Postmastectomy Depression: Role of Self-esteem

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According to psychosomatic theories physical illness can have different meanings or subjective significances for patients. Five major categories of meanings have been distinguished: “threat,” “loss,” “gain or relief,” “challenge,” and “insignificance.” Each meaning has its determinants and emotional response. A variety of these determinants are described: intrapersonal, interpersonal, pathology-related, and sociocultural factors can all determine the way in which patients view their illness (Fig. 1 gives a survey of this theory).

Each meaning also has its emotional response: the patient who experiences his or her illness primarily in terms of threat will show anxiety; the emotional response in patients for whom illness signifies gain or relief is usually indifference or anger. The emotional reaction corresponding with the meaning of illness as a loss is grief, which may merge imperceptibly with a depressive disorder. There is no clear-cut boundary between normal and pathological grief or between grief and depressive disorders. Grief may be regarded as a normal and adaptive step in the process of mourning; coming to terms with the fact of loss is its goal. A sad person knows what he or she has lost and yearns for its return. Hope may still be present. Depression, however, means some sort of disorganization, which has to be recognized, because it may impede further coping with the disease and the subsequent treatment.

Psychiatric sequelae of mastectomy have been extensively investigated. Depressive syndromes appear to be the most frequent encountered psychiatric symptom. In other words, we could say that loss is the most common meaning women with mastectomy attribute to their disease and the subsequent treatment (Fig. 2 shows an application of psychosomatic theory to mastectomy).

The total number of patients in the study is 186. All of the patients had surgical treatment for their breast cancer: 147 patients had a mastectomy, 30 patients had a lumpectomy, and 9 patients were treated for a relapse. The follow-up period was split up into three stages: 33 patients were seen in phase A, which is the immediate postoperative period, 107 patients were evaluated
in phase B, the period of radiotherapy, and in phase C, a follow-up period up to 10 months, 46 were interviewed. Of the patients, 90.8% were married and 80.6% had children (Table 1). The age distribution is shown in Fig. 3. The mean age is 53.5 years, with a range from 31 to 75 years. All patients were informed of their diagnosis and none was known to have metastases. Depressive symptomatology was assessed by the 21-item version of the Hamilton Rating Scale for Depression. A score of 10 or more was considered indicative of moderate depression; a score of 20 or more was considered an indication of severe depression.

The meaning of loss as a reaction to physical illness can refer to a concrete or a symbolic loss. The loss of body parts or functions is concrete, whereas symbolic losses include damage to self-esteem or security, etc. Damage to self-esteem is considered to be the most important symbolic loss. It is possible to establish the content of the reaction of loss in breast cancer patients after surgery by comparing the degree of depressive symptomatology in mastectomy and lumpectomy patients. Mastectomy patients suffer from the concrete loss of their breast whereas mutilation is very limited in the lumpectomy patients. Figure 4 shows the distribution of the frequencies of the scores on the Hamilton scale for lumpectomy patients in the upper half and mastectomy patients in the lower half. Statistical analysis of the results reveals a nonsignificant difference between the two groups. This means that symbolic loss and damage to self-esteem especially plays a significant role in breast cancer patients after surgical treatment. The role of the breast in the quantity and quality of self-esteem is reflected by the symbolic function of the female breast as a feeding and a sexual organ. It is therefore interesting to examine