Relationship between Body Image Concern, Difficulty in Emotion Regulation, and Sexual Satisfaction of Healthy Women with Mastectomy

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Abstract

Breast cancer is the most prevalent malignant cancers in women of advanced countries and the second most prevalent cancer in Iran. In addition, it is the second cause of death by cancer in women and the main cause of death in 45-55 year-old women. In this regard, there are concerns about the effect of invasive treatment of breast cancer as mastectomy is increasing and quality of life is affected. The objective of the present research is studying the relationship between body image and difficulty in emotion regulation and sexual satisfaction of healthy women who have undergone mastectomy.

Fifty afflicted women with mastectomy who were operated on and fifty healthy women who were their companions were selected by convenience sampling method. The objective of this study with the members of these 2 groups was comparing body image concerns, difficulty in emotion regulation, and sexual satisfaction between healthy women and women with mastectomy in Isfahan in 2016. The methodology was causal-comparative. People filled out difficulty in emotion regulation scale (Gratz and Roemer, 2004) with 0.86 reliability, and the body image concern inventory (Littleton, 2005) with 0.89 reliability, and Larson's sexual satisfaction questionnaire (Larson et al., 1998) with 0.93 reliability. SPSS 22 software, descriptive statistical method (mean, standard deviation), and inferential statistical method (multivariate variance analysis) were used to analyze the hypotheses. Results showed that there is no significant difference between difficulty in emotion regulation and its dimensions (emotional rejection, difficulty in carrying out purposeful behavior, impulse control difficulty, lack of emotional awareness, limited access to emotion regulation strategies, lack of emotional clarity, and total difficulty) in women with mastectomy and healthy women (P>0.05). There was no significant difference regarding body image concern in women with mastectomy and healthy women. (P>0.05). In addition, results showed that there is significant difference between sexual satisfaction in women with mastectomy and healthy women. (P<0.05)

Key words: mastectomy, difficulty in emotion regulation, body image concern, sexual satisfaction

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Introduction

Problem statement

Cancer is a type of disease featuring uncontrolled growth and attack causing local and systemic metastases. Breast cancer is the most prevalent cancer of women in the world as a cause of death second in rank after cardiovascular disease. Fortunately, advances in breast cancer screening and treatments increase life expectancy to 50% by keeping women alive for 5 or more years after diagnosis of the disease. This issue leads to focus on quality in life issues and attention to the sexuality, and it is shown that women's sexuality becomes more sophisticated after mastectomy operation. (Altun, 2011) Sexual-mental changes after mastectomy treatment include panic of losing fertility, negative body image, losing feminine appeal, depression, and anxiety. The sexual objection spectrum includes painful intercourse, vaginal dryness, loss of libido, and breast numbness. (Emilee, 2010). Breast cancer is one of the diseases causing intensive mental effects. Many afflicted women suffer from mental problems such as depression and anxiety and undergoing operations such as surgery and chemotherapy which have side effects. These intensify the mental problems. What is studied in this research is body image concern, difficulty in emotion regulation, and sexual satisfaction.

Definition of Body Image

Body image includes conscious and unconscious emotions about body, as a constitutional concept about individual emotions about body size, performance, and ability to achieve objectives. (Graven, 2003) The expression of body image has two perceptional and attitudinal aspects. The perceptional aspect of body image is related to the manner of seeing sizes, shape, weight, face, movements, and actions, while the attitude aspect is related to individual feeling about these traits, and how these feelings guide his/her behavior. (Galison, 2006) Researchers have shown that women with a more positive body image are more satisfied with their lives (Giddens, 2007). The body image concept was defined for the first time by Shoulder as a psychological view toward the human body that is shaped in minds, and how the body represents itself for humans. This concept has two main aspects of body image, capital and body image evaluation in that body image capital is attributed as the importance degree of behavior and cognition about a person's body and appearance, and body image evaluation is related to the satisfaction or dissatisfaction degree of people's appearance. (Harginson, 2009) Mental health professionals have conducted many studies in this field regarding the importance of body image in social communications and interpersonal relationships. It seems that people with a good feeling about themselves usually have good attitude to life, .A positive body image of an individual creates a valuable feeling in an individual and the changed mental image leads to changes in sense of personal value. (Canaless, 2010.

Cash (1997) states that body image is a structure different from the real appearance of an individual. In other words, it returns to the specific and personal relationship of an individual with his/her body. It is a representation of beliefs, perceptions, emotions, and activities relating with the physical appearance of an individual. Body image is the mental image each person has of his/her body.

