



**THE BIOPSYCHOSOCIAL CHANGES IN WOMEN WITH MASTECTOMY
AS TRANSFORMAÇÕES BIOPSISSOCIAIS EM MULHERES MASTECTOMIZADAS
LAS TRANSFORMACIONES BIOPSISSOCIALES EN MUJERES CON MASTECTOMIA**

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ABSTRACT

Objective: to analyze the changes that occur within the biopsychosocial in women after submitting to the mastectomy for breast cancer. **Method:** it is an exploratory, descriptive study with a qualitative approach carried out in the Liga Mossoroense de Estudo e Combate ao Câncer in Mossoró/RN with 16 women with breast cancer. Data were collected through a semi-structured interview and analyzed using content analysis. The research project was approved by the Research Ethics Committee, protocol number 057/2009. **Results:** negative physical, psychological and social changes were observed. Feelings of negativity associated with the fear of the treatment and death, low self-esteem hindering the experience of sexuality and social prejudice. Positive changes include personal and spiritual increasing, strengthening family relationships and social support. **Conclusion:** the multidisciplinary and specialized nursing care were cited as fundamental for a humanized and of quality health care for patients with breast cancer. **Descriptors:** Nursing; Breast Cancer; Mastectomy.

RESUMO

Objetivo: analisar as transformações que ocorrem no âmbito biopsicossocial em mulheres após submeterem-se à mastectomia devido ao câncer de mama. **Método:** estudo exploratório, descritivo, com abordagem qualitativa, realizado na Liga Mossoroense de Estudo e Combate ao Câncer, em Mossoró/RN, com 16 mulheres com câncer de mama. Os dados foram coletados mediante uma entrevista semiestruturada e analisados por meio da análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 057/2009. **Resultados:** observaram-se transformações negativas físicas, psicológicas e sociais. Sentimentos de negatividade associados ao medo do tratamento e da morte, de autoestima deficiente dificultando a vivência da sexualidade e preconceito social. As transformações positivas incluem crescimento pessoal, espiritual, fortalecimento das relações familiares e apoio social. **Conclusão:** a multidisciplinaridade e a assistência de enfermagem especializada foram citadas como fundamentais para uma atenção à saúde humanizada e de qualidade para usuárias portadoras de câncer de mama. **Descritores:** Enfermagem; Câncer de Mama; Mastectomia.

RESUMEN

Objetivo: analizar las transformaciones que ocurren en el ámbito biopsicosocial en mujeres después de someterse a la mastectomía de cáncer de mama. **Método:** estudio exploratorio, descriptivo con un enfoque cualitativo realizado en la Liga Mossoroense de Estudo e Combate ao Câncer, em Mossoró/RN, com 16 mulheres com câncer de mama. Los datos fueron recogidos mediante una entrevista semi-estructurada y analizados por medio da Análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo nº 057/2009. **Resultados:** se observaron transformaciones negativas físicas, psicológicas y sociales. Sentimientos de negatividad asociados al miedo del tratamiento y de la muerte, de autoestima deficiente dificultando la vivencia de la sexualidad y perjuicio social. Las transformaciones positivas incluyen crecimiento personal, espiritual, fortalecimiento de las relaciones familiares y apoyo social. **Conclusión:** la multidisciplinaridad y la asistencia de enfermería especializada fueron citadas como fundamentales para una atención a la salud humanizada y de calidad para usuarias portadoras de cáncer de mama. **Descriptor:** Enfermería; Câncer de Mama; Mastectomia.

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INTRODUCTION

Cancer is a term used to define the classification of a group of more than 100 diseases characterized by the uncontrolled growth of cells which can invade neighboring tissues and organs. It manifests in an aggressive and uncontrolled way, leading to impairment of the normal functioning of the body since it differs from natural human growth of cells which tend to grow, multiply, and die in an orderly way, without causing functional disorders.¹

It may appear in several parts of the body. However, some parts are more frequently affected: oral cavity, esophagus, stomach, intestine, lung, skin, breast, cervix, prostate, white blood cells (leukemia).¹

In Brazil, breast cancer is the most frequent and the most common cause of death among women². It is expected the incidence of 528,510 new cases of cancer in 2013, with non-melanoma skin cancer as the most expected type with 134,000 new cases, followed by prostate tumors (60,000) and female breast cancer (53,000).³

The treatment of breast cancer can include surgery, chemotherapy, radiotherapy and/or hormone therapy³. Among surgical techniques, there is the lumpectomy, which consists in removing tumors up to one centimeter in diameter and quadrantectomy indicated for tumors under three centimeters.

