Hume Studies,
ISSN / eISSN 0319-7336 / 1947-9921
Publisher HUME SOCIETY, OCCIDENTAL COLLEGE
Volume 26-Issue 1-(2026)
DOI: https://doi-0004.org/6812/17951575652531

The Psychological Experience of Women with Breast Cancer

Phd. Khales Chama[1], Phd. Benmoumen Asma[2]

[1]University of Bouira, Laboratory Education, employment, and guidance, Email : c.khales@univ-bouira.dz

[2]University of Tizi Ouzou, Laboratory of Prevention and Ergonomics, Email : asma.benmoumen@ummto.dz

Received: 01/09/2026 ; Published: 20/11/2026

Abstract

This study aims to explore the psychological experience of women with breast cancer, with particular emphasis on the impact of the disease and mastectomy on body image, psychological balance, and the mourning process. The study considers the body as a fundamental component of the individual's relationship with herself and with others, and assumes that physical changes resulting from illness or surgical intervention may significantly affect body image and psychological functioning. The diagnosis of breast cancer and the experience of mastectomy are therefore approached as potentially traumatic events that may generate fear, anxiety, feelings of inadequacy, and concerns related to femininity and bodily integrity. Such experiences may require psychological mourning in order to adapt to the new bodily reality.

A clinical case-study approach was adopted to examine the psychological experience of a 35-year-old married woman who had undergone mastectomy approximately one year and two months prior to the assessment. Data were collected through a semi-structured clinical interview, followed by the administration of the Thematic Apperception Test (TAT) and the Rorschach Test. These instruments were used to explore psychological functioning, body image, and the participant's responses to the experience of bodily loss.

The findings of the clinical interview revealed significant psychological and emotional distress, difficulty accepting the physical changes resulting from mastectomy, feelings of inadequacy, concerns about others' perceptions, and anxiety regarding marital relationships and the future. The TAT findings indicated depressive manifestations, inhibition, conflict avoidance, and difficulties related to loss and the completion of the mourning process. The Rorschach protocol revealed low productivity, inhibition, difficulties in constructing coherent perceptions, and the presence of anatomical and sexual contents, supporting the interpretation of a fragile body image.

The study concludes that mastectomy had a significant impact on the participant's body image and psychological balance. The psychological disturbance was associated with difficulties in completing the mourning process, the quality of family and marital relationships, and the availability of psychological and social support. The findings emphasize the importance of psychological support from the time of diagnosis and throughout treatment to help women adapt to bodily changes, cope with the traumatic experience, and develop new sources of psychological and relational investment.

Keywords: Breast cancer; mastectomy; body image; psychological mourning; psychological trauma.

Introduction

The body is the first means of communication between the self and the surrounding environment. It is also the fundamental factor underlying the activity of every individual.

This body, which participates in all our actions, is the locus onto which a complex set of personal and social bodily and spiritual expressions is projected. Chebel (1984) states: "A person's happiness is, in most cases, first and foremost associated with the happiness of his or her body, because the body plays the primary role in an individual's success in life." The human being is therefore an integrated whole composed of several parts, with each organ playing a specific role. Talking about the body does not refer solely to the material body; rather, it encompasses two dimensions: the first is material and organic, while the second is imaginary/psychic.

The body may be exposed to various challenges and changes. We can distinguish between two types of change. There are changes that preserve the integrity of the bodily unit and are voluntary, such as tattoos, adornment, and others. There are also changes that represent another dimension characterized by suffering, namely permanent and involuntary changes such as illnesses, cancer, mastectomy, etc. Such changes affect bodily unity and body image, as the new appearance of the body differs from its original form, and this is usually accompanied by psychological distress.

Accordingly, when a woman's physical integrity is threatened, as in the case of breast cancer, which affects one of the pillars of femininity, discovering the disease is experienced as a shock. Mastectomy, meanwhile, may reactivate a narcissistic wound related to castration. In order for a woman to overcome this painful situation, she must undertake difficult psychological work, namely the work of mourning. Ultimately, this demanding process enables her to restore balance to her life by withdrawing emotional investment from the lost object and continuing to live while investing in new objects.

