Volume 3, Issue 8, 2025

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

RECONSTRUCTING THE IDENTITY: LIVED REALITIES OF WOMEN WITH BREAST CANCER

Huma Butt[*1], **Urwa Naeem**[2]

[*1]*Assistant Professor, Department of Sociology International Islamic University, Islamabad*
[2]*Program Coordinator, Research & Advocacy, Society for access to Quality Education (SAQE)*

[*1]huma.butt@iiu.edu.pk, [2]urwa@saqepce.org

DOI:https://doi.org/10.5281/zenodo.17303354

Keywords
Breast cancer, Women's health, Psychosocial support, Spirituality, Family support, lived experiences

Article History
Received: 18 August 2025
Accepted: 28 September 2025
Published: 09 October 2025

Corresponding Author: *
Huma Butt

Abstract

This qualitative study examines the socio-cultural challenges faced by women with breast cancer in Pakistan. Using snowball sampling, in-depth interviews were conducted in Islamabad to explore patients' lived experiences. Data were analyzed thematically through Mead's Social Self Theory, emphasizing how social interactions shape self-perception during illness. The findings reveal that breast cancer evokes a spectrum of emotional responses, such as fear, anxiety, and sadness, while treatment side effects heavily disrupt daily routines. Managing physical, emotional, and social losses was difficult; nonetheless, support from family and spouses, along with faith and spirituality, proved to be vital sources of strength. Stigma, cultural expectations, and misconceptions about cancer further added to the patients' distress, but many displayed resilience and growth during their journey. The study highlights the urgent need for holistic care that extends beyond clinical treatment to include psychosocial support, culturally sensitive communication, and community awareness, all aimed at enhancing the well-being of breast cancer patients in Pakistan.

INTRODUCTION

Breast cancer is among the most common and deadly cancers affecting women worldwide. In 2022, about 2.3 million new cases and 670,000 deaths were reported (WHO, 2025). The burden of this cancer is greater in countries with lower HDI. In very high HDI countries, one in twelve women will be diagnosed with breast cancer in their lifetime, and one in 71 women will die from it. Conversely, in low HDI countries, only one in 27 women are diagnosed, but one in 48 women will die from it (WHO, 2024). Pakistan is no exception, with one of the highest incidence rates in Asia; approximately one in nine women is likely to develop breast cancer (Sohail & Alam, 2007).

Beyond being a medical issue, breast cancer in Pakistan carries profound social and cultural effects. Research indicates that most women seek healthcare only when the disease is advanced, with nearly 89% diagnosed late and over half already in stage III or IV (Gulzar et al., 2019). This delay is connected to poverty, lack of awareness, and dependence on spiritual or traditional remedies like Hakims and homeopaths (Gulzar et al., 2019; Saeed et al., 2021). Fear of surgery, financial difficulties, and misconceptions about treatment also contribute to late diagnosis (Naz et al., 2016).

Cultural stigma and modesty norms also play a crucial role. In Pakistan, breasts are considered taboo; women often feel embarrassed to undergo examinations, even when seen by female doctors, and they are discouraged from openly discussing breast health with family members (Naz et al., 2016). Caregivers and patients alike observe that stigma is so strong it can deter treatment entirely, with many women insisting on female physicians only or delaying care due to family objections. In patriarchal households, women often lack control over health-related decisions, with husbands or male relatives deciding if and when to seek medical help. In joint family systems, diagnoses are sometimes hidden to avoid bringing "disgrace" to the family name (Jabeen et al., 2024).

At the same time, family and community dynamics greatly influence how women deal with illness. Social support can build resilience, but unsupportive or stigmatizing comments can hurt self-esteem and increase feelings of shame (Sebri et al., 2021; Zebrack, 2011). This is especially true in Asian and Muslim-majority societies, where extended family networks are very involved in women's lives. Therefore, the connection between stigma, gender roles, and social support is key to how women experience both illness and their identity.

While research has documented the medical, cultural, and psychosocial barriers women face in Pakistan, much less is known about how these experiences affect their sense of self. Breast cancer challenges not only physical health but also identity: body image, femininity, marital prospects, and the ability to meet culturally expected roles as mothers and wives. However, few studies have examined how women's self-concepts are reshaped throughout their cancer journey in light of these pressures.

