"BODY AND SOUL": STORIES OF WOMEN ARGUED BY CANCER
"DE CORPO E ALMA": HISTÓRIAS DE MULHERES ACOMETIDAS POR CâNCER
"DE CUERPO Y ALMA": HISTORIAS DE MUJERES ACOMETIDAS POR EL CâNCER

Milca Silícia Morais Pessoa¹, Alinny Batista Monteiro², Carlos Emmanuel Gonçalves Chaves³, Paulo Ricardo da Fonseca⁴, Vanilda Saraiva Dutra⁵, Alynne Mendonça Saraiva Nagashima⁶

ABSTRACT

Objective: to know the feelings experienced by women after the discovery of cancer. **Method:** qualitative, descriptive and exploratory study, supported in Oral Thematic History. Semi-structured interviews were conducted with women with cancer and the empirical material was analyzed by the thematic analysis and presented by thematic axes. **Results:** three thematic axes emerged: 1) Between sadness and courage: feelings of women facing the diagnosis of cancer; 2) Recognizing the body after cancer diagnosis; 3) Difficulties faced by women with cancer: overcoming challenges. **Conclusion:** women presented feelings of sadness, isolation, resilience and resignification before life. Most have undergone changes in the body because of the disease, negatively impacting femininity. Among the difficulties faced, in addition to prejudice, they suffered with exclusion and abandonment after diagnosis. It was noticed the need for research that seeks to understand the feminine universe in the fight of cancer considering that the understanding and the confrontation of the disease are influenced by the gender. **Descritores:** Women's Health; Neoplasms; Femininity; Emotions; Mourning; Spirituality.

RESUMO

Objetivo: conhecer os sentimentos vivenciados pelas mulheres após a descoberta do câncer. **Método:** estudo qualitativo, descritivo e exploratório, respaldado na História Oral Temática. Realizaram-se entrevistas semiestruturadas com mulheres com câncer e o material empírico foi analisado pela análise temática e apresentado por eixos temáticos. **Resultados:** emergiram três eixos temáticos: 1) Entre tristeza e coragem: sentimentos de mulheres frente ao diagnóstico de câncer; 2) Reconhecendo o corpo após o diagnóstico do câncer; 3) Dificuldades enfrentadas por mulheres com câncer: superando desafios. **Conclusão:** as mulheres apresentaram sentimentos de tristeza, isolamento, de resiliência e resignificação diante da vida. A maioria obteve modificações no corpo em virtude da doença impactando, de forma negativa, a feminilidade. Dentre as dificuldades enfrentadas, além do preconceito, elas sofreram com a exclusão e abandono após o diagnóstico. Percebeu-se a necessidade de pesquisas que busquem compreender o universo feminino perante a luta do câncer considerando que a compreensão e o enfrentamento da doença são influenciados pelo gênero. **Descritores:** Saúde da Mulher; Neoplasias; Feminilidade; Emoções; Luto; Espiritualidade.

RESUMEN

Objetivo: conocer los sentimientos vivenciados por las mujeres después del descubrimiento del cáncer. **Método:** estudio cualitativo, descriptivo y exploratorio, respaldado en la Historia Oral Temática. Se realizaron entrevistas semiestructuradas con mujeres con cáncer y el material empírico fue analizado por el análisis temático y presentado por ejes temáticos. **Resultados:** surgieron tres ejes temáticos: 1) Entre tristeza y coraje: sentimientos de mujeres frente al diagnóstico del cáncer; 2) Reconociendo el cuerpo después del diagnóstico del cáncer; 3) Dificultades enfrentadas por mujeres con cáncer: superando desafíos. **Conclusión:** las mujeres presentaron sentimientos de tristeza, aislamiento, de resiliencia y resignificación ante la vida. La mayoría obtuvo modificaciones en el cuerpo en virtud de la enfermedad, impactando, de forma negativa, la feminidad. Entre las dificultades enfrentadas, además del prejuicio, ellas sufrieron con la exclusión y abandono después del diagnóstico. Se percibió la necesidad de investigaciones que busquen comprender el universo femenino ante la lucha del cáncer, considerando que la comprensión y el enfrentamiento de la enfermedad son influenciados por el género. **Descritores:** Salud de la Mujer; Neoplasias; Feminidad; Emociones; Luto; Espiritualidad.

