments. For those versed in psychosomatic medicine, cancer never arises entirely by chance, with the personal history of the patient participating in the disease [4]. For these practitioners, the cancer is the result of a pronounced psychological conflict, unexpressed and usually experienced for the most part entirely alone or rather in a psychosomatic symptomatic. Indeed, the authors have encountered a singular psycho symptomatic organization with quite a few patients.[5].

Her reaction is immediate, to the point where she does not appear to give much credence to the doctor's euphemism. She does not show it otherwise, but we will see that it is not without effect. The euphemism of the doctor is also questionable. In this context, with first-degree family antecedents, the presence of lesions in both breasts, how can one comprehend such euphemism? Could this not indicate an emotional detachment and avoidance by the doctor, in this situation where the unmentionable must be told?

Aminata tells us that due to her pregnancy she indeed delayed seeking medical advice. Secretly expecting cancer to be found, and due the upheaval that this could cause she willingly put off this moment. She only sought help when the finding could no longer be differed. But delaying the finding through complete denial led to a mortal risk. This denial by the suffering body leads one to ask about the cleavage and the death wish in the workings of this type of psychological process [5].

A Traumatic Parenthood

The discovery of cancer heralds the end of her hopes of actually becoming a mother herself.

The cancer reminds her of all of the symbolism of a child in a woman's life. Indeed, in many cultures, the main aim of marriage is procreation, which provides the means for continuing the family line and to ensure the continuation of oneself. The birth of a child provides sustainability to a family. Thus, men and women who die without descendants see their history ending with their death [6].

Aminata got married late and she also delayed her first pregnancy. Her cancer was found just when she finally became pregnant, and the latter was probably a highly anticipated occasion. One can nonetheless question this pregnancy. Was it really wanted? Did Aminata really wish to transmit a cancerous parentage? Is it perhaps worthwhile to review the first steps of psychosexual development in women? Following the first experience of lactation in the mother/breast symbiosis, once there is recognition of otherness, young girls embrace the significance of their female attributes as they attain these through puberty, allowing them to "ideally" identify with their mothers and to forge a satisfactory oedipoidal organization [5]. But for Aminata, what was it? What was her attitude toward her breasts? Her mother's cancerous breasts that she inherited? How did this young girl at that time accept, view, care for her mother? Did it make her delay fully becoming a woman, or, by contrast make her doubt it?

Indeed, was this not a reason to marry late and to delay pregnancy as long as possible? Out of fear of transmitting her cancerous breasts?

Adaptation and Reaction to the Cancer

Aminata uses and mentally conditions herself to use the term "cyst" instead of "cancer", despite the precedent set by her mother's demise. She says herself that she perused a lot of information regarding breast cancer in which the impact of family precedents for breast cancer were laid bare.

It would appear that the patient has assumed a survival strategy, with a defense mechanism that entails cleavage. Cleavage that may have been induced by the doctor who, in disclosing her disease, used a dismissive euphemism: "it is not very serious". Considering that Aminata's mother died of breast cancer, and the patient herself exhibited these symptoms, one can presume that this euphemism could have had effects on Aminata's psyche.

Aminata goes from utopia to dystopia. Dakar, the town where she came for shopping, for recreational

outings, has been forcefully turned into a place of anguish by the disease and the chemotherapy side effects.

Aminata is pessimistic about her future, particularly following the mastectomy. She questions her future with her husband, despite his promises and assurances, asserting that "I will be less of a woman after the mastectomy".

Here we are witness to a common concern of women who are undergoing surgery for breast cancer. Will she be viewed as being the same by others? Haunted by fear of love for the object, the female equivalent of fear of castration according to Freud, will a woman without breasts be the same [5]? Aminata, while having been promised so by her husband, is nonetheless pessimistic.

She appears to have a satisfactory level of social support (e.g. a husband who took leave to accompany her to her treatments). Aminata speaks of sensing a separation between what she is experiencing and what those around her provide her. A loneliness surfaces here that begs for further investigation. We were not able to address with her the relationship with her mother, but it could be a topic that has not been considered sufficiently, that she handed her a cancer, and on top of that a feeling that she left to her own devices with it? Is this the beginning of an endeavor in psychology?

CONCLUSION

In addition to the physical illness from familial breast cancer, Aminata also exemplifies how breast cancer is experienced psychologically. Indeed, breast cancer constitutes an existential challenge whereby the subject is led to ponder a lot of questions regarding who they really are and the meaning of life. This challenge forces a degree of introspection. If well managed, this challenge can result in a good adaptation and readaptation. To facilitate this readaptation, a good level of collaboration between the oncology and the psychology teams appears to be desirable.

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Received on 07-04-2015

Accepted on 02-06-2015

Published on 20-11-2015

DOI: <http://dx.doi.org/10.12970/2310-8231.2015.03.02.1>