The modified radical mastectomy is the removal of the breast, the with radical armpit dissection, in which preserves the pectoralis major muscle, causing or not a preservation of the pectoralis minor and recommended for tumors larger than three centimeters. The radical mastectomy is a surgical procedure in which there is breast extirpation with preservation of axillary nodes, indicated for cases of DCIS (ductal carcinoma in situ).⁴

The procedure for the treatment of women with breast cancer can vary, defined by the oncological surgeon, the clinical oncologist and/or the radiation oncologist³. It is found that in 90.8% of cases, women are undergoing surgery, 23.4% to radiotherapy and 56.7% to chemotherapy⁵. Thus, the effects caused by the treatment of breast cancer can be varied, depending on the procedures defined as appropriate for dealing with each case.

Breast cancer has a high incidence in women, identified in the treatment of cancer institutions, such as the type of cancer that affects more women, after skin cancer.⁶

Thus, the magnitude of breast cancer justifies the need to recognize it as a public

health problem in the country, because in addition to being an extremely aggressive disease to the female body, it can cause psychological, social and family changes, especially after treatment, requiring, therefore, investments in the health sector, whether for infrastructure or superstructure.

The diagnosis of breast cancer causes a devastating effect to the person who receives it. Despite showing considerable progress in the existing treatments, it also causes high morbidity and considerable mortality, with uncertain prognosis, especially when discovered late. For many women, it means feelings of fear and anguish. These may be associated with fear on the listed procedures for treatment, the uncertainty about the success in coping with the disease and, above all, the fear of death and the various losses that this disease may represent to either the physiological, emotional, social and material spheres.⁷

Therefore, it is important of promoting a skilled nursing and humanized assistance to women with breast cancer, especially to meet their needs and expectations to transcend the curative approach to construct intervention proposals consistent with the reality of health/disease of these women.⁸

Thus, the relevance of this study is recognized, as it aims to contribute to the recognition of changes in the biopsychosocial context in women with mastectomies to maximize the improvement in the quality of nursing care and health and to minimize the consequences of treatment for breast cancer. In this context, this study aims to:

- Analyze the changes that occur within biopsychosocial in women after being submitted to mastectomy for breast cancer.

METHOD

This is an exploratory, descriptive study with a qualitative approach, performed in the Liga Mossoroense de Estudos e Combate ao Câncer (LMECC), in the municipality of Mossoró/RN. Women with mastectomy for breast cancer, older than 18 years old, conscious, oriented in time and space and who agreed to participate by free will, participated in the study signing the Informed Consent Form (TCLE). Women with hearing impairment, clinically diagnosed with depression, mentally disabled, under 18 years old, suffering from another type of cancer or who did not undergo mastectomy were excluded from the study.

There were 16 women participating who were monitored at LMECC, receiving the

pseudonym of various types of butterflies. This definition was chosen to understand that women with breast cancer undergo a metamorphosis and even before the social stigma still present, caused by mutilation resulting from the mastectomy, they become more strong and brave human beings and having positive attitudes towards life, by surviving the disease and setbacks suffered during its confrontation.

To collect the information semi-structured interviews were prepared, used after prior contact and scheduling interviews with each participant. The interviews were conducted individually in a room of the institution reserved exclusively for this purpose, respecting the privacy of women and the average length of ninety minutes each.

The statements were recorded and transcribed later in full, having successive readings for the purpose of understanding of the ideas that contemplated the purpose of this investigation. After this step, there was the systematization of data identifying the main emerging meanings of the words, allowing their analysis and interpretation, the method that provided the categorization of lines and consequent dialogue with the authors surveyed.

This study had the project approved on 11 December 2009, by the Ethics Committee of in Research of the University of Rio Grande do Norte State/UERN, Protocol 057/2009.

RESULTS AND DISCUSSION

After analyzing the information, a series of transformations experienced by the study participants during their coping process of breast cancer were identified. The categories that emerged were: the negative changes arising from the disease and the positive changes arising from the disease, which will be discussed below.