Definition of Emotion

The term "emotion" refers to the inner thinking, feeling, and mental mode and a range of individual intentions to act on and be used. (Golma, 2004). Emotion is a specific inner and mode starting with interpretation of a situation ina specific manner and then making internal physiological changes which finally lead to the balance between organism and environment.

Emotion Regulation

Emotion regulation refers to the way people are influenced by their emotion and how they experienceemotions. Difficulty in emotion regulation can be the result of lack of emotion regulation abilities and capabilities. (Cotinho et al., 2010) Emotion regulation is considered as a process of moderating emotions to respond to the conscious and unconscious environmental expectations. (Aldao ,Nolen,_ Hoeksema & Schweizer, 2010) Emotion regulation is known as using an effective strategy in reduction, increase, oppression, or survival of emotions, and it is believed that motion regulation is one of the inherent characteristics of man. Emotion regulation creates a specific response to emotion and helps us to modify individual emotional responses. (Gras, 1995)

Cognitive Emotion Regulation

Cognitive emotion regulation refers to all cognitive styles that each person uses to increase, reduce, or keep together their emotions in stressful situations. (Grass, 2001)
Granefski & Kraaij (2002) proposed 9 different cognitive emotion regulations about cognition coping strategies that are divided as following:

A) Maladaptive strategies for cognitive notion regulation:
1- self-blaming: thought of knowing yourself guilty and blaming yourself,
2- rumination: occupation of mind by related thoughts and emotions to negative instances,
3- catastrophizing: though panic,
4- other blaming: thought of beleiving others are guilty and blaming others

B) Adaptive strategies for cognitive notion regulation: 1- acceptance: through evidence comes acceptance, 2- positive refocusing: thinking about enjoyable and happy issues instead of thinking of the realsituation , 3- refocusing on planning: thinking of the steps toward coping with negative realities or changing hemt.
4-positive reappraisal: thinking of the positive aspects of the situation,
5- putting into perspective: related thoughts to the minority of an evidential situation or emphasis on its relativity in comparison to other evidence.

Difficulty in Emotion Regulation

Regarding the positive and constitutional role of emotions in human life, another aspect represented is the destructive aspect of emotions in people lives. (Wimrogross, 2010)

This double performance of emotions refers to the emotion regulation process in which people regulate and moderate their emotions according to various situations. Emotional regulations are said to be regulating emotional processes. Therefore, difficulty in regulation means emotion irregularity. Many people think their emotional irregularity is equal to lack of control of emotionss. In addition, when these cases are compared, emotional irregularity is called a disability in experiencing, expressing, and using emotions. When people's emotions become irregular, they report the emotion of losing control. They don't have talent to take and take things intheir stride . (Huang, 2006). Difficulty in emotion regulation is a key element in several mental pathologies for specific disorders such as individual personality disorder, major depression, bipolar disorder, generalized anxiety, social anxiety, eating disorders and substance abuse disorders and alcohol disorders where difficulties in emotional regulation have been studied. (Gratz and Roemer, 2004). Disabilities in emotion regulation are infrastructure mechanisms for morale and anxiety disorders.

Aldao (2010) studied the relationship between inefficient strategies in emotion regulation and mental harm in meta-analytical research on 241 effects in 144 articles. Results showed that strategies such as rumination, oppression, prevention from reaching a solution have the maximum effect on mental disorders. Moreover, depression disorders and anxiety are more and more aligned in relationship with inefficient strategies of emotion regulation in various research in comparison to the disorders of eating and drug abuse. According to researchers, people with various emotional disorders use different strategies in facing miserable conditions. Evidence of studies have shown that depression is not only known by abnormal emotional experiences (for example low positive and high negative affect), but also is indicated by inefficient strategies of emotion cognition. In medical cases, using rumination predicts response to negative emotions, at the start, duration, and ascending period of depression.

Moreover, defects in cognitive emotion regulation play a central role on development of depression. (Marroquin, 2011) the anxious and depressed people try to prevent their negative emotions. They fail to do so and this returns and they appraise it as negative emotions. These people use emotional prevention as a pstrategy to improve their morale. In addition, people by anxiety and depression may use other maladaptive strategies such as situational avoidance, using safety signs to give attention, rationalization, or drug abuse to release negative emotions. These people will lose the opportunities of learning adaptive and effective methods of facing pressure and anxiety by non-accepting of the negative emotion experience. (Campbell_Sills & Barlow, 2007)

Studies have shown that skills are significantly related with various indexes of mental health in the ordinary and medical population and difficulties of emotion regulation can be the beginning of mental disorders. (Berking-Margraf-Ebert-Wupperman-Hofmann & Junghanns, 2011)

Difficulties of emotion regulation are the relationship between characteristics of borderline personality and extreme subjectivism (Sharp et al., 2011).