¹Nurse, Resident in Intensive Care Unit, University of Pernambuco / UPE. Caruaru (PE), Brazil. E-mail: milcasilicia@gmail.com ORCID iD: <http://orcid.org/orcid.org/0000-0002-4003-135X>; ²Student, Bachelor's Degree in Nursing, Federal University of Campina Grande / UFCG - Campus Cuité. Cuité (PB), Brazil. E-mail: alinny.batista@hotmail.com ORCID iD: <http://orcid.org/orcid.org/0000-0001-5632-1258>; ³Student, Bachelor's Degree in Nursing, Federal University of Campina Grande / UFCG. Cuité (PB), Brazil. E-mail: carlosarmylock@gmail.com ORCID iD: <http://orcid.org/orcid.org/0000-0002-8413-7930>; ⁴Student, Bachelor's Degree in Nursing, Federal University of Campina Grande / UFCG - Campus Cuité. Cuité (PB), Brazil. E-mail: paulopr17@hotmail.com ORCID iD: <http://orcid.org/orcid.org/0000-0003-1931-5937>; ⁵Specialist in Emergency, Emergency and ICU, Faculdades Integrada de Patos / FIP. Patos (PB), Brazil. E-mail: vanildadutra@bol.com.br ORCID iD: <http://orcid.org/orcid.org/0000-0002-3728-820X>; ⁶PhD, Bachelor's Degree in Nursing, Federal University of Campina Grande / UFCG - Campus Cuité. Cuité (PB), Brazil. E-mail: alynnems@hotmail.com ORCID iD: <http://orcid.org/orcid.org/0000-0002-7939-3059>

INTRODUCTION

Cancer is a public health problem and ranks second in causes of death in the adult population in Brazil.¹ Among the data, the National Cancer Institute (INCA) reports that, with the exception of cases of non-melanoma skin cancer, approximately 600,000 new cases of cancer have been reported for the biennium 2016/2017.²

The proportional distribution of the five cancers most estimated to 2016/2017, according to the INCA, had, in the female sex, the primary location: breast (28.1%); colon and rectum (8.6%); cervix (7.9%); trachea, bronchus and lung (5.3%) and thyroid gland (3.7%). Already in the male sex: prostate (28.6%); trachea, bronchus and lung (8.1%); colon and rectum (7.8%); (6.0%) and oral cavity (5.2%), not taking into account non-melanoma skin cancer in which the proportion is balanced in both sexes.³

Neoplasms present high mortality and morbidity rates. Thus, when the diagnosis of cancer is confirmed, the person affected may present feelings of anguish and stress that are consistent with the confrontation of a pathology that refers to the finitude of existence. Taking into consideration that, in addition to cancer, death also leads to fear of mutilations, deconfigurations, treatments that cause pain or discomfort, and the presence of depressive feelings and low self-esteem, as well as social and economic disarray.⁴

In contemporary times, women play important roles in society, which end up being affected by the experience of illness, having all their family, social and professional routine affected by cancer, being their greatest fragility the perception of themselves as a woman, since this pathology and their treatment cause transformations not only in their body, but also in their soul, directly attacking femininity.⁵

The representation of the modern woman and her social space are linked to the body image, and the physical attributes, such as breasts and hair, are very much targeted in this context. When the woman is confronted with cancer, in addition to the fear of death, in her daily life another fear is related to the possibility of losing some of those representations that symbolize her femininity and aesthetics.⁶

The disease, in addition to appropriating the body, significantly affects the emotional and spiritual aspects. Feelings of loneliness, fear, hopelessness, of having to interrupt dreams, to die and abandon those who stay, especially when these are the children, are

common. Faced with this diversity of emotions, the search of these women for spirituality ends up being the main strategy to face the fear, the despair and the anxieties caused by the new reality brought about by cancer.⁷

This experience transcends the physical suffering caused by the disease. These feelings have elucidations regarding the pathology as well as its treatment, and these longings allow the woman to be aware of her finitude by interfering directly in her interpersonal relationships and with herself.⁸

In making contact with this new event in their lives, despite the additional barriers reported, women make adaptations in their routines mainly due to the fact that now they need to receive help and care from the people around them, whether in the scope family or professional.⁶

One of the changes in a woman's life is having to leave home to receive the indicated treatment. Most of the time, because she is concerned with the care of the home, the children, the family, she does not easily accept this new condition of life and feels uncomfortable giving the care she herself developed to someone else. Now she ceases to be the main caregiver and becomes the care recipient.⁹

To develop a research that can address the experiences of women with cancer, is to be able to discuss the suffering that affects the female body and soul, from diagnosis to treatment, allowing relatives and health professionals to understand the anxieties, the anxieties that surround this condition and allowing a welcome and quality care for these women.