♦ Changes considered negative

Belief in death

There were psychological/emotional, physical, biological, economic, cultural and social changes found. Negative changes of psychological/emotional nature begin to emerge immediately after the identification of abnormalities in the breast exams, intensifying with the confirmation of diagnosis:

Fear, lot of fear of the disease, fear of treatment. I think the treatment is worse than anything my God! Death we know that everyone will die one day, we should never think about it, but the fear of chemo, hair loss, etc. (Prepona Butterfly)

Receiving the news that they have breast cancer has an impact on women's lives, resulting in many of them, at the initial moment, the difficulty/inability to decide about doing or not the treatment. Feelings of hopelessness, anguish, fear of treatment and its effects, the direct association of the disease with death become evident and constant concerns.⁹

However, despite the evolution of the survival rate did not present statistical growth, a study of women with mastectomies, who underwent chemotherapy and/or radiation therapy after treatment, showed that "the overall relative survival was 88% at 5 years, being 99.9% by "in situ" carcinoma [...]. In the third year of monitoring the women diagnosed in 2008 there was a relative survival rate of 94.8% versus 89.5% in 1999."⁵

Considering the patient survival rate when they choose to adhere to treatment, the ideology in the minds of individuals who tend to establish a direct causal link between the disease and death should be demystify This deconstruction is fundamental to the patient as well as to family members, in order to contribute to the legitimacy of positive attitudes and thoughts of everyone involved in the process.

Before the confirmation of breast cancer, the first concern that women face is the family and their livelihood, followed by treatment and financial conditions for its completion or not. Also, the psychological suffering of women is caused by the desire of the changes that may occur in their marriage, in their sex life and work. There are frequent worsening of reports on quality of life, concerning difficulties/disabilities of continuity in the development of daily and work activities⁷.

Besides their fear, it was found that the breast cancer woman also deals with the impact of the news on their relatives and friends, as seen in the words that follow:

When I got home, my children look at me crying and I said there's no way [...] But I tell you one thing: the fear is so great that we cannot think of anything. We only think of dying, just because generally to society is when the person suffers from cancer is so, it is to die [...] Each one is worst, a fright, they were terrified, crying a lot, they thought it was the end, because I've been a lifetime so weak, soft. So, faced with the problem, they thought I was going to fail. (Monarch Butterfly)

The fear of death, crying, doubts, concerns about the possibility of losing a loved one are feelings that arise in the family, friends, people who live with patients with cancer.

Furthermore, the lack of knowledge about the disease, about the treatment and its consequences, are factors that hinder the coexistence of the family with all the changes caused by it.¹⁰

It is believed that such feelings are intensified because family and friends do not have professionals to prepare them to cope with all the problems, while women patients receive psychological support to prepare them to accept and deal with the disease.¹⁰

The impact suffered by the family can have a negative impact on the lives of women with mastectomies, leaving them more vulnerable as the statements below:

They were worse than me. Everyone was crying, it looked like I had died at that time and all my family. There was a girl who was depressed, my husband was also crying. But I did not want to look at him. He kept working and when it came he had been looking for conversation, I sent it out immediately away from me. I did not want to talk with him! It was a very great shock to him because he thought I was going to die. (Blue-white Butterfly)

The family, which should constitute a source of sustenance and psychological support in fighting the disease, ends up having emotional upheaval not less than that the one felt by the patient. Therefore, it is so difficult for the family and for the affected woman facing the whole process. Such situations undermine the family structure, and may influence social relationships of the individuals who constitute it and, directly or indirectly, this could have a negative impact on the process of coping with the disease for a woman with breast cancer.¹¹

The moments of suffering faced by the women during treatment leave scars on their body and their minds, because the physical changes arise as the radically selected treatment. Considered by women significant negative changes, the physical changes that may arise are the hair loss, weight loss/weight gain, mutilation caused by the partial or total removal of the breast, changing the dermatological texture resulting from radiotherapy, among other¹²:

When I took the breast then I was missing it, but I just was not going to the mirror, I never go to the mirror and when I go to the bathroom I put a towel. (Peacock Butterfly)

◆ Physical changes reflected in their self-image

The changes directly reflect with women's self-image and self-esteem, mainly because they cause the emergence of physical characteristics that differ from those imposed

as beauty standards set by society, focusing on women's inability to recognize their body, their "I"¹³.

At the same time, physical transformations cause an important psychological transformation that occurred in the life of women with mastectomies, which is changing the experience of sexuality. Reports associated with the loss of femininity generated by the surgical process are frequent and often determine repulsiveness attitudes of women about their body and their image, as reported above, and still mentioned by Butterfly Prepona "the mirror for me it is better not to use it".