Regulated and Unregulated Emotion

Cognitive emotion regulation is always with humans assisting in management or emotion regulation, and feelings and ptovides adaptation power, particularly after negative emotional experiences. (Morris Silk Steinberg Mayors& Robinson, 2007)

Since the ability of emotion regulation can determine the quality of individual relationships people who can regulate their emotions can understand their and others emotions better. Consequently, they have a better perception about people in various conditions and have more developed interpersonal and intrapersonal skills. Therefore, such people have better relationships than people who have difficulties in emotion regulation. (Lupes et al., 2004) People who have difficulty in emotion regulation protect their relationships, and feel that they are in negative models of relationships with others, they feel out of control; therefore, they have less sexual satisfaction. (Abbot, 2005)

Sexual Relationships and Satisfaction

Sexual satisfaction or satisfaction from sexual relationship is considered as one of the marital satisfaction elements that are important indexes of successful marriage, survival, and health of the family.

Sexual relationship is influenced by emotional relationships among spouses and sexual dissatisfaction, can create various family problems. Sexual dissatisfaction reduces health, life time, and satisfaction withlife, growth of disorders, imperfection of spouses, and separation of the marital relationship. (Soderberg, 2013)

Sexual relationships by being impressed on thoughts and emotions of spouses can influence relationships among them directly and indirectly in extensive spectrum. It means spouses with adaptation in this field are happy, able to neglect their life inconsistencies, while life inconsistency can have harsh side effects in spouses with sexual dissatisfaction. (Rahmani, Sadeghi, Allahgholi, Marghati Khuei, 2010)

Among sexual needs, sexual instinct has a deep mixture with mental needs and its effects can be observed in many life aspects. This instinct has an undeniable effect on marital life, its consistency, and durability. Moreover, it has an important and infrastructural role between health and mental equilibrium. Sexual desire stays far from other biological needs by these significant characteristics and changes to a mental need. Sexual satisfaction is not just a physical pleasure it includes all the remained emotions after the positive and negative aspects of sexual relationship. Sexual satisfaction includes individual satisfaction from sexual activity to reach orgasm. Sexual life satisfaction is divided into 5 classes:

A) Interpersonal variables: quality of marital relationship and interactions; sexual self-presentation.

B) Physiological variables: amount of sexual activity and orgasm experience, C) sexual schema variable. D) Personal variables: women's knowledge and awareness, sexual disorders, personality traits, physical disease, mental problems, sexual self-confidence, sexual harm in childhood. E) Demographic variables: age, marriage duration, theirs and spouses education (Baghiyan, 2013). Perhaps out of fear and anxiety, shame, embarrassment or feelings of inadequacy and guilt it can stay hidden and not be stated. In many cases, these problems are hidden and may show themselves as symptoms such as physical bothersome irritability or depression and dissatisfaction with marital life leading to intensive family disputes and divorces (Ohadi, 2007).

Haide & Delamater (2006) believe that in cases with anger or failure, the sexual relationships among spouses is damaged leading to sexual dissatisfaction in some cases of sexual disorders. The problems in sexual relationships can be a sign of other problems in marriage, and the so-called problem is from somewhere else. Dissatisfaction with sexual relationships can lead to deep problems in spouses casing them to detest their spouse, annoyance, jealousy, competition, sense of revenge, feelings of humiliation, lack of confidence, and so on. These problems are reinforced or represented by stresses and disputes and deepen the gap among spouses. (Christopher & Spercher, 2000) Men and women can have dispute about the number and time of sexual relationships. Pride plays a role in most sexual relationships. Women's perception of femininity and man about manhood is mostly related to the reaction of their partner. Having a sense of being accepted and reciprocal pleasure reinforces the sexual instinct, and reduction of sense of love, companionship, and acceptance can weaken it.