This study explores how women in Islamabad, Pakistan, renegotiate their identities after a breast cancer diagnosis. Guided by Mead's theory of the social self, it asks: How do the socio-cultural experiences of women after a breast cancer diagnosis influence the transformation of their social self? By focusing on women's personal narratives, this research highlights the connection between individual feelings and social feedback in shaping identity. Understanding this process can help develop culturally sensitive interventions that support women in maintaining a positive sense of self despite illness.

Research Objectives

The primary objective of this study is to explore the lived experiences of women with breast cancer in Islamabad and to understand the socio-cultural challenges they encounter throughout their illness journey. Specifically, the study aims to examine how breast cancer affects women's emotional well-being, social relationships, and sense of self within the cultural context of Pakistani society. It seeks to analyze the role of stigma, gender norms, and family expectations in shaping women's coping mechanisms and social interactions. Additionally, the study intends to identify the sources of strength, resilience, and psychosocial support such as family, faith, and community that help women navigate the difficulties of diagnosis and treatment. By drawing on Mead's Social Self Theory, the research further aims to interpret how women reconstruct their identities and social roles amid illness, ultimately contributing to a more culturally sensitive understanding of breast cancer care and psychosocial support in Pakistan.

Theoretical Framework

Symbolic interactionism is a micro-level sociological paradigm that views society as a product of shared symbols (Nickerson, 2021). Under this paradigm, George Herbert Mead's theory of the "social self" posits that people develop their self-image through interactions with others (Mead, 1934). The self emerges from observing and engaging with others, responding to their opinions, and internalizing external feedback (Hurst, 2021).

According to Mead, the self has two parts: the "Me," which represents internalized social expectations, and the "I," the individual's creative and spontaneous response to the "Me." Through repeated interactions, people internalize the "generalized other" (society's norms), shaping the "Me," while the "I" can adapt or resist.

In the context of breast cancer, this framework helps explain how women's identities are disrupted and reshaped. The illness causes bodily changes (e.g., mastectomy scars, hair loss) and social challenges (e.g., stigma, altered relationships) that can destabilize a woman's existing "Me," or her sense of self in society. As women interact with family, friends, and the broader community about their illness, they receive feedback that may either affirm or threaten their self-image. Their "I" responds to these signals, reconstructing self-conceptions or developing coping strategies. Using Mead's theory, this study interprets how Pakistani women negotiate their sense of self under socio-cultural pressures, showing how the "I" and "Me" work together to form a transformed identity during and after cancer.

Methodology

This study employed a qualitative phenomenological design to explore the lived experiences of women with breast cancer in Pakistan. Phenomenology was selected to understand how individuals perceive and construct meaning from their experiences within their cultural and social contexts. Grounded in a constructivist ontology and an interpretivist epistemology, the research assumes that reality is subjective and socially co-constructed, and that knowledge emerges through shared understanding between researcher and participants. Drawing on George Herbert Mead's Social Self Theory, the study interprets how self-identity and meaning are shaped through social interaction, particularly in the context of illness, stigma, and resilience. In this way, breast cancer is conceptualized not merely as a biological disease but as a socially embedded experience that affects a woman's sense of self, relationships, and social position. Participants were selected purposively based on their relevance to the study's focus, diagnosis of breast cancer, and willingness to share personal experiences, while snowball sampling was used to reach additional women who were eligible and open to participation. Data were collected through semi-structured, in-depth interviews that encouraged participants to reflect on their cancer journeys, emotional struggles, coping mechanisms, and socio-cultural challenges after diagnosis. Interviews were conducted in Urdu or English, depending on participants' preference, and were transcribed verbatim and translated into English. Each interview lasted between 45 and 90 minutes, and informed consent was obtained before participation. All sessions were audio-recorded with permission, and the transcriptions were anonymized and reviewed multiple times for accuracy and trustworthiness. The data were analyzed thematically through a phenomenological lens, involving iterative reading, coding, and interpretation to capture the essence of shared meanings and emotional experiences. Themes were developed inductively and later interpreted through Mead's Social Self Theory to link individual narratives with broader social expectations, cultural beliefs, and gendered identities. Ethical principles of confidentiality, voluntary participation, and emotional sensitivity were strictly observed throughout the research process.