I do not even like to look at me, when I look at me in the mirror I see that thing [...] And when I go out, to me, it is something up and one down. I look at people if they look at me. When I go to the church the people look at me, I feel that [...]. (Red Almiranta Butterfly)

This attitude has a direct impact on self-esteem because for the women, the removal of the breast is often associated with the impact on sex life because they consider that their body image is amputated, reason that causes them the feeling of sensuality loss, lack of desire for the partner and the inability to rescue the sex life.¹⁴

Also, the women often end up becoming anxious, vulnerable, depressed and uncertain about their partner and may have a negative effect on the life of the couple, as happened with Blue-White Butterfly "I just was shy of my husband. Now, the relationship changed significantly enough to separate".

◆ Social prejudice

Another negative transformation of extreme importance suffered by the interviewees was prejudice in the social context. The breast cancer is classified as a chronic degenerative disease, not infectious, with high morbidity and considerable mortality, leading to society, often judging wrongly the women with the disease:

With society, everyone was visiting me. So I noticed as if I was near death, many people came, looked, stayed, went away from me, others shut their noses. Then I heard the doctor saying I would be good just to fool me. They had a lot of prejudice with hair loss. I was depressed when the hair fell out. (Blue-White Butterfly)

For society, it is difficult, people kill us, people will visit us, tell stories of those who died of cancer. There was a woman who told me all of her aunts had died of cancer. Society discriminates against people doing chemotherapy. People are sick of us when we're doing the treatment. That's true, I tell

you it's true because we see that, so when we pass there, people say: Oh Lord! For God's sake, have mercy because I cannot understand. (Monarch Butterfly)

With the society, it was good to some people and not others, because they discriminated me. Sometimes is good, but you know it is not without others who come there to discriminate against me because people came to me, I already weakened[...] and said two things: it does not have cure, AIDS and cancer then I not argue, I pray to God. (Clymera Butterfly)

It is seen in the reports that there are prejudiced attitudes to people with breast cancer. Studies reveal that the disfigurement, often caused by physical changes, generates stigma on people and this can be identified by patients, affecting their psychological and self-esteem. Also, the loss of the breast is for many and the very patient, failure of recognition of their femininity, bringing high social stigma and personal content.¹⁵

◆ Economic difficulties

According to Prepona Butterfly, negative transformations faced throughout the period between the discovery of breast cancer, surgical process and treatment reflected mainly on economic and psychological aspects:

It has changed a lot because I was a woman who worked, do and sold my stuff as an artisan. That all changed, I do not feel like doing anything ... It changes everything, changes the psychological, even if you want to do, but the disease comes to your mind again.

This finding may be related to the incapacity generated in women caused by pain resulting from surgical process in the ipsilateral arm, depression of motor skills, fatigue, exhaustion. Or even it can be directly linked to women's absences in the workplace, since the diagnosis, treatment and monitoring of this disease require constant frequency in doctors' offices and institutions where they develop treatments.¹⁶

Nevertheless, reality has shown that sometimes they retire or women undergoing treatment for breast cancer go away from work, or when they return to it, they have a decreased productivity, focused directly on the wages received, making them lower.¹⁶

Treatment of breast cancer is to women the coping with a number of other important issues that go beyond, in most cases, the physical and biological aspect. Negative changes of psychological and social nature can represent, in fact, the need to overcome daily obstacles in the lives of women with mastectomies.

Therefore, considering this reality becomes critical because the nursing care should be thought in order to try to minimize the consequences of these disorders in women's lives. Transcending curative-Flexnerian medical approach is to be too challenging, but, above all, necessary and fundamental to improve the quality of life and health of these women.

◆ Changes considered positive

Spiritual growth resulting from the disease

It is considered important to note the finding in this study that breast cancer, although they constitute a disease that causes several negative changes in women's lives, can also cause positive changes. Spiritual growth has been identified as one of them, transformation which favored above all overcoming capacity during treatment:

What has changed a lot in my life was that I came to be like a very confident person in God. All life I was asking things of God, but not trusted, because after the diagnosis and on the day of the operation I started doing my prayers and gave my life to God. LORD makes his will and not mine (Monarch Butterfly).

