Mastophobia

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Introduction

Breasts have an all-important symbolic significance for a woman, as they represent two key aspects of femininity: maternity, and aesthetic and sexual pleasures. Although these are positive aspects of a woman’s life, for some women breasts have a negative significance, so much so that they end up refusing them. This attitude may lead to a mild or severe phobia, which we called mastophobia.

Methods

We identified this phobia by observing some mildly affected women during their breast check-ups. We assumed that those who are severely affected are very likely to dismiss breast prevention.

We searched for breast phobia and mastophobia on the internet and in the PubMed database but did not find any result. Still, there are other phobias related to body parts, such as feet and hands, which were described in the medical literature.

Objective

The object of our work was to define this phobia.

Results

We detected 23 cases of mild breast phobia during the checkups carried out at the Italian Cancer League’s (LILT) breast center in Gravedona (Como) over the period 2014-2017.

In all the cases the visit and the ultrasound scan caused a deep feeling of unease: restlessness, great anxiety, a desire to finish and leave as soon as possible (which sometimes was even stated), sweaty hands, tachycardia, and tachypnea - all symptoms of a powerful urge to get away.

They were invited to discuss the discomfort they had experienced with a psychologist: evidence led to the conclusion that they refused their breasts.

Women who are affected by breast phobia avoid any physical contacts with their breasts as they would feel uncontrollably anxious as a result.

This is the reason why they voluntarily refuse to breastfeed, to show their breasts to their partner, and to have them checked up as needed.

We did not notice any specific common trait, such as education level, breast volume or shape, or social background. Moreover, none of the women seemed to be worried about their appearance or to suffer from other phobias. They did not have relatives or friends who had had breast cancer and they had not suffered sexual trauma during childhood or adolescence.

Conclusion

Mastophobia typically affects women and is not related to breast volume, shape or other phobias. Its symptoms might range from mild to severe.

It reflects an existential suffering that negatively affects social life, the relationship with the couple, the mother-child relationship (with women deciding not to breastfeed), and breast cancer prevention (with women refusing to have their check-ups).

It was not easy to identify this phobia as only women who are mildly affected have their breasts checked up occasionally. For the same reason, it is difficult, if not impossible, to estimate its incidence or understand what age it typically arises.

Our observations are the first ones on this phobia, because it had never been mentioned in the medical literature before.

It is important to define an illness because it allows to detect it in patients and study it.
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