Data analysis & Discussion

The analysis uncovered several interconnected themes that reveal how women's self-concepts have changed. Each theme is discussed below, referencing Mead's theory of the social self. Drawing on Mead's theory of the social self, these themes show how personal feelings and social feedback work together to shape identity. The analysis below combines each theme and its implications for the women's evolving sense of self.

Initial Reactions to diagnosis

The emotional responses to a breast cancer diagnosis varied among the participants, with reactions ranging from fear and shock to acceptance and confidence. This variety in emotional responses supports the findings of Edlund and Sneed (1989), who reported that younger cancer patients, under 50 years old, often experience more psychological distress than older patients, over 70 years old, who typically show less emotional turmoil.

Younger participants in this study expressed significant fear and shock upon their diagnosis. One participant, aged 22, described her experience as "scared" and "shocked," feeling as if *"everything will end."* This emotional reaction aligns with findings from Alagizy et al. (2020), who observed that anxiety among breast cancer patients is often related to fear of recurrence, uncertainty, and the challenges of medical treatment.

In contrast, older participants, such as a 68-year-old, showed greater emotional resilience, with one saying, *"Nothing, I felt nothing. In the beginning, I was a bit scared before diagnosis, but after it, I was confident."* This change toward acceptance indicates that older individuals may be better at handling serious health issues due to their accumulated life experiences and stronger coping skills.

Other coping mechanisms that developed were religious faith and spirituality. A 57-year-old participant viewed the illness as a test from God and said this belief provided her with relief, acceptance, comfort, and meaning in her diagnosis. According to other respondents, faith transformed their daily lives and perceptions. One woman said she used to cry out of fear of death, sharing, *"However, I had faith in Allah, everything is in His hands."* One of them added, *"Before cancer, I was not much of a religious person. It was after diagnosis that I began to pray regularly."* The third participant reflected on her increased faith in treatment and said this journey brought her closer to God, adding that her faith and mindset helped her keep going. This reflects the role of the "generalized other," as described by Mead, where cultural and spiritual norms are internalized into the "Me," providing meaning, acceptance, and comfort.

The psychological burden was another factor that was moderated by family support following the diagnosis. Children and spouses were key sources of motivation and strength that participants often mentioned. One woman said, *"My kids made me stronger. I felt that I must live for them."* Another emphasized, *"My children encouraged me; they gave me more energy."* These stories show that, besides internal strength, resilience also comes from relationships and social environments. Overall, these findings suggest women rely on different coping strategies, such as religious faith, family support, and inner strength. Spirituality offers meaning and emotional stability, while family members provide motivation and support, both of which are essential for navigating the challenges after a breast cancer diagnosis.

The varied emotional responses reflect Mead's idea of the "I," illustrating how women's spontaneous reactions to diagnosis are influenced by the "Me," or society's expectations of strength, weakness, or resilience.

Bodily changes & Treatment pain

Chemotherapy is a standard treatment for breast cancer, but it often leads to serious physical and emotional side effects. Common adverse effects include fatigue, hair loss, nausea, and psychological distress, all of which can impact a person's body image, emotional health, and daily activities (Liu et al., 2021; Suwankhong & Liamputtong, 2018). Participants described chemotherapy as the most difficult part of their treatment, with many feeling relief once it was over. One person called chemotherapy "the worst part of the treatment" and said, "I would never do chemo again if I had to," highlighting the tough nature of the experience. From Mead's point of view, these changes in bodily states disturb the "Me," as women face society's hidden expectations of femininity, strength, and productivity, making chemotherapy not just a medical challenge but a social one.

The physical side effects of chemotherapy were often debilitating. One participant stated, *"I felt like my bones had broken,"* and another remarked, *"It's difficult, very difficult. I just wish nobody has to go through this."* These reactions align with Iddrisu et al. (2020), who found that chemotherapy often prevents women from performing everyday activities, such as eating or housework, due to its severe side effects.

