

**BREAST CANCER: THE SUPPORT RECEIVED WHEN COPING THE DISEASE****CÂNCER DE MAMA: O APOIO RECEBIDO NO ENFRENTAMENTO DA DOENÇA****CÁNCER DE MAMA: EL APOYO RECIBIDO EN EL EMFRENTAMIENTO DE LA ENFERMEDAD**

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ABSTRACT

Objective: to identify the support received by women with breast cancer. **Method:** this is a descriptive and qualitative study with eleven women interviewed, aged 40 to 59 years old, in the treatment of breast cancer. The data production was through a semi-structured interview, transcribed and analyzed by the technique of Content Analysis in the category Categorical Analysis. **Results:** three categories emerged: 1) Spirituality above all else; 2) The social support network and its importance in the life of women; 3) Science for healing. **Conclusion:** Women feel supported in God, in their family, and also create a network of social support that offers support and makes chains of prayers. **Descriptors:** Breast Cancer; Breast; Women's Health; Social Support.

RESUMO

Objetivo: identificar o apoio recebido pelas mulheres com câncer de mama. **Método:** estudo descritivo, de abordagem qualitativa, com onze mulheres entrevistadas, entre os 40 e 59 anos de idade, em tratamento do câncer de mama. A produção de dados foi por meio de entrevista semiestruturada, transcrita e analisada pela técnica de Análise de conteúdo na modalidade Análise Categorical. **Resultados:** emergiram três categorias: 1) A espiritualidade acima de tudo; 2) A rede de apoio social e sua importância na vida da mulher; 3) A ciência a favor da cura. **Conclusão:** as mulheres sentem-se apoiadas em Deus, em sua família e também se cria uma rede de apoio social que oferece apoio e faz correntes de orações. **Descritores:** Câncer de Mama; Mama; Saúde da Mulher; Apoio Social.

RESUMEN

Objetivo: identificar el apoyo recibido por las mujeres con cáncer de mama. **Método:** estudio descriptivo, de enfoque cualitativo, con once mujeres entrevistadas, entre los 40 y 59 años de edad, en tratamiento de cáncer de mama. La producción de datos fue por medio de entrevista semi-estructurada, transcrita y analizada por la técnica de Análisis de contenido en la modalidad Análisis Categorical. **Resultados:** surgieron tres categorías: 1) La espiritualidad encima de todo; 2) La red de apoyo social y su importancia en la vida de la mujer; 3) La ciencia a favor de la cura. **Conclusión:** las mujeres se sienten apoyadas en Dios, en su familia y también se crea una red de apoyo social que ofrece apoyo y hace corrientes de oraciones. **Descriptores:** Cáncer de Mama; Mama; Salud de la Mujer; Apoyo Social.

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INTRODUCTION

Breast cancer is an important public health problem because it is the second most frequent type of cancer in the population and the most common among women. The etiology of breast cancer is multifactorial and involves individual factors such as age, early menarche, late menopause; Environmental factors such as radiation exposure; Reproductive factors such as first pregnancy after 30 years and nulliparity; Hormones factors such as hormone replacement therapy; Genetic factors such as family history; and Lifestyle factors such as obesity, regular alcohol intake, sedentary lifestyle.¹⁻²

The estimate for 2016 is approximately 596 thousand new cases of cancer, 57,960 thousand of the female breast, being the first cause of death in women, with 14 deaths for every 100 thousand women in 2013. The mortality rate is considered elevated because it is a disease that the diagnosis still occurs in advanced stages.¹

It is known that early detection of the breast nodule is still the most efficient way to obtain treatment and a satisfactory prognosis. In Brazil, mammograms every two years for women aged 50-69 years old and annual clinical breast examination, from 40 years old are the strategies recommended for the early detection of breast cancer in women with standard risk. For women in population groups considered to be at very high risk for breast cancer, (with a family history of breast cancer in first-degree relatives), clinical examination of the breasts and mammography is recommended annually from 35 years old. Breastfeeding, physical activity and healthy eating with maintenance of body weight are associated with a lower risk of developing this type of cancer.²

After the diagnosis of breast cancer, the woman faces several situations. First, the impact of the diagnosis, leading to numerous negative thoughts, given that most of the time cancer has a poor prognosis, depending on the stage in which it was detected. Women often have to undergo surgical treatment through a mastectomy, which leads to the possibility of altered body image, possible limitations and consequences for adjuvant treatment to surgery.³ It should be remembered that the breast has basic functions such as breastfeeding and the constitution of the feminine and the removal of this organ, as a consequence of the treatment, can have negative impacts, since the breast is a characteristic of femininity.⁴

Thus, with the diagnosis, the feelings presented by women are part of the female response because the breast represents femininity, sexuality, aesthetics, and maternity.⁵ However, each woman experiences individually her diagnosis and the psychosocial aspects involved in this process.⁶

Possible changes because of treatment need to be faced by the patient, family members, since they are part of the daily life, and this experience can be painful and cause anxiety and fear.⁷ Thus, these cognitive alterations, whether physical, psychic or social may represent a threat to their biopsychosocial maintenance, constituting a stress factor as they ask for adjustment strategies and produce a strong emotional impact.⁸ It is important to consider that technical and scientific knowledge and advanced technology are not sufficient to support women in this moment, so this woman needs support to face all the adversities that the disease provides.