Difficulty in Emotion Regulation Scale

The difficulty in emotion regulation is a self-reporting index made to evaluate the difficulties in emotion regulation. It has 36 clauses and 6 sub-scales as follows:

Lack of emotional acceptance: includes clauses (11, 12, 21, 23, 25, and 29). Impulse control difficulty: includes clauses (3, 14, 19, 24, 27, 32); lack of emotional awareness includes clauses (2, 6, 8, 10, 17, 34), limited access to emotional regulation strategies includes clauses (15, 16, 22, 28, 30, 35, and 36), and lack of emotional clarity includes clauses (1, 4, 5, 7, and 9). The clauses 1, 2, 6, 7, 8, 10, 17, 20, 22, 24, and 34 are reversely scored. Related results to study the reliability by Gratz and Roemer showed that this scale has high internal consistency (total scale α=0.86), awareness sub-scale (α=0.80), strategies sub-scales (α=0.88), clarity subscale (α=0.84), and reliability of test-retest for total score of this scale is α=0.88. The validity of this study shows structure validity with good prediction for this scale (Gratz and Roemer, 2004). The accountability scale is five–point (nearly never=1 to nearly always=5) where 1 means never (0-10%), 2 means sometimes (11-35%), and 5 mean nearly always (91-100%). Each factor is in a range of 1-5. Higher scores show more difficulty in emotion regulation. In Alavi et al's (2011) research, this scale was used in Iran for the first time. In this research, Cronbach's alpha coefficient for the total scale was reported as 0.86.

Body Image Concern Inventory

This scale was peoduced by Littleton et al. (2005) to evaluate people's concerns about their appearance. Littleton et al. conducted this inventory on 1,403 people for evaluation andpreparation. Cronbach alpha's coefficient was obtained as 0.893 and internal validity coefficient was 0.92 using Cronbach's alpha coefficient. Moreover, high correlation with other scales in this field have been shown. For example, reliability of this scale with body dysmorphic disorder questionnaire in 0.001 sig. level was obtained at 0.83 (T=0.83) which shows the high validity of this scale. This inventory is self-assessment with 19 questions that each has 5 points from 1 (never) to 5 (always). Basakzadeh and Ghaffari (2007) reported this inventory based on internal validity by Cronbach's alpha coefficient 0.95 in Iran. Entezari and Alavi (2011) also reported internal validity as 0.89 by Cronbach's alpha coefficient.

Sexual Satisfaction Scale

Larson sexual satisfaction was created by Larson et al. (1998) including 25 questions by Likert five-point spectrum questionnaire that has 1 (never), 2(seldom), 3(sometimes), 4(often), 5 (always) that numbers of questions are as following: 1-2-3-10-12-13-16-17-19-21-22, and 23 and other questions were reversely scaled. In other words the questions 4.5.6.7.8.9.11.14.15.18.20.24. and 25 were scored as following: 5 never, 4 seldom, 3 sometimes, 2 often, and 1 always. Scores are generally 25-125 according to this scale, and sexual satisfaction scores less than 50 indicate lack of sexual satisfaction level, 51-75 to low satisfaction, and 76-100 to medium satisfaction, and 101 or higher is high satisfaction.

Shams Mofarahe (2001) under the title of "study the effect of marital counselling on couples' sexual satisfaction reported 0.90 and 0.86 for validity and reliability, respectively. Moreover, in Bahrami's research under the title of "study the sexual satisfaction and depression among fertile and infertile couples obtained 0.93 for Cronbach's alpha coefficient.

Data Analysis

1- frequency table and descriptive indexes of research variables (Table 1 - next page)

As is seen in Table 2 from all afflicted to mastectomy, 5 people (10%) had 1 child, 15 people (30%) had 2 children, and 30 people (60%) had more than 3 children. In addition, as is seen in table (4-2), 6 from all 50 members of the healthy women group (12%) didn't have any children, 26 (52%) had 1 child, 14 (28%) had 2 children, and 4 (8%) had 3 and more children.

Table 3 shows the results of presumptions of multivariate variance analysis.

Table 1: Frequency and frequency percentage of two research groups based on marital status background

Row	Marital status background	Mastectomy		Healthy	
		Frequency	Percent Frequency	Frequency	Percent Frequency
1	1 year and less	0	0	0	0
2	2 years	0	0	15	30
3	3 years	2	4	21	42
4	4 years and more	48	96	14	28
5	Total	50	100	50	100

Table 1 shows frequency and frequency percentage of two groups based on number of children.

