

Background and Purpose

Women who have undergone total mastectomy may experience physical problems such as upper-extremity dysfunction (Yang et al., 2012) and body deformities (i.e., loss of body symmetry) (Piot-Ziegler et al., 2010), in addition to psychosocial problems because of damaged appearance, deteriorating sexual relationships following decreased sexual attraction, and loss of identity as women (Chung et al., 2011). These inconveniences can result in negative emotions and reduce quality of life (Chuang et al., 2018; Golden-Kreutz & Andersen, 2004). As an alternative to alleviate mastectomy-associated psychosocial stress, breast reconstruction has been considered gradually (Cordeiro, 2008; Guyomard et al., 2007; Nam et al., 2014). In fact, recent studies have shown that breast reconstruction can positively affect body function (Jeong et al., 2018; Myung et al., 2018).

Due to high expense, however, only 99 breast reconstruction cases were recorded in Korea in 2000. After the application of partial health insurance benefits in March 2015, then, the number of such surgeries increased dramatically from 2,749 in 2015 to 7,156 in 2020. Along with the increased number of breast reconstruction surgeries, the cases reporting the patients' experiences of mental and physical exhaustion due to the lack of information during the decision-making process were also increased; some patients ended up regretting their decision of breast reconstruction (Harcourt et al., 2003; Schmidt et al., 2017; Sheehan et al., 2007). It was also found that during a decision-making process, some women with breast cancer felt burdened by other people's misunderstandings and negative views about breast plastic surgery (Yi et al., 2016); that is, these women fear that their decision may be viewed as their obsession with appearance.

With the purpose to explore these women's lived experiences more in-depth, the present narrative inquiry explores the stories of Korean breast cancer survivors by considering the passage of time and the relevant situation (Clandinin, 2013). Introducing different breast cancer survivor's experiences and sharing the meanings of their stories are expected to provide the opportunity of a vicarious experience for those considering breast reconstruction as well as those returning to a different daily life routine after the reconstruction.

Methods

• Design

As an interpretive paradigm, narrative inquiry explores how individuals' physical, social, and cultural environments shape their experiences (Haydon et al., 2018). This study used the five-step narrative inquiry procedure by Clandinin and Connelly (2000) and the 32-item checklist from the consolidated criteria for reporting qualitative studies (COREQ).

• Participations

Three breast cancer survivors were recruited from breast cancer center at a university-affiliated hospital. Since the study was interested in the experience of breast reconstruction, homogeneous purposeful sampling was adopted. Initially, six people showed their interests in the study. Before the face-to-face meeting, however, two people declined to participate while we explain the study and verify participants' consent to participate over the phone. After the first interview, another participant stated that she could not attend additional interviews because of health issues. Resultantly, three people became the final participants of this study.

• Data Analysis

Using the interview transcript, we attempted to identify "the experiences with significant meaning" or the experiences influencing participants' lives. Events with significant meaning were 30 stories (or six to eight stories per participant); these stories were categorized into five contexts after considering temporal, inter-relational, and spatial dimensions. Through pooling of researcher and participant interpretations, meanings of the stories were finally derived.

• Ethical Considerations

This study was approved by the institutional review board of C university (No: 1041078-201706-HR-122-01).

• Study Rigor

Two measurements were adopted to guarantee the trustworthiness of the study (or to maintain the study rigor). First, member check was conducted (Creswell, 2017); the researchers verified their interpretations of data with each participant. This process was also needed to share and understand the meaning of each participant's experiences, worldviews, and various social contexts. The study rigor was also managed through a peer debriefing (Lincoln and Guba, 1985); a fellow researcher who studies the psychology of cancer patients reviewed the data and its interpretation.

Results

• Characteristics of Participants

Three breast cancer survivors who experienced breast reconstruction participated in the study. The participants were first diagnosed when they were in their 20s and 40s. At the time of this study, they were in their 30s, 40s, and 50s, respectively. Two were married, and one was unmarried. Mi-so Kim, the first participant, received delayed reconstruction with autologous tissue transplant three years after her resection. So-Mang Lee, the second participant, underwent total left resection after breast cancer recurrence on the same side nine years after breast-conserving surgery and underwent immediate reconstruction after six months of tissue expansion. The third participant, Sa-rang Park, received immediate reconstruction after resection.

• Dual suffering

Mi-so Kim told herself that she would focus on figuring what she wanted in her life here and now and would immediately act on her wishes. This was because she wanted to live her life without regrets even though she did not know what future hardships she would encounter. Thus, for her, breast reconstruction became an opportunity to escape pain and realize such wishes, rebuild self-esteem, and give herself encouragements.

Being diagnosed with breast cancer, to me, breast cancer is a revelation from God. Why? Telling me to live a life different from the one I lived until now. Reconstruction was—well, I think it was about rebuilding the broken self-esteem and getting rid of the pain. (omitted) Chemo, cancer, eating, or whatever—it's my problem in the end. Mental issues are also my problem. Make today feel like today. I don't know what will happen when I come out today. My mindset has changed a lot. Here and now. (Mi-so Kim 2nd interview)

• The Integrated Meaning of Participants' Stories?

This study selected five categories for classifying the stories of the post-reconstruction surgery breast cancer survivor participants in chronological order; the experiences connected by one context could be understood as "positive reconstruction" process for "the meaning of breast cancer." In short, the participants perceived their breast cancer experience to hold a negative meaning when they faced the unexpected reality; however, through their experience of cancer treatment, the restoration of resected breasts, and the process of overcoming the disease, they experienced changes in their worldviews and started to re-interpret their hardships as something positive—for example, as a gift or an opportunity.

Conclusion

This study arranged the participant's experience in chronological order, and their experiences (from diagnosis of breast cancer to the reconstruction surgery) showed individual differences due to the differences in their disease staging and breast reconstruction processes, the characteristics of their individual life journeys, and their individual-social contexts. Modern Korea's extant patriarchal mentality had a negative effect on breast cancer survivors by demanding that they fulfil their roles as daughters-in-law; furthermore, the provision of generic information, others' indifferent attitudes, which did not consider individual differences, their spouses' misunderstanding about reconstruction surgery, and social prejudices toward breast cancer patients also had a negative impact. At the end, however, all participants positively reconstructed their breast reconstruction experiences through a process of realizing the conflicts and the limitations and accepting the changes. Based on the finding, the suggestion of this study is to develop cancer-related breast reconstruction decision-making guidelines so that breast cancer patients can choose appropriate breast reconstruction methods for themselves. If breast cancer survivors are anticipated to experience positive reconstruction, it is important to develop a psychological counseling intervention program to meet individual patient's needs; this program could help patients to have more positive experiences during each stage of procedure and be more ready for their lives after the procedure.

REFERENCES

- Clandinin, D. J. (2013). Engaging in narrative inquiry. Left Coast Press.
- Haydon, G., Browne, G., & van der Riet, P. (2018). Narrative inquiry as a research methodology exploring person centred care in nursing. *Collegian*, 25(1), 125-129.
- Yi, M. S., Joung, W. J., Park, E. Y., Kwon, E. J., Kim, H., & Seo, J. Y. (2016). Decision making experience on breast reconstruction for women with breast cancer. *J Korean Acad Nurs*, 46(6), 894-904.