However, the emotional toll varied among participants. Some experienced significant distress, feeling powerless because of the side effects. In contrast, others found that mental preparation and self-care helped reduce the difficulties. One participant explained, *"The doctors had already told me about the process in detail, so I was prepared mentally. Maybe that's why my experience wasn't really bad."* This supports the findings of Baudry et al. (2022), who identified emotional competence as crucial for managing the psychological impacts of chemotherapy. Here, the "I" becomes visible, as women exercise agency in responding to the "Me" by choosing resilience, self-care, or acceptance as ways to rebuild their social self amid bodily suffering.

Chemotherapy is widely regarded as challenging, with patients' experiences varying greatly. Some handle it better through mental preparation and self-care, while others find it overwhelming because of the physical and emotional burden. This variation emphasizes Mead's idea that identity is not static but constantly shaped through interactions, where each woman's "I" responds uniquely to the shared cultural narrative of illness.

Navigating Social Stigma & Self Perception

The experience of breast cancer is complex, involving both physical challenges, such as surgery and chemotherapy, and emotional struggles related to changes in appearance. According to Bitsika et al. (2010), breast cancer patients often experience a decline in recreational activities, unpleasant physical side effects, and a loss of their feminine appearance, which affects their self-esteem and social support networks. From Mead's perspective, these bodily changes disturb the "Me" by challenging internalized social norms of femininity, beauty, and wholeness, forcing women to reevaluate their sense of self.

For some participants, covering up was a vital strategy to cope with the loss of their hair and breasts. One participant, who had a double mastectomy due to the BRCA gene, shared how losing her breasts and eyelashes was emotionally tough. However, she approached these changes with a positive mindset. This aligns with Carver et al. (1993), who found that women with breast cancer often use strategies like acceptance, positive reframing, and religion to manage the emotional impact of their illness.

Another participant, who habitually covered her head, emphasized that no one could tell she had undergone surgery, stating, *"No one had a clue if I had hair on my head or not."* Similarly, another participant acknowledged her hair loss but chose not to focus on it, saying, *"I avoided looking at myself in the mirror a lot."* This response reflects a common coping strategy of limiting exposure to reminders of the physical changes caused by cancer (Carver et al., 1993).

Social judgment and stigma, especially against unappealing and unhealthy individuals, significantly affect people's lives, as seen in the experiences of study participants. The stigma surrounding breast cancer can result in isolation, delayed treatment, and psychological distress.

Agha and Rind (2021) highlight a misconception in rural Pakistan, where breast cancer is wrongly seen as a contagious disease. This misconception contributes to social isolation, a theme explored in this study. Respondents recalled not being approached by others because people were afraid they would be contaminated. One respondent remembered that people started to avoid her and refused to shake her hand. Regarding how people perceive her, she said they think, *"Humain achoot ke bemari hai (Translation: We have a contagious disease),"* showing how a lack of knowledge about the disease fuels stigma.

The responses also highlighted gender-based stigmatization, particularly for women with breast cancer. Lee et al. (2022) found that breast cancer negatively impacts women's mental and sexual health due to gendered stigma. Participants reported feelings of alienation and pity, which increased their emotional suffering. One respondent said, *"I would get stares when I would go out. I felt singled out due to my looks,"* while another noted that people felt sorry for her, stating, *"People would consider me a 'poor person."*

Additionally, societal judgments often revolved around marital status and fertility, especially for younger women. A respondent noted, "People used to say, *"Oh, you are so young, are you married? do you have kids or not?"*. This supports Mead's idea that the "Me" is shaped by cultural expectations, in this case, the pressure on women to fulfill roles related to marriage and motherhood, making breast cancer a direct challenge to their socially defined identity.

Healing through Family Support & Personal Growth

Family proved to be the main source of strength for most women in this study. Support took many forms, such as emotional reassurance, practical help with treatment, and financial aid when necessary. Several participants mentioned how their children became caregivers during chemotherapy and recovery. One woman recalled, *"My daughter, 8, and my son, 11, became my caregivers, helping me bathe, cook, and move. They'd sleep right next to my bed and even stay awake all night to take care of me sometimes."* This reflects Mead's idea that the self develops through social interaction, where encouragement and pressure alike become part of the dialogue that shapes women's emotional expressions.

Parents also played a key role. One participant moved back into her parents' home after her diagnosis, where her mother and friends provided ongoing care, even accompanying her to chemotherapy sessions. While she called this support "amazing," she also mentioned that the constant pressure to "stay positive" left little room for her to express negative emotions. Others also pointed out this dual nature of family support: comforting but sometimes emotionally taxing.

