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The development process of self-acceptance among Chinese women with breast cancer

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Abstract

Aim: The development process of self-acceptance in breast cancer survivors is a dynamic process that is poorly understood. The objective of the present study was to explore and delineate the dynamic progression toward self-acceptance in Chinese women with breast cancer.

Methods: Data were collected through individual in-depth face-to-face interviews with 20 women who had undergone treatment for breast cancer at the breast center in a large tertiary care hospital in Ningbo, China between September 2016 and June 2017. Data analysis occurred through the open, axial, and selective coding stages of grounded theory and used the constant comparative method.

Results: Based on the interviewer responses, one core category, three categories, and seven subcategories were identified that pertained to the process of self-acceptance in Chinese women with breast cancer. The core category of self-acceptance was normalization, returning to the pre-illness state with an identity and image that conformed to the cultural norm. To reach normalization, women progressed through a crisis stage, a compromise stage, and a managing impressions stage.

Conclusion: This study proposes that self-acceptance in breast cancer survivors is a dynamic and active process. Findings will inform the development of interventions that will provide structure and support to Chinese women with breast cancer.

KEYWORDS

breast cancer, grounded theory, qualitative research, self-acceptance

1 | INTRODUCTION

The psychological well-being of breast cancer survivors is becoming increasingly important as survival time has improved and age at diagnosis has decreased. Struggling with breast cancer can challenge a woman's self-image, self-concept, and self-esteem (Cheng & Wang, 2010).

The diagnosis and subsequent treatment of breast cancer is a psychological burden for women that can lead to self-discrepancy, as the woman's actual self is discrepant from her ideal. Self-discrepancy can affect a breast cancer survivor's level of self-acceptance as well as her psychosocial adaptation and post-traumatic growth, and may manifest as negative psychological symptoms including anxiety, depression, anger, body dysmorphic

disorder, feeling stigmatized, and an inability to return to work (Chen, Liao, Chen, Chan, & Chen, 2012; Liu, Chen, Lv, & Tian, 2011).

Self-acceptance is essential for psychological well-being. Self-acceptance occurs when an individual is able to view himself/herself objectively, accept his/her own body, emotions and experience, accept his/her own external behavior and inner qualities, understand and embrace himself/herself, and regard himself/herself as a person worthy of respect and appreciation (Sun & Lu, 2017). Self-acceptance had an important effect on mental health (Potocka, Turczyn-Jablonska, & Merecz, 2009), and has been negatively correlated with anxiety (Cunha & Paiva, 2012) and depression (Chamberlain & Haaga, 2001) and positively correlated with higher levels of positive emotion and positive coping styles (Jimenez, Niles, & Park, 2010). Self-acceptance mediates the relationship between psychological adjustment and mental health (Zhang et al., 2016).

Several demographic variables may affect self-acceptance, including age and education (Long, 1991, Negovan, Bagana, & Dinca, 2011, Ceyhan & Ceyhan, 2011, Vasile, 2013, Chen, Liu, Zhang, & Li, 2017). Studies in healthy subjects showed individuals with a higher level of education (Long, 1991, Ceyhan & Ceyhan, 2011, Vasile, 2013) and older age developed a higher level of self-acceptance (Negovan et al., 2011). In Chinese women with breast cancer, self-acceptance was found to be low, positively associated with household income and access to medical insurance/government-funded medical treatment, and negatively associated with TNM (tumor, node, metastasis) stage (Chen et al., 2017). Interestingly, the level of self-acceptance in these women was positively associated with time since diagnosis, suggesting that self-acceptance among breast cancer survivors is a dynamic process. As the development of self-acceptance among breast cancer survivors is poorly understood, the objective of the present study was to explore and delineate the dynamic progression toward self-acceptance in Chinese women with breast cancer.

2 | METHODS

2.1 | Study design

This study was conducted using the grounded theory of qualitative study.

2.2 | Setting and sample

Women who attended routine follow-up appointments at the breast center in a large tertiary care hospital in Ningbo, China between September 2016 and June 2017 were eligible to participate in this study. Inclusion criteria were: (a) age ≥18 years; (b) definitive diagnosis of breast cancer based on histopathological examination; (c) ≤5 years since diagnosis of breast cancer; (d) previous treatment for breast cancer, including surgery; and (e) no history of psychological conditions.