Through the relationship between a woman's internal psychological state and her physical appearance, any disturbance affecting the body may also disturb the psychological apparatus. In this new situation, the woman needs support that enables her to adopt strategies and use mechanisms that help her cope with and accept this event, allowing her to continue confronting the illness through treatment.

Problem Statement

This research problem addresses coping strategies in dealing with cancer, specifically breast cancer, as well as the possibility of living with the disease and the stages of acceptance throughout the treatment process. We are addressing a highly important subject that is particularly related to an extremely sensitive aspect of human beings: the body.

The reciprocal influence between the psyche and the body cannot be excluded, whether this influence is positive or negative. The body is exposed to risks and physical illnesses that disrupt balance and may lead to a disturbance in the psychosomatic unity, particularly when the illness is a serious one such as cancer.

Cancer is considered one of the major diseases of our time because of its widespread prevalence and its significant threat to human life. It is among the major causes of death worldwide, after AIDS, which makes it a frightening disease for individuals who find themselves confronting one of their greatest fears. Yakhlef

(1998) states: “Cancer is a disease that affects the body with varying degrees of severity in one of its organs, whereby cancerous cells multiply rapidly and irregularly, invading tissues and subsequently spreading through the blood and lymphatic vessels to the lymph nodes and to multiple organs of the body.” Among the most prevalent types of cancer is breast cancer in women, which has recorded high rates of incidence in all countries of the world without exception. (Yakhlef, 1998: 62)

The body is the primary means through which individuals perceive and connect with themselves on the one hand and with the external world on the other. Through the body, individuals are able to distinguish between different sensations such as pleasure and pain, and they experience their relationship with their bodies differently depending on whether the body is healthy or affected by illness.

Breast cancer constitutes an attack on a woman’s narcissism, which plays a very important role in her psychological development. Self-love or self-centeredness provides a woman with a certain degree of balance and stability because, according to Helene Deutsch, narcissism is necessary for maintaining control and establishing contact with reality.

Since narcissism plays an important role in a woman’s life, she may invest heavily in and attach considerable importance to her physical appearance. This focus may be related to disappointment and an earlier narcissistic wound that she attempts to compensate for and resolve. She therefore invests in objects that serve her narcissism in order to affirm her identity and assert herself.

The physical changes caused by the disease constitute an event that may produce bodily disfigurement and consequently affect psychological well-being. Physical health enables a woman to feel confident when meeting and interacting with others. This bodily integrity before illness provides her with comfort and stability. Therefore, when her physical integrity is threatened by breast cancer, which affects one of the pillars of femininity, the discovery of the disease is experienced as a shock. Mastectomy, in turn, may reactivate her narcissistic wound associated with castration. In order to overcome this painful situation, she must undertake the difficult psychological process of mourning.

This demanding process ultimately allows her to restore balance to her life by withdrawing emotional investment from the lost object and continuing life while investing in new objects. The work of mourning requires the individual to choose between “dying with the object” and continuing to live separately from it. Hanus (1995) considers that “the work of mourning is a psychological mechanism aimed at adaptation; it allows the individual to move from a situation of deprivation or loss to a situation of accepting the loss.” (Hanus, 1995: 21)

However, achieving balance is not an easy task. The experience of mastectomy constitutes a threat to a woman’s psychological balance and, at the same time, represents a test of her body image. It is an experience that activates fantasies and earlier modes of relating to the body. The extent to which this experience can be overcome depends on the specific psychological structure of each woman, the structure of her body image, and the way she experiences the trauma and undertakes the mourning process during that period.

The woman thus finds herself confronted with the problem of accepting and overcoming the physical transformation that has occurred without allowing it to have a destructive impact on her life. This is what the present research seeks to investigate through the following questions:

- What is body image, and how does psychological mourning take place?

- What are the main psychological processes that contribute to the construction of body image?
- How does mastectomy affect body image?
- What helps a woman with breast cancer to continue living and coping with the disease?