Spousal support was a crucial factor. Women whose husbands provided encouragement described them as vital to their recovery. *"My husband was really supportive, he helped me get through the difficult decision of getting a double mastectomy; he said your life is on threat,"* said one participant. Another added, *"My husband was my strength."* However, not all experiences were positive. For one woman, neglect from her husband worsened feelings of isolation: *"Where are the men who are supportive? My husband was normal before, but now he* *doesn't care a bit and has left me. He's just fine. Men are not everything.*" This contrast highlights how the presence or absence of spousal involvement influences women's coping and decision-making. This dynamic illustrates Mead's concept of the dialogic self, where even painful dependence creates new interaction patterns that reshape identity and relationships.

Dependence on others for basic needs was often described as painful. Simple tasks such as eating, bathing, or going to the toilet became difficult during treatment. "*Dependence on others is painful. I could not even use the toilet on my own; my kids used to help me,*" one woman explained. Another chose to minimize her needs, saying, "*After chemo, I would be exhausted and unable to do anything, but it was my nature not to bother anyone. I never made my husband and children worry.*" Still, children's support was often crucial. "*My daughters used to take me for treatment on turns. One daughter with her 6-month-old baby, for whom the space was harmful, would sit outside the hospital while I got my radiation,*" recalled another participant. These accounts suggest that although dependence is difficult, it can also strengthen bonds when families respond with care and patience.

Alongside hardship, many women shared experiences of personal growth. Some mentioned discovering who truly cared for them: "*This tough time taught me who was sincere with me. You get to know who is good and bad for you.*" Others focused on gratitude: "*I'm more grateful now.*" Another participant reflected, "*I just take good care of myself now.*" These reflections align with earlier studies suggesting that illness can promote resilience and a deeper appreciation of relationships and life itself. Here, the "I" takes center stage, asserting agency by turning suffering into lessons of gratitude, resilience, and self-discovery.

Social interactions beyond the family also influenced patients' experiences. Some encounters with relatives and friends were supportive, while others caused distress. One woman recalled, "A woman, after hearing of my diagnosis, told me about someone who had cancer too, and died. I laughed later on this. Life is in the hands of Allah." Another said, "They came with an intention to visit me, but they used to leave by giving me double tension and pain. My daughter-in-law didn't even come near me during the whole time." Public stigma and ridicule were also noted: "Some people used to make fun, they didn't know what I was going through but they kept judging me." Even interactions with healthcare providers were mixed. As one participant explained, "*At times, I have encountered doctors who have been unkind. It is important that they speak to patients in a soft and empathetic manner.*"

Together, these narratives highlight how family, spouses, and broader social networks can either ease or worsen the emotional burden of breast cancer.

Social Pressures & Cultural Constraints

Breast cancer patients face a variety of concerns that go beyond medical treatment to include emotional, social, and financial challenges. Daily worries include fear of recurrence, side effects like fatigue and hair loss, and social isolation. Family responsibilities, especially involving children, add to these concerns. In Mead's words, these constant pressures reshape the "Me," as women internalize expectations of being strong caregivers while simultaneously confronting their own vulnerabilities.

Several participants shared concerns about their children, especially their unmarried daughters. One participant stated, "*I used to pray to Allah that her wedding age doesn't spend in taking care of me,*" reflecting worries about how their illness might affect family life. Another voiced fear for her children's future, saying, "*What would happen to them if something happened to me?*"

Concerns also related to femininity and reproductive health. One participant expressed worry about her "feminine image" after a double mastectomy. Meanwhile, another shared uncertainty about parenthood after treatment: "*I'm concerned about my family life and whether I'm going to become a parent or not.*" These experiences highlight that breast cancer challenges involve not just physical health but also body image, family responsibilities, and emotional well-being.

Myths and misconceptions about breast cancer are widespread and often delay diagnosis and treatment (Nandini C et al., 2022). Participants reported various beliefs, including environmental factors, magical influences, and alternative remedies. One respondent explained that she thought a nearby telecommunication tower caused her cancer, saying, "*There were plenty of them, near our house, and then I got cancer, so it made me think, maybe it was caused by the* *radiation."* Another participant recounted that others believed her illness was due to magic, stating, *"People used to say that someone had done magic on me and I developed this disease immediately within ten days."* Women's experiences with breast cancer treatment are heavily influenced by cultural norms, especially when male doctors perform intimate procedures. Although some women feel uncomfortable, most participants in the study indicated that the professionalism of male physicians helped reduce discomfort and encouraged treatment adherence.