The speech of Monarch Butterfly reflects a common reality to the support mechanisms adopted during the confrontation of breast cancer for women. Religiosity has been cited as one of the forms present in their lives, in order to strengthen them to transcend the obstacles arising from the disease. Positive transformation in a very strong cultural imprint, after all, women who before had no ties to any religion tend to get it and who claim to be religious, generally feature a strengthening of their faith, a fact that contributes to the adoption of a more positive attitude to the diagnosis and treatment.¹⁷

◆ Changes in family relationships

The change in family relationships was also mentioned, since the disease process caused by breast cancer, and the consequences generated by the treatment determine a condition of frailty and helplessness of women victimized by the disease, either physical or psychological conditions. In this context, another positive transformation arising from the disease mentioned by women was the contribution and the support provided by the family:

There are bad things, then good things [...] Because after I had breast cancer a lot of good things happened in my life, something that also did not today I have: support, affection from my family because I did not feel loved before, today I feel.

The family is fundamental for the treatment of women with breast cancer, after all, the changes in their lives generate effects that change the family dynamics, compromising its functionality. Through understanding and support of all its members, it is seen the construction and development of coping strategies to overcome the gaps left by the woman in treatment. After all, it is not uncommon woman heading the family, and their absence in the intra-family space, caused by the disease can impair balance and interpersonal relationships present in it.¹⁸

It is important to note that family dysfunction can be caused by the disease and this is considered an extremely stressor to the psychosocial adjustment of post-mastectomy women. The way each family is organized to address breast cancer, can pass directly over the treatment and recovery of women with breast cancer, so always becomes important to include it in decision making.¹⁹

Therefore, it is important to emphasize on the need for the family to think of coping strategies that family demands, including women with mastectomies, in order to prevent the same feel isolated, rejected or unproductive. Also, it is important the need to provide support in the psychological-emotional, financial framework, in carrying out everyday tasks in making dressings, monitoring during consultations, procedures, treatment and promotion of leisure time.¹⁸

◆ Personal growth resulting from the disease

Personal growth of the participants was reported as one of the positive changes that occurred with the disease:

I changed a lot, I learned more loving people. I learned a lot more from life. I learned to value life. I learned more to help people. I learned many things for me I was born again. I learned to forgive people and understand people. (Blue-white Butterfly)

What I changed more was to learn to appreciate the little things, I learned a lot and I am still learning to appreciate the little things because sometimes we do not value them. (Silver Butterfly)

Considering the process of coping with breast cancer as an experience that transforms the lives of women victimized by the disease, there have been reports that show inner transformations of redefinition and re-evaluation of life. The redefinition of concepts, values, beliefs and attitudes, are mechanisms as a result of negative disorders caused by the disease. Also, to receive emotional support of people associated with them, it is normal to emerge feelings of

solidarity and love of to others, compassion, which are built and become a constant in the lives of women who experience all situations imposed by the disease.²⁰

Although social prejudice has been cited as a negative change for some women, as reported below, it is found that society can be a source of support in fighting the disease:

They were even better, I was very well attended. My children always there with me 24 hours[...] my neighbors there always, a lot of support, everyone, my friends, neighbors, aunts[...] all giving me that strength, really great[...] Making every time I feel stronger, not lowered my head at any time. (Rainbow Butterfly)

Thus, the support of family, friends, neighbors, contributed to the adoption of a positive attitude of a woman with breast cancer, compared to the disease. It is noteworthy that the emotional support around women victimized by the disease helps them feel supported and protected by the people of their friendship. Realizing the caring and devoted affection, the women with mastectomy tend to present a favorable psychosocial adaptation, with better quality of life, rather than those that do not provide this coping mechanism.²¹

◆ Reception by health professionals

It is noteworthy that, although not being a transformation, the care provided by health professionals appears as a significant issue during the process of coping with breast cancer. From the diagnosis the health professional begins to deal with the feelings that arise immediately, as well as with the biopsychosocial nature of changes that take place throughout the course of these women "health professionals helped me a lot, they were very good". (Peacock Butterfly)

My relationship with health professionals was very good. I just felt better there, because it was all cool[...] I felt safer when I was at home I was scared to death[...] I wanted to be there when I was at home I felt nervous when I was there I was happy. (Blue-White Butterfly)