Therefore, it is expected that this study may bring possibilities of understanding care as the essence of life, showing that there is a care beyond medication administration and that, for this, it is necessary to respect the singularities of each woman's life and, in this way, serves as a subsidy for nurses to develop new possibilities of care aimed at the gender perspective from the experiences lived and felt in the body and soul of each woman affected by cancer.

When considering the suffering that women experience during the diagnosis / treatment of cancer and the impact of this disease on the female universe, the following guiding questions were raised: What are the feelings experienced by women with the discovery of cancer? What is the perception they have of your body after the diagnosis of the disease? What difficulties did they experience in being a woman affected by cancer? In order to

respond to these questions, the following objectives were:

- To know the feelings experienced by women after the discovery of cancer;
- To uncover the perception that women have of their body after the diagnosis of the disease;
- To identify difficulties experienced in the condition of women affected by cancer.

METHOD

A qualitative, descriptive and exploratory study, supported by the Thematic Oral History, carried out between June / July 2016 at the Non-Governmental Organization (NGO) "Association of support for people with cancer: Hope and Life", located in the city of Campina Grande , Paraíba, where, for seven years, it has been providing care to people diagnosed with cancer and developing actions that directly help improve their quality of life.

The collaborators defined to be part of the destination community were represented by the women registered in the NGO. The colony was formed by women who are attending the NGO weekly, and the network was composed of women who met the inclusion criteria.

Thus, the study had six women.

The inclusion criteria adopted were: women above the age of 18 enrolled in the NGO and who were undergoing cancer treatment, as well as those who agreed to voluntarily participate in the research.

As exclusion criteria: women registered in the NGO, but who are not attending the activities provided in the organization.

For the collection of the empirical material, a semi-structured interview was carried out, with the cohort questions, respecting the stages called pre-interview, interview and post-interview. Initially, the women were invited to participate in the interview, guided and assured about the anonymity of the research through the Informed Consent Term (ICT). Regarding anonymity, the collaborators were given names of precious stones to value their stories and experiences as women who overcame the adversities arising from cancer.

After the presentation of the TCLE, the following questions were asked:

- What are your feelings about finding out you had cancer?
- How do you see your body after the illness arrives?
- What difficulties do you face as a woman with cancer?

The criteria used were in compliance with Resolution 466/2012, of the National Health

Council, that governs the researches with human beings, and the women's permission was requested for the interviews to be recorded. The research was approved by the Ethics and Research Committee of the University Hospital Alcides Carneiro, through CAAE: 55429616.1.0000.5182.

For the construction of the documentary corpus, after the recording and recording of interviews and observations made during that period, all material was transcribed in full and transformed into text.

In this sense, after the stories were approved by the collaborators, there were thematic axes that reproduced the experiences of women when they were affected by cancer: a) Among sadness and courage: feelings of women facing the diagnosis of cancer; b) Recognizing the body after the diagnosis of cancer; c) Difficulties faced by women with cancer: overcoming challenges. They were constructed based on the proposed objectives and the most constant themes presented in the six stories and discussed from the pertinent literature.

RESULTS

The study partners were aged between 32 and 68 years. Of the six women in the study, four were 55 years of age or older (67%) and the others, age less than 55 years (33%). All women reported being married and earning income from a monthly minimum wage.

As for the time they were diagnosed with cancer, the mean was seven years. Thus, among the six women in the study, three knew they had the disease in 2009.

For the analysis of the documentary corpus of the research, the following thematic axes were constructed:

♦ Thematic Axis I - Between sadness and courage: feelings of women facing the diagnosis of cancer.

Women reported varying feelings about the diagnosis of cancer, but sadness and fear stood out as negative symptoms.