To meet the objectives of this research, the following elements will be addressed:

First: Clarification of Some Basic Concepts Related to the Research Topic

The Work of Mourning

According to Hanus (2002), "The work of mourning is a difficult and lengthy process undertaken by the psychological apparatus following the loss of an invested object that occupies an important place in the individual's psychological reality. It is a normal state characterized by a range of psychological, behavioral, and bodily manifestations that ultimately lead to the restoration of the individual's psychological balance by withdrawing investment from the lost object and investing in new objects."

Body Image

Dolto (1981) defines body image as "the living image of our emotional and relational experiences, repeatedly experienced through primitive and current erogenous sensations. It is present at all times in the form of an unconscious memory." (Dolto, 1981: 22)

Breast Cancer

According to Ferdon (1989), "Breast cancer is the random and disorganized proliferation of cells within the breast; that is, a small tumor, an ulcer, an enlargement of one of the breasts, or bloody discharge from the nipple without pain. It may also appear in the form of a lump in the breast or a localized change in the skin of the breast." (Ferdon, 1989: 10)

Second: Psychological Functioning Through the Thematic Apperception Test

Determining the type of psychological functioning focuses on three types of protocol readability:

1. Good (Positive) Readability

Good readability is considered an indicator of healthy psychological functioning when the following conditions are present:

- The protocol is not characterized by inhibition, as indicated by long latency periods in the stories, since this suggests excessive censorship that prevents free expression of fantasy during storytelling.
- The stories are well structured and coherent, without avoidance of the stimulus that might activate dangerous impulses within the ego.

- The stories are not constructed in an impersonal manner; rather, they include identifiable characters who are connected through relationships.

- The stories do not contain unexpressed conflicts, unexplained causes, or banal narratives lacking a personal dimension. Instead, they display a dynamic that reflects individual activity and internal psychological reality.

- The stories include diverse contexts that contribute to flexible story construction. The protocol should not be dominated by contexts belonging to the same pattern, such as excessive contexts of the C series, which indicate conflict avoidance, or excessive contexts of the B series, which indicate specific forms of censorship.

Examples include:

- 3-2A*: Verbal reservations
- 8-2A*: Rumination
- 15-2A*: Isolation of elements or persons

(Si Moussi, 2002: 56–57)

Similarly, an excessive number of E-series contexts indicates difficulties in controlling thought and the predominance of unconscious processes over conscious processes, which weakens defensive functioning.

- These contexts or modes of functioning should be accompanied by affects whose resonance is connected with diverse representations corresponding to the variety of stimuli (cards).

From the above, we can conclude that readability assessment must rely on the dynamics of the different elements that constitute the story. When affect is strong and fantasy resonance is rich, flexible and expressive modes take different forms while remaining well integrated. This indicates that the ego is capable of moving beyond conflict, controlling aggression, and not giving free rein to instinctual and libidinal impulses. This reflects the effectiveness of defensive mechanisms, enabling the individual to adapt to both internal and external reality.

2**. Negative Readability**

Negative readability is considered an indicator of fragile psychological functioning and is characterized by:

- Inhibition, manifested through numerous and prolonged latency periods in the stories.

- Stories constructed impersonally and involving unidentified individuals who have no relationships with one another.

- Lack of diversity in contexts, with predominance of C-type inhibition contexts, primary E-type contexts, and A-type censorship contexts.

- Absence of fantasy resonance and lack of representations that provide the protocol with a specific dynamic. The stories therefore contain flexible but undiversified affects that do not respond to the diversity of stimuli (cards).

3. Intermediate Readability

Intermediate readability indicates a level of psychological functioning that lies between poor and good functioning. It suggests a partial resolution of the conflicts elicited by the Thematic Apperception Test material. This type of protocol is characterized by:

- Inhibition that does not carry significant weight within the protocol. It may be observed through latency periods in some stories but not others, indicating that the ego is somewhat capable of confronting the stimuli. The individual's production is neither completely flexible nor completely rigid; rather, the narrative structure falls somewhere between flexibility and rigidity.
- Some stories are short while others are long, depending on the methods employed.
- Some stories are impersonal while others involve identified characters; relationships may also be present in some stories but absent in others. (Si Moussi, 2002: 56–57)
- Contexts are relatively diverse, including 2A, 2B, and C types. In this type of readability, fantasies may be absent, or, if present, they are not abundant, which may be attributed to adherence to the manifest content of the cards.