Women who had received breast cancer treatment and who were attending routine follow-up appointments and met the inclusion criteria were asked by the attending physician or the ward head-nurse whether they would agree to participate in this research. Women who indicated interest were introduced to the researcher team. Nonetheless, in order to develop better concepts and clarify the properties and dimensions (Khankeh, Hosseini, Rezaie, Shakeri, & Schwebel, 2015), the research team selected patients based on theoretical sampling (a strategy to develop a substantive theory that relies on the emergence and then saturation of concepts, categories, and subcategories [Corbin & Strauss, 1990]). We interviewed with those women who could help us develop concepts, categories, and subcategories. The sample size was determined by theoretical data saturation. Twenty-five women were invited to take part. Five agreed to participate at first, but canceled the interview without special reasons. The final sample size was composed of 20 women, ranging in age from 25 to 65 years (Table 1). The mean time since breast cancer diagnosis was 2.64 years (range, 1–5 years). The highest level of education achieved varied from primary school to postgraduate. Nineteen women were married, and one was divorced. Four women were farmers, two women were teachers, two women were government employees, three women were company employees, four women were self-employed, one woman was a government official, one woman was a nurse, and three women were housewives.

2.3 | Data collection

Interviews were conducted by the first author in a private room at the clinic without anyone else present. Data were collected through individual in-depth face-to-face interviews. During the collection of data, the first author carried out clinical practice in the ward acting as a practical nurse. Data were collected using interview guides developed by the authors. Targeted questions were used to elicit data on the topic of self-acceptance among Chinese women with breast cancer. The interviews started with open-ended questions about the illness experience, and continued with questions about how the women's feelings of self-acceptance had changed, how the women evaluated themselves, and how their self-evaluation had

TABLE 1 Demographic characteristics of participants

No.	Age, y	Marital status	Occupation	Education	Time since diagnosis, y	Cancer stage
001	35	Married	Nurse	University	0.62	Stage II
002	43	Married	Teacher	University	0.44	Stage II
003	47	Married	Government official	University	1.00	Stage I
004	49	Divorced	Company employee	University	1.91	Stage III
005	28	Married	Self-employed	Secondary education	0.87	Stage I
006	26	Married	Famer	Primary education	1.23	Stage II
007	54	Married	Self-employed	High school	2.63	Stage II
008	56	Married	Self-employed	Secondary education	3.10	Stage II
009	40	Married	Housewife	Primary education	5.00	Stage III
010	46	Married	Government employee	University	2.85	Stage I
011	32	Married	Company employee	High school	0.90	Stage II
012	50	Married	Housewife	Secondary education	3.27	Stage IV
013	64	Married	Famer	Primary education	4.81	Stage I
014	58	Married	Famer	Primary education	3.78	Stage II
015	49	Married	Company employee	High school	1.60	Stage 0
016	60	Married	Famer	Primary education	5.00	Stage II
017	65	Married	Housewife	Secondary education	4.12	Stage 0
018	38	Married	Self-employed	Secondary education	1.46	Stage III
019	51	Married	Teacher	High school	4.54	Stage I
020	54	Married	Government employee	University	3.75	Stage II

changed over time. While the interview guide provided a framework for the interviews, the interviewer included additional questions based on the women's responses, consistent with theoretical sampling. Interviews were 90 min in duration. All interviews were audio-recorded and transcribed verbatim within 1 week. Transcripts were reviewed and used to inform subsequent interviews.

2.4 | Ethical considerations

Ethical approval was obtained from the university's institutional review board. All study participants provided written informed consent after being informed about the nature of the study. Interviews were audio-recorded with the participant's authorization. Data collection was confidential and anonymous. Participants were free to withdraw from the study at any time.

2.5 | Data analysis

Data analysis occurred through the open, axial, and selective coding stages of grounded theory (Corbin & Strauss, 2015). In the open coding phase, transcripts were read line by line and notable words or short phrases used by the women were organized using codes. Analysis occurred through the constant comparative technique, whereby codes were compared and contrasted with subsequent interview data. In the axial coding stage, codes were collapsed and clustered into initial themes and categories. In the selective coding phase, hypotheses that interrelated the themes and categories were developed to identify a core phenomenon and build a theory. All data analysis processed in this study were completed by the authors, no data analysis software was used.

The authors met regularly to discuss the codes, categories, and themes until consensus was reached. Interviews, data analysis, and manuscript development were conducted in the Chinese language. The manuscript was translated into English for publication.

2.6 | Rigor

Lincoln and Guba (1985) presented that credibility, transferability, confirmability, and dependability are the appropriate criteria used to evaluate the trustworthiness

of our study. This study improves the trustworthiness of the study by the following aspects.