[...] When I discovered the cancer I experienced a moment of sadness. We are very impressed [...] [...] this is a depression! [...] We just want to be alone [...] It's a desert! I was very sad, very shaken, only made her cry and think about her daughters [...] (Tourmaline)

[...] I was very shaken! It was a very difficult problem, you know? Really hard! That I even thought, 'My God, cancer? I will die of this disease!' [...] (Agate)

[...] When I discovered that I had cancer I felt a lot of anguish, a lot of disgust and I was depressed, because it's a really big

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shock, right?! One moment we get diagnosed with cancer is a big shock anyway! I was really depressed, I wanted to get low! [...] (Emerald)

For Tourmaline, besides the sadness and the shock, another feeling became present in his speech: the isolation! She isolated herself from the fear of the unknown. She worried that she might die and leave her daughters helpless.

Agatha felt shaken as it is very difficult to deal with the diagnosis of cancer, which generally has a devastating effect on the life of the person receiving it. Cancer brings with it fear, either from mutilations and disfigurements that treatments can cause, either from death, through the feeling of finitude of life or by the many losses in the emotional, social and material realms.¹⁰

Emerald saw her world go to the ground and depression to make itself present. The very characteristic of cancer, with its ups and downs, its uncertainty about the future, the possibility of recurrence, the likelihood of metastases and the risk of death generate depressive symptoms. However, it was observed in two collaborators that the feeling of courage and resilience to the disease overcame the feeling of sadness before the diagnosis of cancer:

[...] I did not feel anything when I discovered cancer! I did not cry, I did not despair. I would say, 'I'm sick, but I have faith in God, I'm not going to die, I'm going to be well!' [...] (Turquoise)

[...] I tried not to lower my head, eh? [...] Because then, when you have a son, you do not think about you, you think about your son, you know. [...] (Pearl)

Turquoise sought, in his belief from God, the strength to keep going. At the same time that she claimed for others to be sick, she believed in healing. Pérola has already made her son's motivation to overcome the news and face cancer.

♦ Thematic axis 2 - Recognizing the body after cancer diagnosis

Regarding the modifications observed in the body after the diagnosis and treatment of cancer, it was verified that the treatment, whether surgical or medicated, affects not only the body, but also brings emotional suffering in the face of the shaking of femininity. However, some women, even faced with the physical changes caused by the disease, were resilient:

[...] Every time I talk about it I cry. Because the breast of the people is the mirror of the woman and the woman without the breast, she feels [...] I do not know (I cry) [...] So, feel that there is no more that breast to

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support the other [...] I was a very suffering person, in term of cancer, I suffered a lot, a lot, a lot, a lot! [...] (Emerald)

[...] When you look at me in the mirror I feel different, you feel [...] When you look at yourself in the mirror and you see that you do not have the breast anymore, it seems to be over! The world is over for us! [...] When I looked in the mirror I felt [...] I felt that disgust, you know? [...] (Tourmaline)

[...] After the surgery the body reacts badly too, because then, we do not have the same vitality as before [...] We have limitations [...] and it moves a lot with your emotional [...] It moves with you and even with a relationship with your husband [...] Everything changes! Because so, sometimes you no longer feel the desire you felt before [...] (Pearl)

[...] When I looked at myself and saw that surgery, everything opened and me skinny [...] I thought, 'my God!' [...] I saw my body like this [...] And said: 'God will give me another reform!' Thank God, I was increasing the weight and everything [...] (Agate)

Tourmaline and Esmeralda report how different they felt after mastectomy and that, when they looked at themselves in the mirror, they no longer recognized themselves as women, since understanding and accepting the physical changes resulting from the adopted therapy, be it surgical or chemotherapeutic, is a process difficult and time-consuming to elaborate.

In the words of the collaborators, they bring, in other words, that the breast is a symbol of femininity. The withdrawal of the breast is similar to castration, since the breast is considered as a symbol of fertility and a source of life. Pearl shows the same feeling when she sees her body imprisoned and her desire repressed. On this aspect, facing changes in the body is always difficult, especially if it is such a symbolic part for the woman.