Thus, this study is justified by the need to construct scientific materials that portray the support networks that form from diagnosis to treatment of the disease. In this context, this study aims to identify the support received by women with breast cancer.

METHOD

This is a descriptive and qualitative study developed in two stages: the first stage at the Oncology Outpatient Clinic of the University Hospital in the North of Paraná (HUNPR), located in the city of Londrina (PR), Brazil. The second stage was in the women's domicile. Initially, the medical records of women attended at the HUNPR Oncology Outpatient Clinic were diagnosed with breast cancer between January 2013 and December 2014 and were being treated for the disease. After the identification of the women, a telephone contact was made to inform them about the research and to invite them to participate in it. In cases of acceptance, home visits were scheduled for data collection.

The following inclusion criteria were used: women between 40 and 59 years old, who were being treated at the HUNPR Oncology Outpatient Clinic, who lived in the urban area of the city of Londrina and who had telephone contact in the medical records.

The study participants were 11 women, determined by data saturation. Data production was carried out from May to July 2015. For the production of data, an interview was conducted with the following guiding

questions: "How have you faced the disease?"; "What forms of support have you received?"

The interviews were recorded and transcribed in full, shortly after its completion, so as not to lose any detail. Gestures, voice intonation, facial expressions and other details of the meeting were recalled and helped to realize the experience of the women.

The analysis of the interviews was performed using the Content Analysis technique in the Categorical Analysis modality. Thus, the following phases were followed: pre-analysis; Exploitation of the material; Treatment of results, inference, and interpretation.⁹

The Informed Consent Form was obtained from all the women before the interviews were conducted. To keep women's identities secret, they were identified by the letter W, followed by the number corresponding to the order of the interview. This study was approved by the Research Ethics Committee of the State University of Londrina / UEL, CAAE: 46547215.5.0000.5231.

RESULTS AND DISCUSSION

The results identified the characteristics of the women, four were between 40 and 50 years old and seven were older than 50 years old. Regarding the marital status, three were widows, two separated or divorced and six married. Four women were still in elementary school, three had completed high school and four had completed higher education.

Nine women had menarche between 10 and 15 years old and two before ten years old. Regarding the sexarch, ten women reported that it happened between 15 and 20 years old and one over 20 years old. Regarding the use of oral contraceptives, six used them for a period of up to five years, two for more than ten years and three said they had never used them. Ten women had a history of gestations, six had between 1 and 3 children, four had more than 3 children and one had no gestation. As for breastfeeding, nine women breastfed their children for more than six months and one did not breastfeed.

Seven women reported having a family history of breast cancer in the first lineage of kinship and four denied a family history of cancer.

With regard to healthy lifestyle habits, none were smokers and only one admitted to using alcohol regularly. Four reported regular practice of physical activity. All reported having self-examination of the breasts at least once a week.

Through the analysis of women's reports regarding the support received, it was possible to identify three categories: "Spirituality above all else"; "The social support network and its importance in the life of women"; "Science for healing".

♦ Spirituality above all else

When questioned about ways to support cancer coping, the vast majority of women referred to God, the church, or some form of deity as the first point of support they found to be able to cope with cancer.

Ah! First, what can I say to you is God. So when you believe, you believe, you do not despair because only He gives you strength because you have nowhere to run, do you understand? Then you run to God to give you honor and grace to face it as if it were a normal thing, a reality. (W2)

First God, everywhere and at all times ... Every day was a new day, I woke up, I thanked God for life ... Always with God in front and His word says that we are more than winning. I am one of them. (M1)

In the reports, what can be perceived is the great influence of faith, religion, and God, in short, of spirituality in the confrontation and acceptance of the situation in which she finds herself.

But I always had a lot of faith in God and that was what helped me a lot. (W3)

I have great faith in God. It was as if a voice said to me: "Make sure you're not alone." (W4)

Women's reports are in agreement with other studies that point to spirituality as a form of support for coping with the disease, which makes the woman safe, influencing the barriers present in the treatment, better acceptance of the disease and search for an explanation for this situation¹⁰⁻¹³, helping to overcome cancer.¹⁴

God becomes a strength of renewal of forces so this process is faced with a kinder, faith-supported struggle that woman feels more confident to go through any kind of barrier, feeling capable of supporting any situation throughout the treatment, since they are sure that they are not alone.¹¹ Religiousness makes women feel empowered to overcome the adversities arising from the disease.¹⁵

♦ The social support network and its importance in the life of women

The family appears as another significant form of support for women to cope with the disease.

