



ORIGINAL ARTICLE

Content categories system for body constructs applied to patients with mastectomy

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Abstract

Background and objectives: Body image is a predictor of psychological adjustment to cancer and a risk factor for depression. Questionnaires to assess body image in cancer patients assume a preconceived concept of body image and do not reflect the patient's subjective experience. This study aims to develop a content categories system for analyzing body constructs in breast cancer patients from their own experience.

Methods: The sample comprised 542 constructs, from 23 patients subjected to surgery (12 mastectomy/11 breast-conserving surgery) and 24 controls. Participants were assessed with the Body Grid. Three independent judges coded the constructs elicited following a tentative categories system.

Result: Six categories appeared: Objective Appearance, Esthetics, Function, Strength, Energy and Emotions, with similar distribution in the samples. Objective Appearance, Esthetics and Emotions were the most used. The inter-rater agreement was very good.

Conclusions: These findings highlight the importance of knowing which thematic areas concern the most to each patient and the absent ones in their constructions, in order to focus psychotherapy on the developing of new meanings that allow a more integrated body image.

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Introduction

Breast cancer is the second most frequent type of cancer in the world, with lung cancer being the most frequent. In Spain, over 22,000 new cases are diagnosed on an annual

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basis (30% of tumors), and the most frequent age at diagnosis is between 45 and 65 years old.¹

Research on body image (BI) in breast cancer patients is of major importance due to its epidemiological relevance and the psychosocial consequences for women^{2,3} because BI is a predictor of psychological adjustment to the disease⁴⁻⁶ and a risk factor for depression.^{7,8}

BI is defined as the perception an individual possesses of the global body and each of its parts, its movement and limits, and the subjective experience of attitudes, thoughts, feelings, and valuation, as well as the behavior resulting from those cognitions and emotions.⁹⁻¹¹ Women's breast is associated with attractiveness, femininity, sexuality and maternity,^{3,12} so disturbances in BI have great psychological impact. There is an increasing interest on the way patients construe their BI related to cancer and its treatments.¹³⁻¹⁵

There are several questionnaires to assess body image in cancer patients.¹⁶ The main critique to these traditional instruments is that they assume a preconceived concept of BI and do not reflect the patient's subjective experience.^{17,18}

Constructivism has proven useful to study the subjective experience of illness.¹⁹⁻²¹ The key concept of constructivism is the construct. A construct is the unit of meaning to build one's construction of reality. A construct is "a way in which two or more things are alike and thereby different from a third or more things".²² For example, for Patient A "breast" and "armpit" are alike in that they are both ugly, while they differ from "leg" in that it is beautiful. In this case, ugly-beautiful would be a construct. So, constructs are axis of reference with which we understand the world.

The aim of this research is know the subjective experience of BI of breast cancer patients (mastectomy and breast conserving surgery) through the development of a system of content categories to classify body constructs. This will allow the identification of the most relevant areas of concern in each group.

Method

Sample

The sample consisted on 542 constructs from the Body Grids of 23 breast cancer patients subjected to surgery (12 mastectomized and 11 breast-conserving surgery) and 24 healthy controls. Patients were treated in the psycho-oncology program of the hospital, in Madrid. Exclusion criteria were oncological disease on stage IV (metastasis, 2 patients) and the lack of capacity to participate. Six patients were excluded: 2 women on stage IV, 2 that refuse to participate due to a bipolar disorder in acute phase, 1 with borderline personality disorder and one with paranoid personality disorder.

The control group was selected from the primary care service of the same geographical area. The selection of the sample was incidental. All of the participants signed an informed consent, approved by the Ethics Committee of the hospital, which stated their voluntary and unpaid participation.

None of the participants had any physical impairment (apart from the injuries resulting of the breast surgery).

Instruments

Body Grid technique

The Repertory Grid technique (RG)²⁰ allows making explicit the constructs that constitute the person's meaning system. The Body Grid (BG) is the body version of this technique. The BG is useful to know the cognitive and emotional features that compose the BI, and allows for the determination of the acceptance of the body and the integration of its parts.^{17,23-25}

The RG consists on a data matrix made up by rows, to place the constructs, and columns, to place the elements. A specific grid was developed to assess BI, based on previous works.^{17,23}

Eleven elements were selected: Breast, Armpit, Arm, Skin, Neck, Belly, Hips, Genitals, Legs, Head, Face, and the terms "Real Body", "Body 5 years before surgery" for patients, "Body 5 years ago" for controls, and "Ideal Body". To elicit constructs, each body part was compared with the element "Real Body" with the following question: "Please, think about a characteristic that your (element; e.g. breast) has in common with your global body, or that differentiate them". The characteristic that appeared was one pole of the construct, e.g. "mutilated". They were then asked to name the opposite characteristic, e.g. "whole". The questions were written as a questionnaire and filled individually by every participant. Then they had to rate every element in every construct using a seven-point Likert scale. An example of a complete BG is provided in Fig. 1.

BG allows quantitative and qualitative analyses. Qualitative analysis may be theory or data driven. Data driven content analysis develops categories from the constructs obtained with the grids according to their area of meaning.

Procedure

The assessing sessions were in groups, each one having four to eight participants, and patients were tested separately from controls. Each participant filled her own BG individually and the researcher supervised the assessment to assure that there was no contamination between the participants.

Once the BGs were answered, we obtained 11-15 constructs per participant. All the constructs were listed independently in order of their frequency. Then, the constructs were grouped in areas of meaning until they were reduced to six main categories. The general procedure for content analysis of grids was used: (a) if an item was in some way like the first item, the two were placed together under a single category created for them at that moment; (b) if an item was different to the first one, they were put into different categories; (c) the rest of the items were compared with each of the categories and put into the appropriate category; (d) when the item did not fit in any category, a new a category was created. This process continued until all the items were classified.²⁶

Two other independent judges were asked to reproduce the process of coding the constructs following the same system.^{27,28} All the judges had clinical and psychosomatics expertise from different perspectives. The judges put in common the disagreed constructs. Later, they recoded those

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