Third: Determining the Nature of Body Image Through the Rorschach Test

3. Psychological Processes Contributing to the Construction of Body Image

Throughout the different developmental stages, the individual develops a set of specific psychological processes. These involve a genuine investment in characteristics, images, and forms borrowed from another human being and remain within the framework of the relationship with the object in its various forms. The totality of these psychological processes reflects the processes through which the human subject is constituted.

3.1 Incorporation

According to Pantalis and Laplanche (1967), "Chronologically, this is the first process through which an object enters or is maintained within the child's body at the level of fantasy, to varying degrees. Incorporation constitutes an instinctual aim and a mode of object relationship characteristic of the oral stage. It can also be experienced through other erogenous zones besides the oral cavity, such as the skin, breathing, vision, hearing, etc. This concept was later developed by M. Klein and K. Abraham. The psychological process essentially involves obtaining self-directed pleasure through taking an object into the self, acquiring its characteristics, and retaining it within the self. Incorporation is based on an ambiguous relationship with and destruction of the object, and constitutes the first bodily model of introjection and identification." (Pantalis & Laplanche, 1967: 200)

3.2 Introjection

According to Pantalis and Laplanche (1967), "Introjection is a psychological process through which the individual, at the level of fantasy, brings objects and characteristics associated with these objects from the outside into the inside. The concept of introjection is close to incorporation, which concerns the bodily dimension; however, introjection is not limited to bodily characteristics. There is also introjection of the

ego and introjection of the ego ideal, and it is also related to identification. According to Freud, the concept of introjection is the exact opposite of projection.

"Incorporation constitutes the first model for separating the inside from the outside, as the process of incorporation is directly related to the bodily container, whereas introjection is broader. It is not limited to the inside of the body but extends to the psychological apparatus and to one of its psychic structures. In this sense, we speak of ego introjection and superego introjection." (Pantalis & Laplanche, 1967: 209)

3.3 Identifications

Identification is a psychological process through which the individual identifies with an aspect or characteristic of another person, thereby becoming wholly or partially similar to that person. This process is associated with the Oedipus complex, particularly through its structural effects.

Fourth: The Nature of Body Image Through the Rorschach Test

Ferbus (1994) states: "The study of the nature and characteristics of body image in adults must always be considered within the framework of the individual's personal history, particularly early childhood and the relationship with the object. Throughout this individual history, several primitive relationships have become unconscious, forgotten, repressed, and displaced, while defensive mechanisms have played their role, as they do throughout psychological life. The same occurs with bodily experience."

Three types of body image can be distinguished:

4.1 Positive Body Image Through the Rorschach Test

This category includes individuals whose protocols are characterized by:

According to Peruchon (1983), "The frequency of whole, unified, and coherent responses indicating a global perception, in which boundaries are well recognized and edges are clearly defined, revealing a distinction between inside and outside. There are also responses conveying meanings of wrapping, containment, concealment, and everything related to an adequate perception of the body surface. These responses are diverse in terms of location, determinants, and content, particularly with regard to human imagery." (Peruchon, 1983: 112)

In general, there is the presence of fantasies that address the issues raised by the cards in a flexible manner, particularly those related to the body and identity.

4.2 Fragile Body Image Through the Rorschach Test

A fragile body image can be identified when the protocol lacks the indicators established for positive body image, with the indicators appearing in the opposite form.

According to Sanglade (1983), these include: "Low productivity and a high number of rejection or shock responses, with a general impression of inhibition toward the material. V and I, which may be considered the only whole G responses provided without distortion and without sensitivity to the white spaces or surrounding sections, reflect the simplest incorporation of the body image perceived as a whole. Among

the indicators of fragile body image are a lack of whole responses or the presence of whole responses accompanied by negative or ambiguous form. The proportion of whole responses may also be high, expressing the individual's negative attitude toward the material and refusal to become deeply involved in its exploration." (Sanglade, 1983: 112)

Condamin (2006) adds that the number of formal responses may be insufficient, accompanied by an increase in ambiguous formal responses (F±) as well as negative formal responses, reflecting a weakening of censorship and perceptual errors. These indicate difficulties in adapting to the real world and a lack of investment in objective reality.