The statements reflect the importance of care for women facing breast cancer. In nursing consultation, nurses turn their focus on the individual, the family and the community continuously in order to promote health through early diagnosis and treatment, working systematically and uninterruptedly. In this sense, there must be identified nursing problems, define affected basic needs and the degree of customer dependency, and then to develop appropriate nursing actions.²²

The establishment of the therapeutic relationship of women who are undergoing

treatment for breast cancer with health professionals contribute to greater adherence to treatment as well as to better response to the effects caused by it. Studies show that women prefer mastectomy specialized care that is expert nurses in care for patients with cancer, given the fact that they promote a more complete attention, individualized, based on their needs. The reports of patients indicate that the generalist nurses focus their concern on procedures and timetables to be met, ignoring their particularities and specific problems, leaving gaps in assistance provided.²³

Besides the above, the importance identified in speech as follows are highlighted:

And about the doctors, thank God one was a so wonderful, they gave me a lot of strength too, because in Natal city there was the social work, psychologist, nurse, etc. Then, they helped me a lot. (Cabbage Butterfly)

Therefore, it was identified the recognition of the importance of a multidisciplinary approach in the women with breast cancer. When performing an experiment whose changes take place in various aspects of their lives, the women with mastectomies feel the need of care provided by a multidisciplinary team that is able to meet the physical, biological, psychological and social needs.²³

The multidisciplinary approach is extremely important in developing the patient's care with cancer plan, just by transforming the nature of the disease. To face the new events in their life, women have social and health demands that go beyond the response capacity of only one professional. Therefore, the articulation of knowledge and multidisciplinary practices is fundamental to promote a contextualized and coherent assistance with the reality of these patients to ensure humanized and quality care.

FINAL CONSIDERATIONS

Facing all that has been studied, it is realized that every human being has different attributes when it is in such a threatening situation such as breast cancer. Although some similar feelings among some of them, to each of which reacts differently to disorders.

In this sense, adherence to treatment becomes a difficult time for the woman with cancer, because she is fragile and worried about her future, having to opt for some types of mutilating procedures.

Mutilation arising mainly from the mastectomy are the most striking for women, given that the loss of the breast, not only affects the chest symmetry, but also aesthetics, sensuality, and sexuality since,

culturally breasts is still a sex symbol, eroticism and femininity. Thereby visualizing other amazing features suffered by them as the self-prejudice, social prejudice, the difficulties of returning to daily activities, etc., are factors that interfere with the psychological and emotional aspects of living with breast cancer. However, it was noted that the breast cancer has not provided only evils that put women into the world of feelings of negativity, although it was possible to find in this study, doubts that cancer demands, fear of death, sadness, worry, despair, anger, anxiety, depression, social prejudice, self-prejudice and reactions related to treatment.

Given the reports of the participants in this study, it was possible to see that there are only negative feelings, but feelings that are extremely effective in the process of rehabilitation of these women. Among them, there is the love of others, perseverance, gratitude, hope, greater family bonding, affection, faith in God, values, forgiveness, happiness, joy and friendship.

It is noteworthy that this was only possible after they suffer certain extreme situations such as mutilations caused by breast cancer, in which each one can learn that the true essence of life is not frustrating, cruel, and that are directly related the economic and social factors. On the other hand, for them the essence of life is within ourselves, simply valuing the "self", others, have compassion, love, hope, feel that it is important, opportunities, thus, our lives exist only when we are responsible for our existence.

For these women were certainty in their statements, we realized the importance of family within the acting, bonding with friends and health professionals, all involved in the care process. Understanding this as an interpersonal relationship, the satisfaction of certain human needs, accepting the person not only as it is, but how it will come to be.

Regarding the role of nursing in the process of caring for these women, what we should concern is the type of care that they are receiving. Because we cannot carry out a care only focused on healing that affected limb, or even the individual body.

We need to think of an individual surrounded negative feelings, where anxiety, doubt and fear prevail. Threats to self-esteem, sexuality and their lives need to be considered and valued or at last be heard.

Nursing enters this care to minimize suffering, psychological support, encourage her to face the disease, and more, appreciate it, all to transform the feelings of fear and

anxiety in stimulus to overcome the difficulties to be faced. Thus, before this study it was possible to understand that breast cancer is a disease that causes huge changes in women's lives, and while health care professional should always watches to deal with these types of transformations. To do this, fit the educational institutions, train health workers committed to the health of patients, professional ethics, with the humanization of care with comprehensive care with equity of attention and above all a professional who knows how to listen and hear the other.

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