

MAMMARY LAPSE

Never allow breast cancer surgery to render yourself unworthy of love, self-esteem and attention



SELVI RADHAKRISHNA

A WOMAN'S BREASTS' primal function is to produce maternal milk and wield sexual appeal. A woman who feels at ease with her breasts being the vanguard of the 'skin of her thought' stands up straight and self-confident. The breasts, which celebrate a woman's anatomical endowment, are primarily glandular organs; they encompass no muscle. They are held in place by ligaments and laced with a network of lymphatic vessels, which connect to lymphatic glands in the armpits and the base of the neck.

While the breasts exemplify a woman's 'body image,' they also connote their self-worth and power — not just erotica as depicted in ancient sculptures, or nectar in stone, or the movies, but the veneration a woman herself feels, because of her natural possession. This is one big reason why mastectomy, or breast removal, for breast cancer, often leads to utter upheaval — the loss of 'such' a worthy 'womanly' image. It can also trigger extreme emotional responses, including the rupture of 'corporal imaginary' or 'body image' — which is, paradoxically, not perceived in the surgical context for other growths, cysts or fibroids.

Cancer is a group of cells — usually derived from a single cell — that has lost its normal control mechanism. The consequence is unfettered cell growth. The malignant form — or, the treacherous type — of cancer cells can develop from any tissue within any organ. As they grow and multiply, they form a mass of cancerous tissue. The mass, as you'd know, is called a tumour, which can invade and destroy normal adjacent tissues.

While cancerous cells from the primary — or, initial — site can spread, or metastasise, throughout the body, the disease per-

MARYLIN MAKEOVER: Andy Warhol's Monroe was reworked by American artist Ron English who is termed a subverser; through his art he breaks down iconic images from pop culture changing the message into something entirely different, usually the opposite of what was originally intended.

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se represents a group of more than one hundred different diseases — all of them highlighted by uninhibited, anomalous growth of cells. Cancer can, likewise, affect and spread to the lymph nodes — tiny, bean-shaped structures that filter the flow of lymph, an important part of the body's immune system. Clusters of lymph nodes are sited in different parts of the body — the armpits, neck and the groin.

Understanding one's risk for cancer is important. People who have close relatives with cancer or close relatives who have died from cancer, especially at a younger age, may be at risk. For instance, a woman whose mother or sister had had breast cancer is 'twice' more likely to develop the disease than women who do not have such a family history. Your doctor can help assess your risk of developing cancer and advise appropriate 'remedial' steps.

Mastectomy is a significant tool in the fight against breast cancer, but the most significant outcome is it can take an inestimable emotional toll on a woman, and

her loved ones, while affecting the way she looks at herself. What also amplifies the turmoil is the whole procedure can affect a woman's sex drive, not just how she feels about herself as a woman. This is its huge downside.

On the upside, what can balance the emotional graph, notwithstanding the immense inner tumult, is one getting used to the inevitable — this includes opening up an ongoing, continuing channel of communication with one's loved ones, hubby or partner, friends and others. This can help and sustain the woman battling breast cancer to learn, accept, cope with and also love her post-mastectomy body, while feeling just as womanly and sexy as Angelina Jolie, at just age 37, courageously typifies vis-à-vis her breast removal surgery.

Is there a workable way out? There is, albeit the idea is not as easy as it sounds. The best thing one can do is to explore options to help them manage the emotional effects of a mastectomy even before their surgery. Consultations with a plastic surgeon can unquestionably help, as well as seeing a psychiatrist prior to the procedure.

Most women would know that, in certain situations, a mastectomy may well be the procedure of choice, the right thing to do — yet, all said and done, acquiescing to the procedure for breast cancer treatment can be a formidable choice to make. Nevertheless, there are choices that can help mitigate the trauma — if not reduce the distress. This will help one to feel more like themselves, while improving their self-esteem. Plastic surgery to reconstruct the breasts after mastectomy is a good option, not to speak of prosthesis, using one's own breast tissue, implants, or breast expanders to surgically enhance their appearance. It will all help to make one feel healthy and good about oneself, after surgery, and lead a full, happy life.

(The writer is a wellness physician and author)

KEEP CALM AND CARRY ON

The key to coping with the loss of one or both breasts is to stay strong and positive with the help of your partner and support groups