One participant emphasized, *"No shame in that, it's their job. They know it's hard for women, so they treat in a way that doesn't embarrass one."* Another shared that she felt more comfortable with male physicians, noting, *"They were comparatively more considerate of my problems than female ones."* It was not all positive, however. One participant said she was very emotional and felt ashamed when she needed to receive radiation with male doctors. *"It caused me mental pain,"* she said. This shows that, despite professionalism, cultural beliefs and personal ideas still influence the emotional experience of care.

Conclusion

This study examined the lived experiences of breast cancer patients in Islamabad, emphasizing the interaction of medical, emotional, and socio-cultural challenges. Diagnosis and treatment, especially chemotherapy, caused fear, anxiety, and physical exhaustion, but many women found strength through faith, spirituality, and strong support from spouses and family. At the same time, stigma, misconceptions, and cultural expectations around femininity, dependence, and social judgment intensified their struggles. Viewing these issues through Mead's framework, these challenges show how the "Me" is destabilized by illness and stigma, while the "I" actively responds with coping, faith, and resilience.

Despite these hardships, resilience and personal growth emerged as key themes, with participants expressing gratitude, engaging in self-reflection, and gaining new perspectives. This process demonstrates Mead's idea of the self as dynamic and relational, constantly reconstructed through interactions with family, community, and cultural norms.

The findings highlight that breast cancer in Pakistan is both a medical and a socio-cultural issue. Therefore, care must go beyond clinical treatment to include psychosocial support, culturally sensitive communication, and awareness campaigns to break down stigma and misconceptions. This holistic approach is crucial for enhancing the overall well-being and quality of life of women fighting breast cancer. Ultimately, the study shows that women's identities are not erased by breast cancer but are redefined, as the "I" and "Me" work together to create new ways of being amid profound change.

Bibliography

Agha, N., & Rind, R. D. (2021, January 20). Beliefs and perceptions about breast cancer among the people living in rural and less privileged areas in Sindh, Pakistan. Health Education, 121(2), 200–214. https://doi.org/10.1108/he-10-2020-0101

Alagizy, H. A., Soltan, M. R., Soliman, S. S., Hegazy, N. N., & Gohar, S. F. (2020, July 16). Anxiety, depression and perceived stress among breast cancer patients: single institute experience. Middle East Current Psychiatry, 27(1). https://doi.org/10.1186/s43045-020-00036-x

Baudry, A., Yakimova, S., Congard, A., Untas, A., Guiu, S., Lefeuvre-Plesse, C., & Christophe, V. (2022, January 10). Adjustment of young women with breast cancer after chemotherapy: A mediation model of emotional competence via emotional distress. Psycho-Oncology, 31(5), 848–855. https://doi.org/10.1002/pon.5876

Bitsika, V., Sharpley, C. F., & Christie, D. R. (2010, May). 'What made me unhappy'. Experiences of, and responses to, lifestyle changes in breast cancer patients. British Journal of Guidance & Counselling, 38(2), 179–189. https://doi.org/10.1080/03069881003601015

Blumer, H. (1969, January 1). Symbolic Interactionism: Perspective and Method. Prentice Hall.

Carver, Pozo, Harris, Noriega, Scheier, & Robinson. (1993, August). How coping mediates the effect of optimism on distress: a study of women with early-stage breast cancer. Journal of Personality and Social Psychology, 65(2), 375–390. https://doi.org/10.1037//0022-3514.65.2.375

Edlund, & Sneed. (1989, October 1). Emotional responses to the diagnosis of cancer: age-related comparisons - PubMed. PubMed. Retrieved May 6, 2023, from https://pubmed.ncbi.nlm.nih.gov/2780405/

Gulzar, F., Akhtar, M. S., Sadiq, R., Bashir, S., Jamil, S., & Baig, S. M. (2019). Identifying the reasons for delayed presentation of Pakistani breast cancer patients at a tertiary care hospital. Cancer management and research, 11, 1087–1096. https://doi.org/10.2147/CMAR.S180388

