



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

FEELINGS AND EXPECTATIONS OF WOMEN DIAGNOSED WITH BREAST CANCER: A REFLECTION

SENTIMENTOS E EXPECTATIVAS DE MULHERES COM DIAGNÓSTICO DE CÂNCER DE MAMA: UMA REFLEXÃO

SENTIMIENTOS Y EXPECTATIVAS DE MUJERES CON DIAGNÓSTICO DE MAMA: UNA REFLEXIÓN

Marta Batista da Silva¹, Francisco Arnaldo Nunes de Miranda², João Mário Pessoa Júnior³

ABSTRACT

Objective: to identify the feelings and expectations in the life trajectory of women upon knowing of the diagnosis of breast cancer from the specialized literature in some online journals. **Method:** it is a reflective study held from publications of the period from 2004 to 2010 in national journals. We have used two databases to carry out this survey: Latin American Literature in Health Sciences (LILACS) and Brazilian Nursing Database (BDENF). **Results:** women, when discover breast cancer and are subjected to mastectomy, present a combination of feelings and emotions, such as: fear, acceptance of the disease, denial, search for the cause and embarrassment in relation to the expectation in the life trajectory, i.e., a new approach. **Conclusion:** we have found feelings/behaviors, fear, denial and acceptance of the disease. Furthermore, with the diagnosis of breast cancer, it is timely to consider the triggered emotions, which are almost always associated with death, fear and despair. **Descriptors:** Cancer; Breast Cancer; Diagnosis; Women's Health.

RESUMO

Objetivo: identificar os sentimentos e expectativas na trajetória de vida de mulheres na descoberta do diagnóstico de câncer de mama a partir da literatura especializada em alguns periódicos online. **Método:** estudo reflexivo feito a partir de publicações de 2004 a 2010 de periódicos nacionais. Utilizaram-se duas bases de dados para a realização deste levantamento: Literatura Latino Americana em Ciências de Saúde (LILACS) e Base de Dados de Enfermagem (BDENF). **Resultados:** a mulher, ao descobrir o câncer de mama e ao enfrentar a mastectomia, apresenta mescla de sentimentos e emoções, tais como: medo, aceitação da doença, negação, busca da causa e constrangimento em relação à expectativa na trajetória de vida, ou seja, uma nova visão. **Conclusão:** encontraram-se sentimentos/comportamentos, medo, negação e aceitação da doença. Ademais, com o diagnóstico de câncer de mama, faz-se oportuno considerar as emoções desencadeadas, quase sempre associadas à morte, ao medo e ao desespero. **Descritores:** Câncer; Câncer de Mama; Diagnóstico; Saúde da Mulher.

RESUMEN

Objetivo: identificar sentimientos y expectativas en la trayectoria de vida de mujeres en la revelación del diagnóstico de cáncer de mama a partir de literatura especializada en algunos periódicos on-line. **Método:** estudio reflexivo realizado a partir de artículos de entre 2004 y 2010 publicados en periódicos nacionales indexados que constituyeron objeto de este análisis. Se emplearon dos bases de datos para la realización de este levantamiento: Literatura Latinoamericana en Ciencias de la Salud (LILACS), Base de Datos de Enfermería (BDENF). **Resultados:** por medio de esta investigación bibliográfica se percibió que la mujer cuando se descubre portadora de cáncer de mama y enfrenta una mastectomía, presenta una mezcla de sentimientos y emociones como miedo, aceptación de la enfermedad, negación, búsqueda de la causa y desconcierto en relación a la expectativa, en su trayectoria de vida - una nueva visión. **Conclusión:** en los artículos analizados se encontraron sentimientos/ comportamientos como miedo, negación, aceptación de la enfermedad. Además, con el diagnóstico de cáncer de mama, se hace oportuno considerar las emociones desencadenadas, casi siempre asociadas a la muerte, miedo y desesperación. **Descriptores:** Cáncer; Cáncer de Mama; Diagnóstico; Salud de la Mujer.