First, the first author, female, PHD, who has finished a doctoral dissertation using the grounded theory, has systematically studied the courses of qualitative research.

Second, during the collection of data, the first author carried out clinical practice in the ward acting as a practical nurse and established a trust relationship with participants. All interviews were conducted by the first author and were audio-recorded and anonymously transcribed.

Third, the first author and the third author in the study independently analyzed the data. Then, the two authors regularly met with the corresponding author to discuss the codes and to drive the subcategories, and categories. Disagreements were discussed to reach a final consensus. Memos also were written during the process to ensure that the impressions, ideas, and reflections of their search were not lost during the analysis.

Fourth, repeat interviews were carried out with 48 hr after every interview to clear doubts. The researcher also re-interviewed two of the participants, discussed codes and the study paradigm and gained their feedback on the extent to which the paradigm fit with their experiences.

3 | RESULTS

Based on the interviewer responses, one core category, three categories, and six subcategories (Table 2) were identified that pertained to the process of self-acceptance in Chinese women with breast cancer (Figure 1). The core category of self-acceptance was normalization, returning to the pre-illness state with a self-identity and self-image that conformed to the cultural norm.

TABLE 2 Main categories and subcategories

Subcategories	Main categories	Core category
•Difficult to transit to the patient identity	•Crisis stage	Normalization
•Difficult to accept the deformed body image		
•Passively accepting the "diseased" identity	•Compromise stage	
•Compromising with the deformed body image		
•Develop practices to recover the healthy identity	•Managing impressions stage	
•Avoiding "patient" identity		
•Show "normal" body image to others		

Figure 1 represents the self-acceptance process displayed by these Chinese women. The process of self-acceptance among Chinese women with breast cancer is the changing process of self-identity and body image. To reach normalization, women progressed through a crisis stage, a compromise stage, and a managing impressions stage.

3.1 | Crisis stage

The crisis stage begins with the diagnosis of breast cancer. During this stage, the change of identity — being diseased and being deformed brought about by illness break them down. The main characteristic of this stage was difficult to transit to the "patient" identity and accept the deformed body image. Women experienced the greatest emotional changes during this period, such as shock, despair, and confusion.

3.1.1 | Difficult to transit to the "patient" identity

After being diagnosed with breast cancer, most women indicated that they had difficulty accepting the identity transition from a healthy individual to a patient. One woman aged 35 years expressed the fear of transitioning to life as a patient:

> In the week after the diagnosis it was hard for me to believe and accept that I had a disease. I felt like it was a dream, and had no psychological preparation at all. I had always been in perfect health. How did I suddenly become a patient facing death...I heard that this disease is very malignant and I didn't know when it will take my life away. I was very upset and felt completely in the dark. (001)

3.1.2 | Difficult to accept the deformed body image

Breasts represent a woman's femininity and sexuality. For most women, especially younger women, it was difficult to accept that they would lose a breast, leaving them