Hurst. (2021, September). George Herbert Mead: The Self, "'Me'" & " 'I.'" Retrieved May 8, 2023, from https://study.com/academy/lesson/george-herbert-mead-the-self-me-i.html#

Iddrisu, M., Aziato, L., & Dedey, F. (2019). A qualitative study on coping strategies of young women living with breast cancer in Ghana. International Journal of Africa Nursing Sciences, 11, 100173. https://doi.org/10.1016/j.ijans.2019.100173

Jabeen, S., Zakar, R., Zakar, M. Z., & Fischer, F. (2024). Experiences of family caregivers in dealing with cases of advanced breast cancer: a qualitative study of the sociocultural context in Punjab, Pakistan. BMC public health, 24(1), 1030. https://doi.org/10.1186/s12889-024-18404-1

Lee, Y. Y. K., Xu, H., Liang, J., Zhan, C., & Fang, X. (2022, November 28). Transformation of women with breast cancer in Mainland China using a seven-step model of mindfulness-based narrative therapy (MBNT). China Journal of Social Work, 16(1), 59–79. https://doi.org/10.1080/17525098.2022.2134573

Liu, L., Wu, Y., Cong, W., Hu, M., Li, X., & Zhou, C. (2021, January 18). Experience of women with breast cancer undergoing chemotherapy: a systematic review of qualitative research. Quality of Life Research, 30(5), 1249–1265. https://doi.org/10.1007/s11136-020-02754-5

Mead, G. H. (1934, January 1). Mind, Self, and Society: From the Standpoint of a Social Behaviorist (C. W. Morris, Ed.). https://doi.org/10.1604/9780226516684

Nandini C, Roopakala N, & Andanigoudar, K. B. (2022, March 31). Barriers to Early Diagnosis and Treatment among Breast Cancer Survivors: Qualitative Study in Tertiary Care Hospital, North Karnataka. National Journal of Community Medicine, 13(3), 190–194. https://doi.org/10.55489/njcm.1332022398

Naz, N., Khanum, S., Dal Sasso, G. T. M., & de Souza, M. L. (2016). Women's Views on Handling and Managing Their Breast Cancer in Pakistan: A Qualitative Study. Diseases (Basel, Switzerland), 4(2), 17. https://doi.org/10.3390/diseases4020017

Nickerson. (2022, November 3). Symbolic Interactionism Theory & Examples. Simply Psychology. Retrieved May 8, 2023, from https://www.simplypsychology.org/symbolic-interaction-theory.html

Saeed, S., Asim, M. & Sohail, M.M. Fears and barriers: problems in breast cancer diagnosis and treatment in Pakistan. BMC Women's Health 21, 151 (2021). https://doi.org/10.1186/s12905-021-01293-6

Sebri, V., Mazzoni, D., Triberti, S., & Pravettoni, G. (2021). The Impact of Unsupportive Social Support on the Injured Self in Breast Cancer Patients. Frontiers in psychology, 12, 722211. https://doi.org/10.3389/fpsyg.2021.722211

Sohail, S., & Alam, S. N. (2007). Breast cancer in pakistan - awareness and early detection. Journal of the College of Physicians and Surgeons--Pakistan: JCPSP, 17(12), 711–712. https://pubmed.ncbi.nlm.nih.gov/18182132/

Suwankhong, & Liamputtong. (2018). Physical and Emotional Experiences of Chemotherapy: A Qualitative Study among Women with Breast Cancer in Southern Thailand. Asia-Pacific Journal of Oncology Nursing, 19(2), 521–528. https://doi.org/10.22034/APJCP.2018.19.2.521

World Health Organization: WHO. (2024, February 1). Global cancer burden growing, amidst mounting need for services. World Health Organization. https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services

World Health Organization: WHO & World Health Organization: WHO. (2025, August 14). Breast cancer. https://www.who.int/news-room/fact-sheets/detail/breast-cancer

Zebrack, B. J. (2011, April 26). Psychological, social, and behavioral issues for young adults with cancer. Cancer, 117(S10), 2289–2294. https://doi.org/10.1002/cncr.26056