Already in the narratives of Jade and Turquoise, they reveal that, even in the face of the changes brought about by the disease, her feminine universe was not shaken:

[...] I did not even cry, I did not despair, I looked in the mirror and it was normal for me, I did not feel anything. There are people who are crying [...] And I was not sad! I was bald, I wore a scarf, but it was lively anyway! [...] (Turquoise)

[...] When the disease arrived, I saw my normal body, I did not think it changed anything, for me it continued the same way [...] Same body! I felt like I had nothing on my body problem! When I learned that I was

going to remove the breast quadrant, I was not sad! [...] (Jade)

The collaborators had a different perception of the others when reporting that they were not affected by the changes in their body after cancer, that is, some women elaborate another meaning for disease. Thus, each person establishes his own walk before the course of this pathology.¹

The physical limitations also cause difficulties in the daily life of these women, since the physical incapacity of people with cancer, coming from the treatments chosen or even from the disease itself, ends up depriving them of developing daily work activities, which causes feelings that depress the quality of exist / live of the woman.¹¹ In narratives, one can observe this:

The difficulty I had is that we stay like this, without moving the arm anymore, having strength, thinking that it will not work anymore, but it returns to normal! [...] I did physical therapy on the arm, spent more than 15 days doing and here in the association I do [...] And thank God I already do laundry, I get home, I get it, I make food, I go to church, and so [...] Ready! It's all normal, it seems like nothing has happened to me! (Tourmaline)

My daughter I faced the condition of a woman with cancer very firmly! [...] the difficult thing that I found most in the treatment was just that nausea (due to chemotherapy) that gives, there after that, there ready ... for me everything was normal! I felt like a person who looked like he was not doing the treatment! (Jade)

The fact that caring is a task still attributed mainly to women causes this act to be perceived as belonging to the feminine condition. The narrative of Turmalina allows to realize that the deprivation of the care actions developed by it was one of the most impacting factors during the treatment of cancer. However, it is important to note that the work that shapes the social role that Turmalina occupies is a reflection of what society still sees as the woman's place: being a housewife, the person in charge of housework.

♦ Thematic Axis 3 - Difficulties faced by women with cancer: overcoming challenges

Among the difficulties presented by the collaborators, we observed that prejudice and solitude were present in many testimonies. Prejudice, is often present, generates segregation, and may be realigned with feelings of misery. This fact is noticed in the following report:

[...] The greatest difficulty I faced when I discovered cancer was prejudice! That there were people who looked at me and I felt they were [...] disgusted with me! But I did not even care, there were people who said, 'Poor thing!' Then I would say, 'Poor thing, no! I'm not a poor person!' (Turquoise)

Turquoise demonstrates how much prejudice has hit her during cancer treatment. She felt uncomfortable with the feeling of pity coming from the people around her, since she had always believed she would win the disease.

Beyond prejudice, loneliness was also present in the narrative of other women:

[...] my mother took care of my family, because so, since I was separated, then I had no support! None! It was only my mother, right? [...] I faced everything just my mother and me! (Pearl)

Pearl tells how lonely she felt when she discovered cancer, having only her mother's support. With this, their social isolation and their feeling of solitude are evident, because, at the moment, it was separated and did not count on the support of the companion. In this case, Pearl's mother becomes responsible for her family playing the part that was previously developed by her.

However, the following narrative is an exception compared to the other participants of this study, since it refers to the unconditional support of the companion:

[...] difficulties I did not have [...] because my daughters fell upon [...] this disease only wants an aperreiozinho for it to touch again ... My husband has always been a good man, there are 38 years that I am married [...] He feels dejected because he can not keep me from giving what I need, not having a financial situation [...] but he is a very husband good! On my side in sickness, ready, I do not want to know anything, no, he is with me on the side of illness and not caring [...] (Esmeralda)

Among all the collaborators of the research, Esmeralda was the only one who reported the great importance that her husband had in the fight against cancer. She found in her husband the necessary support that helped her not give up.

This placement of Esmeralda is different from what is commonly found in the literature or in the accounts. Generally, in the face of a serious illness, the partner tends to move away from the woman, especially if the cancer affects some part of the body that is a symbol of her femininity.