¹Nurse, Master's Student, Post-Graduation Nursing Program, Federal University of Rio Grande do Norte/PPGENF/UFRN. Natal (RN), Brazil. E-mail: martabatistasilva@bol.com.br; ²Nurse, Professor and PHD, Post-Graduation Nursing Program, Federal University of Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: farnoldo@gmail.com; ³Nurse, Master in Nursing, Temporary Professor, Nursing School, Federal University of Rio Grande do Norte /UFRN. Natal (RN), Brazil. E-mail: jottajunyor@hotmail.com

INTRODUCTION

One of the most relevant issues to the Public Health refers to breast cancer, which is considered the leading cause of cancer deaths in the female population, especially in the age group between 40 and 69 years, it is also the second most common in the world and the most common among women, yearly accounting for about 20% of new cases.¹⁻²

It is recognized that breast cancer is changing in the face of advances in diagnosis and treatment, although the negative women's responses to possible illness still remain, including fear of disfigurement, loss of sexual activity and fear of death.³⁻⁴ Official figures estimate that occur more than 1.050.000 new cases of cancer each year; almost 80% of them take place in developing countries, making it the most common cancer among women.²

In Brazil, the National Policy for Oncological Care, incorporated by the Ordinance nº 2.048, of September 3th, 2009, for the cancer control, considers several components, ranging from actions aimed at prevention until the high complexity care, integrated in networks of oncological care, with the purpose of reducing the incidence and mortality by cancer.¹⁻²

For changing the reality and controlling cancer, the gathering of qualitative, detailed, accurate and regionalized information is an essential condition. Thus, fulfilling its institutional mission and continuing the work started in 1995, the Brazilian National Cancer Institute (INCA) launched the edition of the 2010 Estimates: Cancer Incidence in Brazil, with reference information for the years 2010 and 2011.⁵

The number of cases of breast cancer expected for Brazil in 2010 was 49.240, with an estimated risk of 49 cases per 100 thousand women.⁵ In the Brazilian Southeast, breast cancer has been the most frequent type among women: 65 new cases per 100 thousand. By excluding the non-melanoma skin tumors, breast cancer is also the most common type of cancer in women in the South (64/100.000), Midwest (38/100.000) and Northeast (30/100.000). In the North Region, it is the second most frequent tumor (17/100.000).^{2,5}

Risk factors related to the woman's reproductive life (early menarche, nulliparity, age at first full-term station above 30 years old, oral contraceptives, late menopause and hormone replacement therapy) are directly associated to the development of breast cancer. The age remains one of the most

important risk factors. The incidence rates quickly increase until 50 years and later, this increase takes place more slowly. This change in rate behavior is known in the literature as "Clemmesen's hook" and has been attributed to the onset of menopause.⁷

Besides these factors, some recent studies show that the exposure to ionizing radiation, even at low doses, increases the risk of developing breast cancer, particularly during puberty. Unlike cervical cancer, breast cancer is associated to the process of urbanization of society, thereby evidencing an increased risk of illness among women with higher socioeconomic status.²⁻³

The choice to develop this theme emerged after a period of professional experience in which I entered in the operating room for conducting mastectomy surgeries. This aroused the interest in researching the feelings, expectations, in other words, the life histories of women upon knowing of the diagnosis of breast cancer, since women value and attribute meanings to their breasts.

In this context, we have elaborated the following guiding question: What are the feelings/ behaviors and expectations in the life trajectories of women before the diagnosis of breast cancer?

It should be highlighted that the word cancer brings a strong stigma, because people immediately associate it with death. Breast cancer is the most feared by the fact that it affects a valued part of the woman's body and that in many cultures plays a significant role in her sexuality and identity.

A woman with breast cancer becomes a physically, psychologically and socially seriously undermined person, both by the disease and by the treatment. To accept its new condition, adapting itself to new body image, requires a lot of effort for which women are not prepared. At this point in their lives, there are difficulties that affect their balance and reach their relationships, even in the family scope.³⁻⁴ The relationship nurse/patient might play a role in helping in the care, because the Nursing does not see another diseased organ, but rather a being with its life history, fears and anguishes.⁶⁻⁷

This study aimed at identifying the feelings/thoughts and expectations in the life trajectory of women upon knowing of the diagnosis of breast cancer.