[...] my daughter was very wise, she took care of me, in the healing part, helping me bathe, she was all worried because she liked to fix my hair, and she wanted me to wear earrings, and she wanted me to put on a

Santos IDL, Alvares RB, Lima NM et al.

Breast cancer: the support received when...

bracelet and I say, 'no, I do not need it, no, but let's go, put a lipstick' [...] So that helped me too. (W5)
[...] well, they were with me, all the time, my mother, my father, a sister who is always with me at all times and even she accompanied me on the exams and whatever I needed, she was always willing and she always found a way to accompany me. (W4)
My sister-in-law was together, my sister-in-law was with me in all consultations, examination results, after the surgery too, she went with me to the oncologist. (W1)

The family ends up being an important source of support for the woman, who must actively participate in facing these difficulties, leading her to have feelings of courage and hope. The emotional support of the children happens through gestures of acceptance, affection, welcome, and help.

The presence of the family is characterized as a situation of empathy, in which the needs and limitations of the patient must be understood by the family since many feelings expressed by the patient in relation to the illness are based on how they are seen and received by the relatives.¹⁶ Thus, family affection provides emotional stability and becomes the support for coping with the disease,¹⁷⁻¹⁸ since this support provides care and attention in this troubled moment.¹⁹

The role of the husband in the reality experienced by the patients was crucial for coping with the difficulties encountered during the treatment.

My husband was also great, he never said: "it's ugly", he accompanied me at all times, always stayed by my side, doing the things I needed, helped me get up to go to the bathroom, got up at dawn. (W5)
Regarding the disease, it did not cause anything in our sexual relationship because it removed the breast... He says: "take it all away! You do not have to hide it." (W6)

The partner was cited by women as another form of very significant support in the process of illness and treatment. The reports showed that the women felt accompanied and the relationship becomes more consolidated and mature. Unlike other studies, it was observed that the sexual relationship between some couples was positively faced.³

The women reported that people outside their family were sensitized and offered support through words of comfort, visits, some people they did not even know about.

I had to ask for help, I called my friends, I sent a message on my cell phone and said: 'Help help me' ... So these my friends helped me a lot, they took care of me. (W7)
Because then the news is going to come, so there are some people I know and live outside of Brazil and they said, "Look, we're

here, but we're with you" [...] Some people gave me books to read, a person sent through my aunt I do not know where, people I've never seen [...] So this is all a very good thing, it only brings benefits to us ... I did not feel at any moment a sick person. (W5)

The support of others, many of them unknown, also served to help women in coping with the disease, a situation that is also present in other studies. The support of close friends, people who are going through the same process of illness and treatment and professionals related to the institution appears as the basic structure for coping with the disease.^{3,12}

♦ Science in favor of healing

Some reports describe the treatment as a way to seek and ensure healing.

You have to love chemo because it makes you live, it helps you get up [...] But I know that it was my cure, my friend, so I took a lot of this treatment. (W7)

Besides the trust and confidence in the treatment, the institution sometimes appears as support for these women through their professionals involved in attending them.

The psychologist [...] She spoke to me: Mrs. M, you did not operate the arms or legs, you operated on the breasts, nobody will see, you will keep your breast inside the bra and nobody will need to know that you went through it. (W3)

But in all that I sought, I had support, so much that in the hospital everything I needed was asked. (W8)

A person there [hospital] saw and said, "I felt that you could get out of this," then I was moved. (W7)

This category demonstrates as crucial a humanized and empathic care offered to these women. The humanized care, through touch, speech, guidance and clarification and the availability of help, establishes a relationship of trust and support, causing women to ease their fears and anguish in coping with the disease.⁵

The health team that cares for the woman with cancer must be willing to establish a bond, showing sensitivity, which will help in the daily care.²⁰

Some studies suggest that when coping is based on the problem, the stressor agent, in the case of breast cancer, the woman demonstrates more confidence in the treatment and the team that attends. However, in the perspective of this research, the woman seeks comfort based on both emotion and rational, with the presence of the institutional team, and thus shows confidence in the treatment.²¹

CONCLUSION

It was possible to identify the support received by women with breast cancer in coping with the disease.

Spirituality, often expressed in God, religion, and faith was the most prevalent support in women's reports. This form of faith-based coping was a favorable support since they described having the strength to face the problems before the treatment and the fears and afflictions that surround this disease process, so the women did not feel alone within the context of the disease.

The network of social support formed by family, friends, strangers, and professionals is essential for an assistance practice based on humanization. Thus, the multi-professional team that cares for women with breast cancer should develop mechanisms for the development of a humane practice, with the encouragement of family participation and the search for spiritual support, helping to reduce negative feelings and stimulate coping with the disease.

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Breast cancer: the support received when...

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