DISCUSSION

Because cancer is feared by its association with the finitude of life, the woman who is

affected by this disease, changes to its behavior. When taken by feelings of fear and hopelessness, the person tends to want to isolate himself from his social and family life and to a loss of personal identity.⁷

Upon receiving the confirmation of the diagnosis of cancer, the woman begins to present feelings ranging from indifference to an intense fear of suffering, death and uncertainty about the control of her life. Crises of instability, marked by frustrations, conflicts and insecurity, are present in the lives of these people.⁹

Because cancer is still a stigmatized disease, it is not easy for a woman to deal with her diagnosis. Thus, she begins to live with several negative feelings and faces a process of re-signification, which is generated according to her perception of the disease, which may have a possibility of cure less than others, as well as having a more intensive treatment than other pathologies. Once diagnosed, all these factors lead her to believe that the chance of death is greater than the prospect of cure.⁸

Generally, these women present depressive symptoms during the discovery and treatment of the disease that can be categorized as emotional and affective. A depressed person can not appreciate what previously provided pleasure and ends up abandoning his daily activities and acquiring a pessimistic view of himself, of the world and of the future itself.¹⁰

They are feelings that when faced with the cultural representation of the disease, have the stigma of death and suffering, affecting the properties of the female being and the interpersonal relations of women, especially the intimate and basic ones.¹²

Often, the process of confrontation is determined with effort and directed to bypass a stressful event, causing it to be able to understand the motives that will intervene in the final outcome of the process it is going through. In cancer patients, this coping is the ability to overcome and positively re-signify adverse situations, managing disease and treatment over time.⁷

It was observed in some narratives that hope was present in the lives of women affected by cancer, acting as a basic condition that made them endure suffering from diagnosis and maintaining emotional integrity so that they could remain firm in coping with the disease. In this way, each woman had a different reaction when receiving the news of cancer, since the meaning for experiences of illness and renewal of hope are developed when the spiritual dimension is worked out.¹

Each collaborator bragged about motivations to confront the disease, whether in the children, in God and in their own courage and strength, becoming even warmer and safer for decision-making and coping with treatment.¹

Spirituality is a widely used strategy as a way to support and overcome obstacles that may arise during your walk. As a result, some women, when faced with the loss of a part of their body, did not feel frustrated, filling any negative feelings with the hope of turning around before that situation.

It is believed that spirituality is related to the elaboration of meanings that help the woman to face the cancer or any other illness, supporting the person so that it directs the life and is able to follow ahead pointing to a benefit related to the passage through the suffering. In this sense, spirituality helps in coping with and mobilizing the personal surplus resources most needed to adapt to the context of a serious illness.¹

In the reported histories, it was observed that perception about body and body was affected by the disease, influencing how women perceived themselves, expressed their femininity and related to a world.

The woman begins a struggle to confront the absence of the breast, the presence of edema caused by the lack of lymph nodes, that had to be removed surgically, the change in the way of dressing to hide from society the new self, the shame of physical appearance and so many other feelings.¹³

When breast cancer is discovered, the symbolization of the woman as being female is destroyed, that is, from the moment she discovers that she needs to withdraw the breast, her identity is questioned: Will I still be wanted? Will I be less a woman?⁵

Women who undergo mastectomy have their bodies violated and feel ashamed for being out of society's standard of beauty, the breast being fundamental to the "well-being" of their body image.¹⁴

When she loses a part of herself, the woman perceives herself far from her feminine universe, and may present with a decrease in sexual libido, self-esteem and fear of rejection of the partner, thus changing her perspective on life.⁸

The woman has a view of her body as intact, which is complete and functioning well, but from the moment she goes through a change of this paradigm, her look on her self-image is modified, and she has to live with a mark that determines the passage of cancer in your life.¹⁵

In some narratives, it is possible to see how the treatment against cancer disfigures and mistreats the female body. Considering the body as a relational instrument with the world, where marks and life histories are preserved, the illness and aggressiveness of the cancer treatment attack the corporeity and break, in a striking way, the "being and the becoming" woman and her personal relationships.