METHOD

It is a reflective study on the feelings/behaviors and expectation in the life trajectory of women before the diagnosis of

breast cancer. We have selected publications on this matter, which are contained in indexed national journals that constituted the object of this analysis. We used two databases to carry out this survey: Latin American Literature on Health Sciences (LILACS) and Brazilian Nursing Database (BDENF).

For the process, we have used the keywords “diagnosis of breast cancer” and “breast cancer”, covering studies published from 2004 to 2010. For the purpose of searching indexed and chosen databases for the study, the papers were selected by title and, next, by abstract, considering the following inclusion criteria: having been published during the aforementioned period, be written in Portuguese and address issues about the descriptors. We excluded the papers that did not possess the selected descriptors and/or abstracts that focus on clinical treatments, surgical techniques and disease pathophysiology.

The reading all the texts was prior to the analysis. The analysis of the publications was guided and developed aiming at identifying the feelings, behaviors and expectations in the life trajectory, as proposed in the study.

RESULTS AND DISCUSSION

Women, upon knowing of breast cancer and facing a mastectomy, presents a mix of feelings and emotions, which often might not be valued by the nursing staff working together with them, or even by their own family members, which hinders the completion of treatment and the confrontation of present experiences.

Little has been found about the work performed by nursing professionals in the preparation of the sexual partners of these women to face this situation together with them, without abandoning them. Another bibliographical gap found during the conduction of this study, which might be the object of further studies, refers to the process of breast reconstruction, being that there is the need for answering to some questions, such as: When a woman decides to rebuild her breast? What interferes with her decision? What is the influence of the sexual partner in this decision?

In the analyzed publications and developed themes, the following feelings/behaviors were evidenced: fear, acceptance of the disease, denial, search for the cause and embarrassment in relation to the expectation in the life trajectory - a new approach.

● Fear

It was understood that it is still not possible to make the primary prevention for breast cancer a reality, i.e., preventing the disease to manifest itself. To speak about the cancer prevention means talking about the early detection through the self-examination of breasts. Around 80% of tumors are discovered by the woman herself by incidentally palpating her breasts.^{5,7}

When women do self-examination and detect any lump or any change, the feeling of fear becomes present. They become aware of two simultaneous aspects: it might not be anything serious or signify a cancer. Normally, they think of the worst.⁸ Women with breast cancer denote the suffering that the pain and the illness bring to them, it is understood that, for them, the fear of death makes the possibility of pain is more valued.⁹⁻¹⁰

For experiencing an unknown world in the face of the breast cancer and its implications, these women trigger conflicting and distressing feelings, causing a behavior of anxiety, agitation and fear.¹⁰ Fear is the feeling of life revealing the concern before the notion of an actual or imagined danger, threat, fear, awe and trepidation.¹¹

The discovery of breast cancer immediately generates an intense emotional reaction. Some people think that cancer is synonymous with death, and the discovery happened in an unexpected way.⁸ With the unexpected and the fear, some women end up losing their balance, which affects their health status and family coexistence. For some women, breast cancer is so feared to the point that they describe the disease with other names.⁹⁻¹¹

The representation of cancer expresses a frightening and fearful approach, identified by women, demonstrating the fear through which it reworks their lives. Fear is at all stages covered by the woman in the disease process. The fear of cancer diagnosis becomes threatening, thus causing emotional reactions that might provoke changes in the biological, mental and social scope.⁴

● Acceptance of the disease

The acceptance of the disease becomes easier when women compare themselves with others in worse situations or when minimizing the consequences of the treatment.¹⁰

One of the first reactions by realizing something “strange” in the breast is the immediate pursuit for a physician.¹² It is a relief, because from diagnosis, they might start the treatment and resume their normal life.¹³

Acceptance means consent to receive, agree with acceptance. Some women by

facing breast cancer might present a contradictory behavior in relation to such a situation.¹¹ Thus, the woman recognizes the need to accept her new condition of bearer of breast cancer and the reorganization of roles arising from this experience, thus subjecting to the treatment, since she wants to achieve the healing.¹⁴ Accordingly, women, with a lot of determination, showed unconditional faith and submission to the divine will, and they should, therefore, keep feelings of acceptance and resignation.¹⁰