Table 2

Row	Number of children	Women with mastectomy		Healthy Women	
		Frequency	Percent Frequency	Frequency	Percent Frequency
1	0	0	0	6	12
2	1	5	10	26	52
3	2	15	30	14	28
4	3	30	60	4	8
	Total	50	100	50	100

As seen in Table 2 from all afflicted to mastectomy, 5 people (10%) had 1 child, 15 people (30%) had 2 children, and 30 people (60%) had more than 3 children. In addition, as is seen in table (4-2), 6 from all 50 members of the healthy women group (12%) didn't have any children, 26 (52%) had 1 child, 14 (28%) had 2 children, and 4 (8%) had 3 and more children.

Table 3shows the results of presumptions of multivariate variance analysis.

Table 3: Results of Kolmogorov-Smirnov test (normal distribution of data) and Levine test (equal variances) in determination difficulty in emotion regulation, body image, and sexual satisfaction

Row	Variables	Dimensions variable	Levine test		Kolmogorov-Smirnov test	
			Statistics	sig. level	Statistics	sig. level
1	Difficulty in emotion regulation	Rejection	3.384	0.069	35.080	0.028
2		Difficult in purposeful behaviors	3.710	0.057	28.820	0.051
3		Impulse control problems	1.968	0.164	26.500	0.231
4		Lack of emotional awareness	0.002	0.962	46.160	0.001
5		Limited access to strategies	1.166	0.283	30.140	0.262
6		Lack of emotional clarity	1.091	0.299	52.320	0.000
7		The overall difficulty	1.649	0.202	19.680	1.000
8		Body Image	2.007	0.160	44.000	0.598
9		Sexual Satisfaction	0.053	0.819	28.260	0.997

As seen in Table 3, difficulty in emotion regulation are in sub-scale (rejection, difficulty in carrying out purposeful behavior, impulse control problems, limited access to strategies (P>0.05), and lack of emotional awareness, and lack of emotional clarity (P<0.05). Except the sub-scale of lack of emotional awareness and lack of emotional clarity whose normality and equal variance are considered, other sub-scales have distributed normality (P>0.05) and equal error variance in healthy and mastectomy groups. It is noticeable that multivariate variance analysis is strong against violating some presumptions and results are reliable. In addition, body image concern variable has considered distributed normality (P>0.05) and equal error variance between healthy and mastectomy groups. However, according to table 3 sexual satisfaction has normal distribution (P>0.05) and error variance are equal between healthy and mastectomy groups.

Table 4: descriptive indexes (mean and standard deviation) of difficulty in emotion regulation, body image, and sexual satisfaction in the two healthy and mastectomy groups

Row	Difficulty in regulating emotions	Mastectomy		Healthy	
		M	SD	M	SD
1	Emotional rejection	15.5000	6.94365	13.6400	5.16961
2	Difficulty in carrying out purposeful behaviors	13.6200	5.28336	13.6200	4.33255
3	Impulse control difficulty	15.46600	6.40539	15.0600	5.50477
4	Lack of emotional awareness	16.6600	4.84288	16.9800	4.62685
5	Limited access to emotional strategy	20.3000	7.91859	20.1000	7.50892
6	Lack of emotional clarity	11.8600	3.60844	11.4800	3.75386
7	Total difficulty	92.8400	25.85151	90.5800	21.44008
8	Body Image	40.5200	17.17169	42.7600	14.16745
9	Sexual Satisfaction	86.1400	16.69047	95.5000	16.60372

As seen in Table 4, difficulty mean in emotion regulation (emotional rejection in mastectomy group is 15.500 and in healthy group is 13.6400), difficulty in carrying out purposeful behavior (136.200 in mastectomy group and 13.6200 in healthy group), impulse control difficulty (15.46600 in mastectomy group and 15.0600 in healthy group) lack of emotional awareness (in mastectomy group is 20.3000 and in healthy group is 16.9800), limited access to emotional strategies in mastectomy group is 20.3000 and in healthy group is 20.1000), and lack of motional clarity (in mastectomy group is 11.8600 and in healthy group is 11.4800).

Findings of Research Hypotheses

First hypothesis

There is significant difference between difficulty in emotion regulation (emotional rejection, difficulty in carrying out purposeful behavior, impulse control difficulty, lack of emotional awareness, limited access to emotional strategies, lack of emotional clarity, and total difficulty) between mastectomy and healthy women.

Second hypothesis

There is significant difference in body image between mastectomy and healthy women.

Third hypothesis

There is significant difference in sexual satisfaction between mastectomy and healthy women.