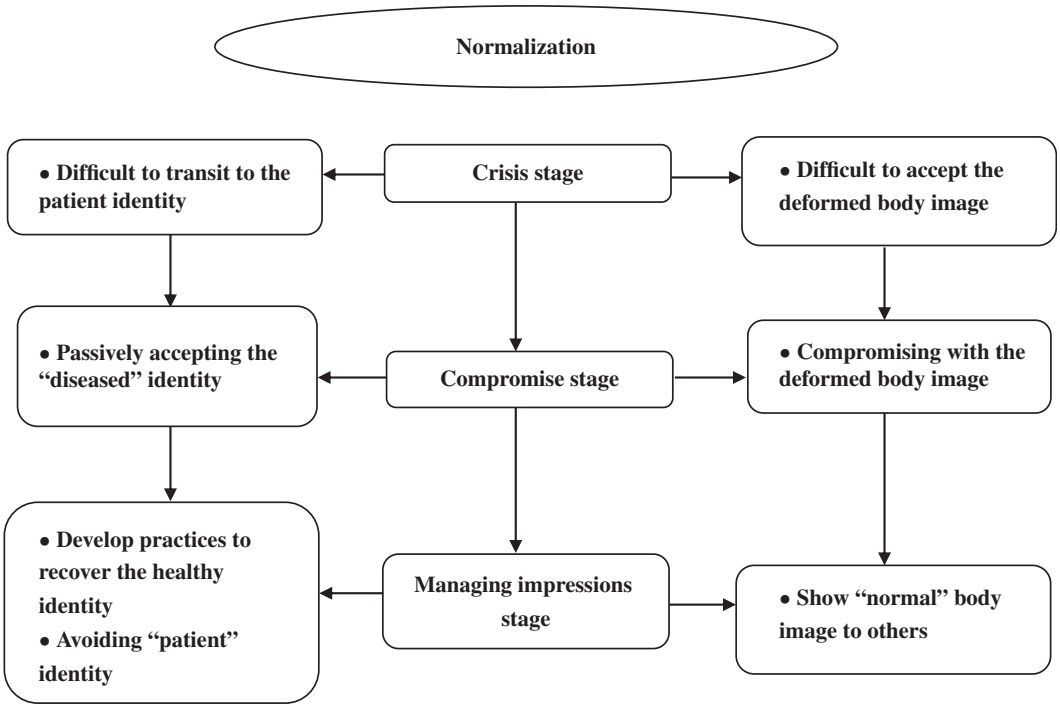

FIGURE 1 The process of self-acceptance among Chinese women with breast cancer

with a long-lasting negative body image. One company employee aged 28 years reported:

> When the doctor told me that I needed a breast removed, I cried. Losing a breast forever meant my beauty as a woman was gone, and I was no longer a perfect woman. It made me very sad. (004)

3.2 | Compromise stage

The crisis stage does not persist. When women with breast cancer realize that their body is irreversible and their lives are threatened, living becomes the primary goal of life. They had to passively accept the "patient" identity, compromise on the deformed body image and get away from previous social interaction.

3.2.1 | Passively accepting the "patient" identity

When the diagnosis of breast cancer was definitive, women had to stop work, come to hospital for treatment, and accept the "patient" identity. One patient said:

> Anyway, already like this, there is no better way than to accept it. (007)

Other women said:

> I have to accept it because no one can accept it for me. (012)

They further accept the "patient" identity especially after meeting other breast cancer survivors. One woman stated:

> After attending the anti-cancer party and chatting with other patients, I felt a lot better. They looked so good, dancing and singing at the party. I was happy to be with them. The anti-cancer group felt like a family; there are so many people like me. We have similar experiences and similar language and care about each other. We have a special connection. (015)

3.2.2 | Compromising with the deformed body image

As time went on and as the women interacted with more cancer survivors, they gradually began to accept their bodies were physically incomplete. One woman noted:

> At first, I could not accept the loss of a breast. As time went on, I gradually accepted

> it. Many people who are younger than me have this disease and a breast removed. I am 50 years old and shouldn't care so much about this.

One patient said:

> During the treatment, I gained a lot of weight. At first, I was very concerned about my appearance. I was really unacceptable. About half a year later, after communicating with others having breast cancer, I gradually accepted it. (019)

3.3 | Managing impressions stage

After leaving the hospital to return home, the women began to focus on how to effectively manage their identity and their bodies, return to their normal activities, and regain their position in society. Managing the disease and maintaining a good quality of life after treatment became the women's main goal. Normalization became the motivation in the transition from the compromise stage to the managing impressions stage.

3.3.1 | Develop practices to recover the healthy identity

The women actively sought strategies that would allow them to regain their identity as a healthy individual and integrate back into society. In this research, most women recover their body through various forms of exercise, such as playing Tai Chi, walking, climbing.

3.3.2 | Avoiding the "patient" identity

In addition, some of them also hid their patient identity in order to be accepted as "normal" members of society. For instance, one woman said:

> I don't want others but my family to know that I had breast cancer. I moved to a new city to live. Here I seemed to be reborn and am able to make new friends who don't know about my condition. These new friends think that I am a healthy person. I feel much better now. (018)

Another woman expressed how she wanted to abandon the "patient" identity:

> I think that I should get rid of this disease; I don't think that I have an incurable disease. I think that I am a normal person and I don't want anything to remind me that I have cancer and I am a disabled person. (009)

3.3.3 | Show "normal" body image to others

Although the disease had a negative impact on their bodies, the women wanted to be seen as "normal" women to avoid the embarrassment caused by a "deformed" body. Therefore, some women in this research hid the post-surgical changes in their breasts, by avoiding others seeing scars, wearing false breasts or wigs to guarantee acceptance from others. One 32-year-old woman said:

> I don't want anyone to see it, even my husband and my children. And I never also go to the public bath to take a shower. (011)

When asked about her decision to undergo breast reconstruction, this woman continued:

> Because I am still young, I want to make myself look beautiful. Although my body is incomplete, wearing false breasts makes me look more beautiful and covers the scars. (011)

4 | DISCUSSION

Disease can disrupt the relationship between body image, self, and identity (Charmaz, 1983). Characteristics, such as gender, age, and health status affect an individual's self-concept (Goffman, 2009). Specifically, evidence suggests that a diagnosis of breast cancer can influence a woman's self-concept (Cheng & Wang, 2010, Chen et al., 2017). This study adopted grounded theory to explore the dynamic and active progression toward self-acceptance among Chinese women with breast cancer. During the crisis stage, the women could not accept their new identity and body image, then they compromised, and finally they endeavored to recreate their identities and reclaim their bodies to align with societal norms.

"Normalization" is commonly used to facilitate adaptation to a chronic illness (Peng, 2014). Cancer rehabilitation involves retuning patients to society, normalizing life (Stubblefield & O'Dell, 2009), and recreating their social identities. In the present study, all of women in this study labeled themselves as "patient" or "deformed", and these labels broke their normal life and made them get away from previous social interaction. Most of them tried to get rid of these labels, returned to the normal population, and recovered normal social interactions. Therefore, normalization was the main motivation for patients as they moved toward self-acceptance.

Just after receiving the diagnosis, women's lives have undergone tremendous changes: they may lose their breasts, have to fight disease, and even their lives will be threatened, which caused shock and had a negative impact on the women's self-efficacy and self-assessment that they are "normal" people (Ye, 2014) and inhibited their ability to self-define (Long, 1991; Zimmermann, Scott, & Heinrichs, 2010). This led to an identity crisis and self-discrepancy, as the women's actual self was discrepant from her ideal self (Charmaz, 1983; Hou, 2014), and had a negative psychological impact, as women experienced denial with respect to their diagnosis, as well as shock and despair.

However, with time, the women redefined their identities, body image, and self-concept. After mastectomy, women were confronted with physical weakness, body changes, and limitations of daily activities which constantly remind them of the fact that their healthy and complete body used to really not exist, they no longer belong to "normal" people. When women became aware that breast cancer was life-threatening, survivorship became the primary goal, and they began to accept their identity as a "patient" and "disabled" in accordance with that labeled by society and culture's traditional notions of the female gender (Bao & Huang, 2004); especially after sharing their experiences with other breast cancer survivors, they developed a sense of belonging and found physical, emotional, and spiritual support (Hou, 2014). This finding was consistent with a previous study, which showed that patients need time to adapt to life with a chronic illness (Charmaz, 1983) and find a balance between the actual self and the ideal self.

The development process of self-acceptance among women with breast cancer is also a process of active practice. People tend to choose the willing, hopeful, and planned identity (Bao & Huang, 2004). As they recovered from surgery, the women struggled with their new identity and body image. After leaving the hospital to return to society, the women did not want to be labeled as cancer patients and others treat them as patients and disabled people that made them embarrassed in social interaction. So, they actively sought strategies to exercise, decorate and hide themselves that would allow them to regain the "normal" label and return to their normal activities and regain their positions in society.

5 | LIMITATIONS

This study is limited as it only sampled patients from one hospital in China. Future research is needed to replicate the results of this study in other hospitals in China or other countries.

6 | CONCLUSION

This study proposes that self-acceptance in breast cancer survivors is a dynamic and active process that involves three stages: the crisis stage, the compromise stage, and the managing impressions stage. Normalization was the main motivation for patients moving toward self-acceptance. The results will inform the development of interventions that will provide structure and support to Chinese women with breast cancer.

7 | RELEVANCE TO CLINICAL PRACTICE

The findings of this study have implications for research and practice. The findings from this study suggest that healthcare providers should be aware that self-acceptance in breast cancer patients is a process that requires interventions at each stage. In the crisis stage, structure and support is necessary to help women manage the emotional effects of their breast cancer diagnosis and their treatment. In the compromise stage, cancer survivor groups are essential to enable breast cancer patients to identify and accept themselves. In the managing impressions stage, patients require strategies that help them sustain a "normal" body and image in order to return to society.

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CONFLICT OF INTERESTS

The authors declare they have no conflicts of interest.

AUTHORS' CONTRIBUTIONS

S: data collection, study design, data analysis, data interpretation, writing. N: obtained funding, study design. W: literature search, data analysis, data interpretation. J: data analysis, data interpretation. Q: data analysis, data interpretation. All authors have read and approved the final manuscript.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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