The acceptance of the situation in which the woman is inserted might be apparent, momentary, since it is in an early and progressive stage of the disease. Acceptance also works in the sense of having no other way, as if there were nothing to do, but remaining the projected expectation.¹⁴

● Denial

The denial is characterized as a defense mechanism widely used in chronic diseases, especially in stigmatizing cases and that have a strong character of hopelessness, such as cancer. It was present in the experience of some women, who, even being subjected to surgical treatment or complementary treatments, avoided a confrontation with the reality of the disease.¹²

The denial might also be manifested as an apparent form of defense used by many people when they are faced with difficult situations. It could not be otherwise in relation to women with breast cancer. This feeling arises with intensity, as she is vulnerable and fearful.

For many women, the diagnosis comes as a complete shock, perhaps because they have no idea of severity of the lump or because they simply used the sense of denial to deny the present symptoms. Often, the woman seeks to delay the treatment due to multiple causes, among them there is the denial of being with a serious illness, as well as the socioeconomic and psychological factors.⁸

Denial might be understood as an apparent defense that might be expressed by the fear of facing the disease and even by the fear of death. The disease is difficult to diagnose might leave marks on the human body, since they have an ability to repress emotions and deny the generated conflicts.¹³

● Searching for the cause

Given the experienced situation, some women seek to understand the onset of the disease, being that they often reflect and question about the reason of such a disease. Thus, they seek an explanation in their past behaviors.¹³

To find a cause for the disease might have an important meaning for women with breast cancer. This search for meaning might make them more conscious in the recognition of their situation. Thus, the causal attribution might be important because, in many cases, will determine the types of strategies to be adopted by women for adjustment and alterations in their life habits.¹⁵

It should be highlighted that another important point is the need that most women manifested to understand what was happening to them.¹⁰ It is known and agreed that every person, throughout its life, is faced with a multitude of problematic situations that might contemplate from great crises through a serious illness until their consequences. The repression of feelings is linked to the fact that if a subject ignores emotions like anger or anxiety, then they will simply disappear. Throughout life, repressed sufferings and displeasure are associated with strong feelings of guilt.¹⁴

Breast cancer brings awareness to women with regard to the way in which their personal care actions are relegated to the background. Given the experienced situation, many women begin to reflect on the actions taken in relation to health and realize the neglect that they had with their own body.⁹

As the result of the disease process, the women find themselves in times of emotional fragility, with personal and family conflicts, as well as loss of loved ones. One woman clearly demonstrates that her illness had emotional origin, and other one attributes her illness to a “thud” or a “cut on her breast”.¹⁶

● Psychosocial aspects of breast cancer

The word cancer is covered by an intense stigma. For many women, the fact of being diagnosed with this disease is a major constraint because of the effects arising from the treatment, which shake the body image and that significantly impacts on their social conviviality.¹⁷

Some women verbalize perceived changes in body structures or functions, such as: the fact of not looking at one body part, not touching it, hide changes in lifestyle and in social involvement with fear of rejection from others.¹⁶ The appearance, i.e., the looking, is transmitted to us in a culture as beautiful, the being beautiful, elegant, feel good. It is perceived in women a concern regarding their image, where some of them fail to look in the mirror, touching themselves, often getting embarrassed of others.¹³

A woman diagnosed with breast cancer has a greater concern with body mutilation than

the disease itself, because for patients with cancer, death is an accomplished fact.⁶ When this body symbol, i.e., the female, breast heavily loaded of narcissism, is mutilated, self-esteem might impair this woman, leading to feelings of helplessness, disgust and anguish.¹⁶ Not least, the disorders of the female identity go beyond the loss of the breast, since the woman has to deal with the partial or total baldness, in addition to menstrual irregularities, among other prejudices.¹⁷

● Life trajectory

The confirmation of the diagnosis and the fact of living with cancer brought profound changes in their lives and in the way of seeing the world. The ways of coping with life after cancer are expressed in expectations geared to the healing and the need for religious attachment.¹⁸

After treatment of breast cancer, some initiatives are taken in order to overcome and coping with this new condition, such as: return to work, dedication to social works, more dedication and approximation of the family and of itself, acting in a support group the mastectomized women and participation in group of post-mastectomized women with the conduction of meetings of yoga and music therapy.¹⁷

The demonstration and management of hope is a strong point to ensure to women a positive image before the changes occurring in their bodies. To help someone, share experiences and relate problems to the diagnosis and the treatment, and even problems of a different nature, are considered essential elements for growth and transformation of behavior.¹⁸⁻¹⁹

Throughout the confrontation of the disease and of its treatment, women seek to see things from the positive side with the purpose of having hopes, because, after diagnosis, women report feeling different, had changed in some respects, whether is in their way of being or in the way of seeing life.