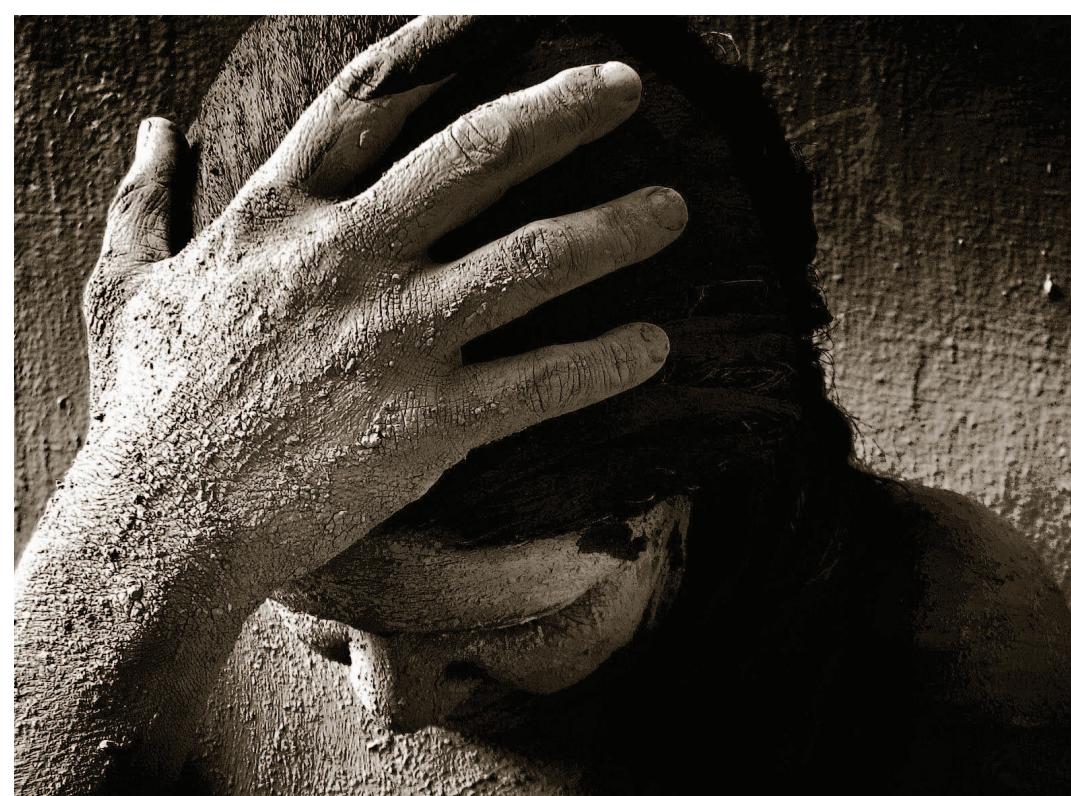
SANJAY CHUGH

FOR A WOMAN, her physical appearance, body shape and size are considered important determinants for building her self-image and self-esteem and contribute to her overall self-confidence. Which is why the prospect of losing one or both breasts can be extremely daunting.

For some women, it is a traumatic experience, especially when they have not been able to accept the reality of the loss. However, those who accept it well or anticipate it well in advance are seen to be coping far better and have been able to lead healthier and more fulfilling lives.

One of the most important ways in which one can prepare oneself about this loss is by gaining as much information about it as possible. Understand what your illness is all about — what to expect, what treatment options are available, what is best suited for you. Discuss with your doctor the pros and cons of the treatment. Share your concerns with your doctor and learn what can be done about it. This will automatically help you to feel in control of your life.

Find out about support groups available online or otherwise. Talking and sharing your feelings with other people, serves to emotionally ventilate and makes you feel better. It can also act as a channel



YOU'RE NOT ALONE: Share your concerns with a doctor to feel in control of your life

through which you can get your doubts cleared, make new friends and understand what kind of changes you can bring about in your life that will enhance productivity within the given limitations. If necessary, talk to a counsellor/psychologist who can be a good listener.

Maintain intimacy with your partner as we understand that for a woman her breasts are

associated with attractiveness, femininity and sexuality. Losing her breasts can erode her confidence and morale and make her feel insecure in her relationship. Therefore, it is important that she shares her feelings with her partner and continues to maintain a level of closeness and warmth in the relationship.

Find strength from your religion, faith and spirituality as it

helps build inner strength that can make the process less traumatic and increases one's determination to fight and come out as a winner. Remember, that life is full of challenges but it is the journey through the challenge that makes all the difference. Being strong and staying positive is eventually the key.

(The writer is a consultant psychiatrist)

Sex and the surgery

Sexual pleasure need not be entirely dependent on breasts, or the lack of them

DEEPAK JUMANI

THERE CAN be no running away from the fact that ours is a very breast-oriented society. Our art, our literature, our mythology, our history are full of examples of that. Or simply, ask any man. He will tell you that the first thing he notices about a woman, after her face, is her breasts. Ask any woman and she will say that her breasts are a symbol of her femininity, her desirability, her ability to entice. And after mastectomy, it's like everything she can offer a man is gone.

Many, if not most post-mastectomy patients suffer difficulties in adjusting to the bodily loss, and their sexual interaction with men is profoundly affected. They feel undesirable, seeing themselves as 'mutilated' and thinking no man could ever want them again.

Married women are overcome by fear that their husbands may no longer find them attractive. A single woman, terrified of rejection, shrinks from contact with men, cutting off relationships before they have a chance to develop. "I don't want to be touched," she says. "Even the thought of intimacy scares me to death." For her, that loss of confidence may be particularly devastating. She has to test herself in the marketplace, and she feels she can no longer compete with the other women: "Why would a man want me when he could have someone with two breasts?" she feels.



MYSTIC SMILE: A school of thought claims Mona Lisa may have been a man

Several studies have proven that over 70 per cent of women who undergo mastectomy and chemotherapy have sexual problems. The Medical Outcomes Study (MOS) and The Sexual Functioning Scale have proven that there is a lack of interest in sexual activity, difficulty becoming aroused, difficulty relaxing and enjoying sex, and difficulty achieving orgasm.

Men's reaction to mastectomy presents another dimension of the problem. It's a confrontation with death, with illness and with aging. Though men won't admit how affected they are, they feel terrible about it and are saddened by it. But they may be physically turned off by it, as well. In fact, their sexual desire also diminishes. Which is why it is so vital to counsel the patient along with her partner in post-mastectomy cases.

Similar to males who have sexual dysfunctions, women don't talk about it and the physicians don't ask about it. Very few approach a sexologist on this, and those who do, need to be counselled both by a psychologist and a sexologist. Given the fact that there are an increasing number of younger breast cancer survivors, the importance of body image, sexual attractiveness, partner relationship, satisfaction with sex life, quality of life are issues which can be addressed by counselling the affected, the partner and the family concerned.

(The writer is a sexual health counselor)