There may also be either a limited occurrence of color responses or excessive use of them. Color responses may contain hybrid or anatomical contents, indicating unclear and unstable boundaries. In other words, the individual may be unable to use colors merely as a medium or as a surface of contact between the inside and the outside. Colors, particularly red, may activate an uncontrolled instinctual excess (blood, fire), which is often presented in destructive contexts. (Ibid.)

- Human and animal responses may be transformed into inanimate objects, such as statues, thereby taking the form of corpses or lifeless and rigid body parts (ghosts, shadows).
- Sexual identifications may be unclear, ambiguous, or undifferentiated.
- There may be a high proportion of anatomical, skeletal, and visceral responses. Resorting to these types of contents indicates difficulties in incorporating the body, in which the body no longer appears as a coherent entity available for investment, but rather as a collection of organs and a source of anxiety. Such contents express externally what exists inside the body.

4.3 Intermediate Body Image Through the Rorschach Test

According to Peruchon (1983), "This category includes protocols that contain neither the indicators of a good body image, in terms of the number, quality, coherence, and interaction of responses, nor the way the issues associated with each card are addressed; nor do they contain the indicators of a fragile body image. This category of projective production expressing an intermediate body image constitutes an intermediary group between the two types, as it contains a heterogeneous mixture of indicators from both. In general, we find intensive or excessive investment in bodily boundaries, reflecting the rigidity of the individual's defensive system, together with inhibition of all creative processes. Fantasy expression tends to be suppressed in favor of perceptual investment in the concrete world, an investment that inhibits the internal world. This investment in boundaries aims to confront the threat of ambiguity. Ambiguity may also be found in sexual identifications, despite the unified nature of the subject matter." (Peruchon, 1983: 114)

Fifth: Breast Cancer and Psychological Trauma

Being informed of a cancer diagnosis constitutes a psychological trauma because of the fear and anxiety associated with the news, including fear of disfigurement and loss of femininity. This fear is intensified by the possibility of mastectomy, meaning the loss of an organ that carries significant meaning for the woman, together with the difficulty of accepting it as a solution or treatment. In addition, the treatments that follow mastectomy may have side effects that affect the woman's body image.

Consequently, considerable attention has been devoted to the psychological trauma resulting from cancer diagnosis, and numerous studies have examined it in order to identify the psychological disorders that may arise following cancer.

From a psychological perspective, the patient experiences emotional shock, a state of bewilderment, doubt, and fear. It is therefore important to focus on preventive psychological care from the moment the cancer diagnosis is announced, with the aim of reducing the intensity of the trauma. This involves supporting the patient from the moment she receives the diagnosis and helping her experience the trauma, undergo the mourning process, and develop a positive attitude toward accepting treatment.

Sixth: The Impact of Mastectomy on Body Image

Mastectomy affects women's body image because the breast is an expression of femininity and carries considerable significance in relation to physical appearance and the body. An individual's body image changes according to her health status. Illness directly affects the way she perceives her body and herself as a whole. A person develops a particular body image, which may change once illness occurs, and the change becomes more pronounced when an individual loses one of her body parts.

Psychoanalysis, through its founder Freud, addressed the existence of fear associated with the genital organs, particularly the penis, known as the castration complex. However, this complex extended beyond the genital organs to include other parts of the body, constituting another form of symbolic representation of the castration complex. Psychoanalysts found that any body part could serve as the basis for this complex. (cited in Shilder, 1968: 225)

Treating breast cancer through amputation or impairment of the organ's bodily function leads to difficulties in the affected woman's adaptive relationship with her body, particularly with her body image.

The breast reflects women's femininity, particularly for those who place considerable importance on physical beauty. When a woman develops breast cancer, which is often treated through mastectomy, her body image is affected, and this may consequently influence her self-esteem, particularly in her relationships with others and especially with her husband.

Women who undergo mastectomy may experience negative feelings and a sense of inadequacy resulting from the loss of this sensitive organ, as well as fear that their husbands may reject their new appearance and anxiety regarding their future lives. This is supported by Roueih (1985), who stated: "The idea of breast amputation raises several questions concerning beauty, the female body image, and motherhood, because the breast is part of the woman's sexual life and that of the man."