FINAL CONSIDERATIONS

It is believed that the identification of feelings, behaviors and expectations in the life trajectory of women with breast cancer is the way to understand this complex issue. It should be emphasized that, when the woman discover herself as a carrier of a malignancy neoplasm, she will face fears and conflicts, where it becomes necessary to seek the understanding of itself and of the disease as a way to not be alone, because the suffering is present in the daily experiences.

The perception that the woman with diagnosis of breast cancer has of her own body might be understood as a reformulation and rebuilding of a new identity, redefining its present and future life. The evidenced appreciation by means of the analyzed papers makes clear the impact caused by breast cancer in women's lives. Once they start to coexist with a stigmatizing disease, live with negative feelings and face the treatment and its consequences, they are marked by insecurities uncertainties and anxieties. When it becomes necessary the participation of health care professionals, particularly nurses, it is inferred that this professional might help them in coping with disease, in the adjustment of feelings, hoping and strategies in the trajectory of rebuilding their lives.

We consider that the opportunity to draw the attention of the nursing professional, with a view to achieving a better nursing care with emphasis on subjectivity of care through measures to prevent and/or minimize distress, defenses and symbolic elaborations of worthlessness, hopelessness and misfortune, among others, demonstrated by these women before diagnosis. Hence, it should be understood the issues related to psychosocial adjustment, allowing the health care professionals to assess/assist women in more appropriate manner.

REFERENCES

1. Viana CDMR, Pereira MLD, Moreira TMM et al. Breast cancer: bibliographic brazilian scientific production from 2001 to 2008. J Nurs UFPE on line [Internet]. 2009 [cited 2012 Jan 10];3(1):95-100. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/267/pdf_841

2. Ministério da Saúde (Brasil). Instituto Nacional de Câncer [Internet]. Estimativas 2010: incidência de câncer no Brasil. Instituto Nacional de Câncer. Rio de Janeiro: INCA; 2009 [cited 2012 Jan 15]. Available from: <http://www.inca.gov.br/estimativa/2010/estimativa20091201.pdf>

3. Vieira CP, Lopes MHBM, Shimo AKK. Sentimentos e experiências na vida das mulheres com câncer de mama. Rev esc enferm USP [Internet]. 2007 [cited 2012 Jan 10];41(2):311-6. Available from: <http://www.scielo.br/pdf/reeusp/v41n2/19.pdf>

4. Pinheiro SJ, Fernandes MMJ, Jucá MM, Carvalho ZMF, Fernandes AFC. Enfrentamento do diagnóstico de câncer de mama pela mulher: estudo de revisão de literatura. J Nurs UFPE on line [Internet]. 2010 [cited 2012

Jan 10];4(spe):91-7. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/885/pdf_88

5. Ministério da Saúde (Brasil). Instituto Nacional do Câncer [Internet]. Câncer no Brasil: dados dos registros de base populacional. Rio de Janeiro: INCA; 2008 [cited 2012 Jan 15]. Available from:

<http://www.inca.gov.br/regpop/2003/versaofinal.pdf>

6. Schmer C, Ward-Smith P, Latham S, Salacz M. When a family member has a malignant brain tumor: the caregiver perspective. J Neurosci Nurs [Internet]. 2008 [cited 2012 Jan 10];40(2):78-84.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=When+a+family+member+has+a+malignant+brain+tumor%3A+the+caregiver+perspective.>

7. Beckjord E, Campas BE. Sexual quality of life in women with newly diagnosed breast cancer. J Psychosoc Oncol [Internet]. 2007 [cited 2012 Jan 28];25(2):19-36. <http://www.ncbi.nlm.nih.gov/pubmed/17613483>