For some of the women in this study, physical appearance was no longer seen as a priority compared to the chance of a complete cure for cancer. This feeling of resignation in the face of illness is also closely related to the support given by the family and especially by the faith they have.¹ They turn to aspects that involve their quality of life, with diagnostic acceptance and the opportunity to recover the health. In the face of cancer, these women have positive thoughts and are confident in the struggle for existence through spirituality as a source of balance.⁷

Another relevant factor, highlighted in the narratives, is the prejudice still present in the daily life of the person affected by cancer. Chronic and serious illnesses can trigger feelings of misery in people who live with the patient and accompany their suffering. This is because neoplasias cause changes in the body and because, most of the time, they need aggressive and invasive treatment, they end up debilitating those who are submitted to it.⁷

Prejudice ends up leading to the isolation of society, making it clear that loneliness is present in the daily lives of women with cancer. Their activities are restricted to the domicile scope, leading to social exclusion.¹⁵

It is also worth noting, that the experiences lived during the confrontation of cancer provoke a new family, personal, social and spiritual organization. In addition to being burdened with being hospitalized or fatigued by treatment, women with cancer bear the guilt of being absent from their home and family, which creates greater distress for them.¹⁶

The woman is recognized as a unit of care, not only in pathological situations, but also in her daily routine. Thus, when the woman receives the diagnosis of cancer, her routine is modified, since she has always played the role of family caregiver, being responsible for others and for herself.¹⁷

For some women, not developing what they did before the illness does not mean a relief or even a rest, but a loss, a devaluation of oneself with regard to the activities of their home.¹⁸

This social role, imposed and naturalized as being exclusively feminine, causes the collaborator to identify herself as a woman. To return to the domestic activities is to recover the role that it has in front of the society. So when your role is reversed, you become the person to receive the care being natural that you can not stay ahead of your family as usual. Some collaborators did not readily accept this new condition of life and felt uncomfortable passing on to someone else the care they developed.⁸

The family has a fundamental role in coping with cancer, aiming to minimize the suffering of women in the diagnosis and treatment of the disease. However, some people can not cope with all these changes and events and isolate themselves from women who need support for the enfrentamento of neoplasia.¹⁹

The absence of the spouses during the whole process of coping with the disease generates great suffering in the woman, since in the course of the battle they become real enemies and significantly shake their companions with the abandonment.²⁰

In the report of one of the collaborators, it was noticed that the husband strives to meet all the needs that she has, but financially can not achieve such success. This corroborates the thought that for men, the main concern is the financial difficulties that may arise during the treatment of their women due to the high cost associated with the disease.¹⁹

Thus, it was observed that the stories woven by these collaborators are narratives of suffering, but also of confrontation. That the involvement of cancer in the female public denotes ontological impacts that generate differentiated adversities, as well as the ways in which these women have found to re-signify their histories.

CONCLUSION

Six collaborators with ages ranged from 32 to 68 years old participated in this study. They had neoplasms in the stomach, thyroid, breast and cervix. Among them, the cancer that obtained the highest number of cases was the breast, which affected four of the six women interviewed.

The research was very relevant to integrate knowledge about the reality lived by the collaborators who live with the disease and to show the path that they follow when they discover "woman with cancer", trying to extract the real feelings during this phase of life. Thus, the participants of this study demonstrated feelings of sadness and fear

regarding the diagnosis, but also of resilience and perseverance during the treatment.

With regard to the modifications that affected the body and body, the study collaborators, in their totality, underwent transformations and / or symptoms typical of the disease and the treatment. These changes have shaken their self-esteem, their self-image, and their perception of their femininity.

With the discovery of cancer, the main difficulties experienced by them were: prejudice, abandonment, exclusion and also the loss of women's roles. But they also used faith and the family as support points for coping with the disease. In this sense, this research brings pertinent reflections to the health professionals, in particular to the nurse, in the sense that they can look beyond the physical symptoms of women who are affected by cancer, but who seek to support their sufferings as support so that they can overcome this troubled moment of their lives.

Often, the health professional only turns to the part of the physical treatment leaving aside the symbology of the female body. When a woman loses a symbolic part of her body, a conflictive process begins to develop, since she loses her femininity by having her body "mutilated." Thus, it is important that these professionals take a look at the feelings that affect the woman and that can help her to rediscover herself after the cancer treatment.

It is very important that new research focused on this theme emerge so that the feminine universe can be better understood in the fight against cancer and for the professional to evolve in the face of this reality, since cancer cases in Brazil only increase.

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Corresponding Address

Paulo Ricardo da Fonseca
Rua José Vitorino de Medeiros
Bairro Planalto das Mansões
CEP: 58175-000 – Cuité (PB), Brazil