Seventh: A Clinical Case of a Woman with Breast Cancer

Case Presentation

Salma is a married woman who has had an adopted child for three and a half years. She is 35 years old and has completed the third year of secondary education but did not obtain her baccalaureate. She is of medium height and has a slightly full figure. Her appearance was well maintained, characterized by neatness and organization, with calm facial features.

She is the fourth child among ten siblings, consisting of four girls and five boys. Both parents are alive. She is currently a homemaker and on sick leave following surgery, as she works at a childcare center (pouponnière). She underwent a mastectomy approximately one year and two months ago.

Behaviors During the Interview

- Maintaining eye contact with the researcher.
- Significant emotional distress and crying.
- Use of gestures and smiles.
- Displaying a degree of relief while speaking.

Interview Themes

A semi-structured clinical interview was conducted with the participant according to the following themes:

Theme 1: The participant's psychological experience and her dealing with the reality of mastectomy.

Theme 2: The participant's psychological experience before and after mastectomy.

Theme 3: The participant's interest in and care for herself.

Theme 4: The participant's relational life.

Theme 5: Her relationship with her husband.

Theme 6: Future prospects.

We then administered the Rorschach test.

In another session, the Rorschach test was administered according to its established principles and procedures.

We subsequently administered the TAT (Thematic Apperception Test).

In another session, the TAT was administered to the participant.

Analysis of the Results for the Case of "Salma"

The discussion of Salma's case through the clinical interview and Rorschach protocol enabled us to develop an understanding of the nature of her body image. We linked the semi-structured clinical interview with the Rorschach test and reached the following conclusions:

The semi-structured clinical interview revealed the participant's inability to accept the reality of mastectomy. She stated:

"In the morning they took us to the battoire—that's what we call it because there was no prise en charge."

Her comparison of the operating room to a slaughterhouse represents a form of anatomical representation of the spatial setting in which the operation would take place.

According to Shilder (1986), "Any organic change, injury, deficiency, or dysfunction in the bodily structure, even when the deficiency is not visible, as in internal diseases, may produce changes in body image."

This was evident in her speech and in her repeated expressions referring to changes in bodily integrity and her inability to invest in the new body after mastectomy because its effects were visible:

"Now, what do you care about when there is something important missing from you? Even now, I'm afraid to touch that empty space… it feels like a piece of wood."

According to Shilder, bodily changes create a discrepancy between the actual body image and the represented body image. They inevitably affect the perceptual dimension because the body acquires a new shape and structure.

The sense of loss was also clearly expressed when she said:

"When we left, we still had the bandages on. I felt that something was gone, just like that."

The first confrontation with the new bodily configuration after surgery produced a feeling of deficiency and an acceptance that there would be no return to the previous state.

She subsequently discussed chemotherapy and its effects:

"When I started chemo, with the sessions, my hair started falling out, my eyebrows and eyelashes, everything… I started drawing my eyebrows and wearing glasses even at home. Losing hair isn't something normal; you feel every single hair falling out, as if someone is pulling it out of you. Then you realize the value of hair."

The participant presented representations of her new body that she had been unable to accept. She attempted to defend herself against this change, particularly with regard to how others perceived it. This is explained by Shilder's statement that "everything that changes biological unity is reflected in body image, which may undergo transformations or be affected by the individual's history."

Regarding the feeling resulting from the loss of the breast, her speech revealed wishes for its return:

"You touch it and find something dry, just bone… You wish it could come back, but it's gone."

The new reality resulting from the physical change generated a sense of deficiency and placed the participant in a period in which she experienced the presence of the removed organ and wished for its return as a result of her inability to accept the new form of bodily unity.

Rise explained this phenomenon by stating that the phantom limb is an expression of the individual's difficulty adapting to the sudden loss of an important peripheral part of the body; that is, the phantom limb represents a repression of the amputation process through its non-acceptance.