8. Silva G, Santos A. “Será que não vai acabar nunca?": perscrutando o universo do pós-tratamento do câncer de mama. Texto & contexto enferm [Internet]. 2008 [cited 2012 Jan 10]; 17(3):561-68. Available from: <http://www.scielo.br/pdf/tce/v17n3/a18v17n3.pdf>

9. Corbellini VL. Câncer de mama: encontro solitário com o temor do desconhecido. Rev gaúch enferm [Internet]. 2001 [cited 2012 Jan 10];22(1):42-68. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4351/2299>

10. Almeida AM, Mamede MM, Panobianco, MS. Construindo o significado da doença: a experiência de mulheres com câncer de mama. Rev latinoam enferm [Internet]. 2001 [cited 2012 Jan 10];9(5):63-69. Available from: <http://www.scielo.br/pdf/rlae/v9n5/7800.pdf>

11. Fialho AV, Silva RM. Câncer de mama: o pensar e o fazer das mulheres. Rev bras enferm [Internet]. 2004 [cited 2012 Jan 10];57(2):457-60. Available from: <http://www.scielo.br/pdf/reben/v57n2/a05v57n2.pdf>

12. Makluf ASD, Dias RC, Barra AA. Avaliação da qualidade de vida em mulheres com câncer da mama. Rev Bras Cancerol [Internet]. 2006 [cited 2012 Jan 10];52(1):49-58. Available from: http://200.131.208.43/bitstream/123456789/1568/1/ARTIGO_Avalia%C3%A7%C3%A3oQualidadeVida.pdf

13. Vieira CP, Lopes MHB, Shimo AKK. Sentimentos e experiências na vida das mulheres com câncer de mama. Rev esc enferm USP [Internet]. 2007 [cited 2012 Jan 2012];41(2):311-6. Available from: <http://www.scielo.br/pdf/reeusp/v41n2/19.pdf>

14. Carvalho CSU. A necessária atenção à família do paciente oncológico. Rev Bras Cancerol [Internet]. 2008 [cited 2012 Jan 10];54(1):97-102. Available from: http://www.inca.gov.br/rbc/n_54/v01/pdf/revisao_7_pag_97a102.pdf

15. Silva LC. Câncer de Mama e sofrimento psicológico: aspectos relacionados ao feminino. Rev Psicol Est [Internet]. 2008 [cited 2012 Jan 10];13(2):231-237. Available from: <http://www.scielo.br/pdf/pe/v13n2/a05v13n2.pdf>

16. Amâncio VM, Costa NZS. Mulher mastectomizada e sua imagem corporal. Rev baiana enferm [Internet]. 2007 [cited 2012 Jan 10];21(1):41-53. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/3911/2880>

17. Caetano EA, Gradim CVC, Santos LES. Câncer de mama: reações e enfrentamento ao receber o diagnóstico. Rev Enferm UERJ [Internet]. 2009 [cited 2012 Jan 10];17(2):257-61. Available from: <http://www.facenf.uerj.br/v17n2/v17n2a21.pdf>

18. Talhaferro B, Lemos SS, Oliveira E. Mastectomia e suas consequências na vida da mulher. Arq Ciênc Saúde [Internet]. 2007 [cited 2012 Jan 10];14(1):17-22. Available from: http://www.cienciasdasaude.famerp.br/racs_ol/vol-14-1/ID%20170%20novo.pdf

19. McGaughey A. Body Image After Bilateral Prophylactic Mastectomy: An Integrative Literature Review. J Midwifery Womens Health [Internet]. 2006 [cited 2012 Jan 10];51(6):45-9. Available from: <http://www.sciencedirect.com/science/article/pii/S1526952306003321>

Silva MB da, Miranda FAN de, Pessoa Júnior JM.

Feelings and expectations of women...

Submission: 2012/08/06
Accepted: 2013/05/22
Publishing: 2013/07/15

Corresponding Address

Marta Batista da Silva
Departamento de Enfermagem
Programa de Pós-Graduação em
Enfermagem/UFRN
Av. Salgado Filho – Campus Universitário
Bairro Lagoa Nova
CEP: 59072-970 – Natal (RN), Brazil