Multivariate variance analysis on elements of difficulty in emotion regulation, body image, and sexual satisfaction between mastectomy and healthy women.

Table 5

Row	Difficulty in emotion regulation	Sum of squares	Degrees of freedom	Mean Square	F coefficient	Sig. level	Chi-share (η)	test ability
1	Emotional rejection	86.490	1	86.490	2.308	0.132	0.023	0.325
2	difficulty in carrying out purposeful behavior	0.000	1	0.000	0.000	1.000	0.000	0.50
3	impulse control difficulty	4.000	1	4.000	0.112	0.738	0.001	0.63
4	lack of emotional awareness	2.560	1	2.560	0.114	0.736	0.001	0.63
5	Limited access to emotion regulation strategies	1.000	1	1.000	0.018	0.895	0.000	0.52
6	Lack of emotional clarity	3.610	1	3.610	0.266	0.607	0.003	0.80
7	Total difficulty	127.690	1	127.690	0.226	0.635	0.002	0.76

Hypothesis 1-1 There is significant difference between difficulty in emotion regulation (emotional rejection, difficulty in carrying out purposeful behavior, impulse control difficulty, lack of emotional awareness, limited access to emotional strategies, lack of emotional clarity, and total difficulty) between mastectomy and healthy women.

As seen in Table 5, there is no significant difference in emotion regulation between healthy and mastectomy women (P>0.05). Therefore, hypothesis 1-1, based on significant difference in emotion regulation between healthy and mastectomy women, is not confirmed.

	Sum of squares	Degrees of freedom	Mean Square	F coefficient	Sig. level	Chi-share (η)	Test ability
Body Image	125.440	1	125.440	0.506	0.478	0.005	0.109

Hypothesis 1-2 There is significant difference in body image between mastectomy and healthy women. As it is seen in table 5 there is no significant difference in body image between healthy and mastectomy women (P>0.05). Therefore, hypothesis 1-2, based on significant difference in body image between healthy and mastectomy women, is not confirmed.

	Sum of squares	Degrees of freedom	Mean Square	F coefficient	Sig. level	Chi-share (η)	Test ability
Sexual Satisfaction	2190.240	1	2190.240	7.903	0.006	0.075	0.795

Hypothesis 3-1 There is significant difference in sexual satisfaction between mastectomy and healthy women. As it is seen in table -5, there is significant difference in sexual satisfaction between healthy and mastectomy women (P<0.05). Therefore, hypothesis 1-3, based on significant difference in sexual satisfaction between healthy and mastectomy women, is confirmed.

Conclusion

The present study aimed to compare difficulty in emotion regulation, body image, and sexual satisfaction between mastectomy and healthy women in Isfahan city. The methodology was causal-comparative to analyze data by multivariate variance analysis (MANOVA), statistical population of this study includes all women afflicted with breast cancer who had undergone mastectomy and 50 mastectomy patients and 50 healthy women (among the patients' companions) were selected and tested as a sample by convenience sampling method. Measurement instrument was Difficulty in Emotion Regulation Scale (DERS), Body Image Concern Inventory (BICI), and Larson Sexual Satisfaction Questionnaire (LSSQ).

1- There is significant difference between difficulty in emotion regulation (emotional rejection, difficulty in carrying out purposeful behavior, impulse control difficulty, lack of emotional awareness, limited access to emotional strategies, lack of emotional clarity, and total difficulty) between mastectomy and healthy women.

According to the first hypothesis in Table 5, difficulty in emotion regulation and its elements are not significant. Therefore, the first hypothesis is not confirmed which is based on the significant difference between difficulty in emotion regulation (emotional rejection, difficulty in carrying out purposeful behavior, impulse control difficulty, lack of emotional awareness, limited access to emotional strategies, lack of emotional clarity, and total difficulty) between mastectomy patients and healthy women. These findings are in disagreement with some previous research results.

2- There is significant difference in body image between mastectomy patients and healthy women.

According to the second hypothesis from table 5, it is seen that there is no significant difference in body image between mastectomy and healthy women. Therefore the second hypothesis based on difference in body image between mastectomy and healthy women is not confirmed. These findings are in disagreement with some previous research results.

3- According to the third hypothesis from table 5, it is seen that there is a significant significant difference in sexual satisfaction between mastectomy and healthy women. Therefore the third hypothesis is confirmed. These findings are in agreement with some previous research results.

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