The impact of the change in bodily integrity was also evident in her perception of how others viewed her new bodily state:

"Basically, I can't stand my body… He tells me, 'Show me, let me see what the operation looks like,' but I won't let him. If I don't want to look at it myself, what is he going to say?"

Perron (1983) explains that self-perception is like a picture that a person verbally constructs of herself, and that self-perception represents the individual's representation of herself and of how she believes others perceive her.

All of the above indicates that Salma experienced a disturbance in her body image.

The interview also revealed that the participant was caught in a depressive state. After attempting to complete the mourning process related to the possibility of having children by taking care of a child—i.e., attempting to find an object through which she could redirect the energy previously invested in the lost object—she found herself facing another mourning process. Nevertheless, she attempted to continue the mourning process by investing in the child in her care. However, her inability to do so was evident in her lack of future-oriented representations.

Findings from the TAT

The TAT revealed that the participant clearly projected her psychological experience throughout the protocol. On each occasion, she attempted to relate the manifest content of the card to a personal experience or psychological state she had lived through.

This also indicates an attempt to avoid the conflicts suggested by the cards. This was observed, for example, in Card 1 and Card 8BM.

She also expressed depressive states and issues related to object loss, which appeared in Cards 12B and 3BM. However, she was unable to elaborate on these issues, as demonstrated by her rejection of Card 13B.

Inhibition and conflict avoidance were also apparent in her inability to construct a story for Card 16.

We can therefore conclude that the participant was unable to complete the mourning process.

Findings from the Rorschach Test

The Rorschach results revealed:

- Low productivity, with the protocol characterized by inhibition.

- A balance between whole and partial responses.
- Numerous partial responses to dense and unified cards.
- Difficulty constructing coherent percepts, particularly in response to dense cards.
- Diversity of contents, particularly anatomical and sexual contents (Anat, Sex).
- The number of human responses was equivalent to the number of animal responses, reflecting difficulty differentiating between animal percepts and inadequate identification with the human image.
- The presence of responses of the Bdl type.
- The protocol contained diverse determinants, dominated by formal determinants, along with determinants reflecting cognitive ambiguity, doubt, and hesitation. Censorship had weakened, which explains the presence of perceptual errors reflecting difficulties in adapting to the real world and in investing in objective reality.
- Card VI was given symbolic significance related to the experience of mastectomy, indicating the impact of this experience.

The Rorschach results therefore indicate fragility in body image. These findings are consistent with those obtained from the interview. Accordingly, the case of Salma was significantly affected by the experience of mastectomy, and our analysis leads us to conclude that she has a fragile body image.

Discussion of the Results

The results obtained in this study demonstrated that mastectomy affects the participant's body image and makes it fragile. Features of this fragile psychological structure appeared through the representations expressed by the participant when speaking about bodily changes resulting from mastectomy, as well as her inability to invest in her new body and mourn her former body, thereby resulting in changes in her body image.

Other factors also contributed to her sense of inadequacy and to the development of this disturbance. We also observed the participant's resignation and her failure to discuss any future aspirations concerning her body.

Among the most important factors that intensified the disturbance in body image were the types of treatment that followed mastectomy and the lack of family support. Through the semi-structured clinical interview administered to the participant, we observed considerable inhibition and intense emotional reactions accompanied by crying and expressions concerning deficiency and the new situation, which contrasted with her life before mastectomy.

The theme concerning the participant's psychological experience and her response to mastectomy revealed significant suffering and difficulty—or, in some cases, an inability—to adapt to the new bodily reality and its physical and psychological consequences.

At this point, the participant's suffering might have been less severe if she had been adequately informed about the structure of her illness and treatment and psychologically prepared for it. Unfortunately, the absence of psychological support throughout the treatment period increased her suffering.

The theme concerning the woman's interest in herself also revealed a lack of investment in her former body following the operation, as she perceived little value in caring about herself at that stage.

Regarding her relational life, an ambiguous and unstable relationship with her family emerged. However, when discussing her relationship with children, hope and investment appeared, with this relationship functioning as a source of support for continuing life.

Moving to the theme concerning her relationship with her husband, there was considerable reservation and limited discussion, particularly regarding intimate relations. Nevertheless, the statements that were made essentially reflected fears of losing her husband as a loved object. The new body image activated fears about a future in which this source of support might no longer exist.

This highlights the role and importance of family, particularly the husband, as a source of support for women with breast cancer, at least in preventing them from entering another conflict: the conflict of abandonment and the feeling of being a burden.

The final interview theme concerned future prospects. We observed that the participant did not discuss any projects related to caring for her body, investing in her new body image, or seeking to modify it. Instead, most of her aspirations focused on caring for her son and on fears of losing her husband as a loved object because of her new situation.

The experience of mastectomy had a clear impact, as demonstrated by the participant's statements during the interview. The nature of overcoming this experience is determined by the participant's specific psychological structure, including the structure of her body image, the quality of her relationships with others, and the support she receives during treatment.

The results of the TAT further confirmed that although the participant had taken care of a child, she was making considerable efforts to invest in him as a loved object and redirect a large amount of psychological energy toward caring for the child, thereby attempting to complete her mourning process.

Returning to the Rorschach results, inhibition, avoidance, and hesitation dominated the protocol. This appeared through the participant's low productivity and her strong tendency to distance herself from the test material. There were also clear difficulties in sexual identifications and in identifying with the human image, with a shift toward the animal world. Even when human representations were present, they were associated with perceptual distortions.

We also observed ambiguity in the perception of the boundaries separating the inside from the outside, as well as some projections of the participant's personal experience. In Salma's case, these were associated with a violated body, indicating a disturbance and fragility in body image.

Through the analysis of the various data obtained, we concluded that women who undergo mastectomy because of breast cancer experience a disturbance in body image. The severity of this disturbance is further intensified by the interaction of other factors, including the psychological mourning process and the difficulty of emerging from it, the relationship with the husband, and the relationship with the family.

It cannot be definitively determined whether mastectomy is a factor that deepens a pre-existing disturbance in body image or a factor that directly causes the disturbance. However, the research clearly demonstrates

that the quality of life of women with breast cancer, their adoption of coping strategies in response to this traumatic event, and their acceptance of treatment are closely related to the quality of their relationships with others and to the presence of social and emotional support, as well as to the availability of a new object of emotional investment beyond the body, enabling them to cope with the experience.

References

- أمين رويحة (1991) **المرأة بين سن اليأس و الإخصاب** ، بيروت ، لبنان، دار العلم.

-سي موسي عبد الرحمان و رضوان زقار (2002) **الصدمة و الحداد عند الطفل و المراهق نظرة الاختبارات الاسقاطية** ، جمعية علم النفس ، الجزائر العاصمة.

- شدمي رشيدة (2015) **واقع الصحة النفسية لدى المرأة المصابة بسرطان الثدي** ، أطروحة مقدمة لنيل شهادة دكتوراه في علم النفس العيادي ، جامعة أبي بكر بلقايد تلمسان.

-Chebel.M (1984) **Le Corp dans la Tradition au Magreb**, Paris , PUF

-Chiland.C (1985) **L'entretien Clinique**, Paris, PUF.

-Condamin.C , (2006) **, Corps Démembré corps massacré le Rorschach Chez les enfants et Adolescents Victimes D'agression Champ Psychosomatique**, France , PUF.

-Dechaud – Ferbus.M et Al (1994) **Les destins du corps** ,France , Eres.

-Dolto.F (1997) **Sentiment de Soi : Aux Sources de L'image duCorps** , Gallimard.

-Hanus.M(1995**) les deuils dans la vie ,deuil et séparation chez l'adulte et l'enfant** , Paris, Maloine

-Hanus.M (2002**) le travail de deuil**, Algérie , édition SARP

-Laplanche.J et Pontalise.J.B (1967) **Vocabulaire de la psychanalyse** , Paris,UFP .

- Perron.R (1991) **Les Représentation de Soi : développements Dynamique Conflit**, France, Privat .

-Peruchon.M (1983) **Perception des Limites de L'image du Corps et Vie Imaginaire** , **technique Projective** , N 28-2 , Paris .

-Sanglade.M (1983 **) Image du Corps et Image de Soi**

-Schilder.P (1984) **L'image du Corps**, Paris, Gallimard .