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RESEARCH

Lesões precursoras de câncer cervical: significado para mulheres em um centro de referência no brasil

Cervical cancer precursor lesions: significance for women in a referral center in brazil

Lesiones precursoras de cáncer cervical: significado para mujeres en un centro de referencia en brasil

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ABSTRACT

Objective: understand the experience of women with cervical cancer precursor lesions. **Method:** phenomenological study, with the reduction, construction, and destruction steps. Data interpretation was performed through Heidegger's comprehensive analysis. **Results:** the phenomena unveiled were related to women's doubts, due to lack of diagnosis; changes in relationships with partners; difficulties in making friends; family importance; coping strategies; relationship with health professionals and distrust in care; shame and embarrassment to undergo the Pap test; and fear of death. **Conclusion:** it was found that there is an urgent need to resize the care for a woman with cervical cancer precursor lesions, given the challenge of understanding the need that a health professional provides care from the Heideggerian perspective, establishing a relationship of being-with-the-other, appreciating her as a subject of possibilities. **Descriptors:** Health professional, Women's health, Cervical intraepithelial neoplasia.

RESUMO

Objetivo: compreender a vivência de mulheres com lesões precursoras de câncer cervical. **Método:** estudo fenomenológico, com as etapas de redução, construção e destruição. A interpretação dos dados foi realizada por meio da análise compreensiva heideggeriana. **Resultados:** os fenômenos desvelados eram relativos às dúvidas das mulheres, devido ao desconhecimento do diagnóstico; mudanças no relacionamento com parceiros; dificuldades em ter amigos; importância da família; estratégias de enfrentamento; relacionamento com profissionais da saúde e descrédito na assistência; vergonha e constrangimento na realização do teste de Papanicolaou; e medo da morte. **Conclusão:** constatou-se que urge redimensionar o cuidar da mulher com lesões precursoras de câncer cervical, tendo em vista o desafio de compreender a necessidade do profissional da saúde cuidar sob a perspectiva heideggeriana, estabelecendo uma relação de ser-com-o-outro, valorizando-o como sujeito de possibilidades. **Descritores:** Profissional da saúde, Saúde da mulher, Neoplasia intraepitelial cervical.

RESUMEN

Objetivo: comprender la experiencia de mujeres con lesiones precursoras de cáncer cervical. **Método:** estudio fenomenológico, con las etapas de reducción, construcción y destrucción. La interpretación de los datos se realizó mediante el análisis comprensivo de Heidegger. **Resultados:** los fenómenos desvelados eran relativos a las dudas de las mujeres, debido a la falta de diagnóstico; cambios en la relación con compañeros; dificultades para tener amigos; importancia de la familia; estrategias de afrontamiento; relación con los profesionales de la salud y desconfianza en la atención; vergüenza y timidez al someterse a la prueba de Papanicolaou; y miedo a la muerte. **Conclusión:** se constató que hay una necesidad urgente de redimensionar la atención a una mujer con lesiones precursoras del cáncer cervical, dado el reto de comprender la necesidad de que un profesional de la salud cuide bajo la perspectiva heideggeriana, estableciendo una relación de ser-con-el-otro, valorándolo como un sujeto de posibilidades. **Descriptores:** Profesional de la salud, Salud de la mujer, Neoplasia intraepitelial cervical.

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INTRODUCTION

Women represent more than half of the Brazilian population, constituting a significant portion to establish public policies. They are regarded by the Ministry of Health (MoH) as the main users of the Brazilian National Health System (SUS) and the Brazilian women who are within the age group at risk of developing cervical cancer represent 46.63% of the country's population.[1]

For the year 2014, the National Cancer Institute (INCA) estimated the occurrence of 15,590 new cases of cervical cancer in Brazil.[2] The percentage of women who are at the age group for developing cervical cancer refers us to the reflection that there is a need to act in order to prevent this pathology and effectively fight against mortality, through early diagnosis and treatment before the onset of disease, i.e. still at the precursor lesions stage.

The precursor stages of cervical cancer can be detected and treated, they comprise low- and high-grade intraepithelial lesions. It is necessary to organize a program that actively seeks out women with lesions, by deploying strategies along with the Family Health Program (FHP).[3] Thus, women with lesions may be identified on an early basis, resulting in an increased coverage of the at-risk population.

It is noticed that there are still gaps in referring women, since the diagnosis of a lesion until it is treated.[4] In the course of this process, many women evolve to invasive cancer or die, even without being aware of their pathology. This information is based on active search conducted in a municipality in the countryside of the state of Bahia, in 2005, at the request of the State Department of Health (Sesab), to feed the Laboratory Information System of the National Programme to Fight Cervical Cancer (SISCOLO). In this search, we observed situations where young women had not notified their family about the diagnosis; partners who were not aware of the situation; in addition to the ignorance of some families about the health problem that triggered death.

In order to justify the relevance of this study, bibliographical surveys were conducted. In the theses database of the Coordination for the Improvement of Higher Education Personnel (CAPES), in April 2009, by using the descriptor *cervical cancer precursor lesion*, only 1 study was found, within the period from 1997 to 2007. In the Virtual Health Library (VHL), using 3 descriptors, *precursor lesions*, *cancer*, and *uterus*, no paper was found.

Using the descriptor *precursor lesions*, we found papers published in various databases: Nursing Database (BDEnf) - 1, Latin American and Caribbean Literature on Health Sciences (LILACS) - 105, International Literature on Health Sciences (MedLine) - 679, SUS Collection - 2, Collection of the MoH Library - 1, REV@enf - 1, Nursing Theses and Dissertations Database - 1. No result was found in the databases of the Pan American Health Organization (PAHO), in the Information System of the World Health Organization Library (WHOLIS), and in the Nursing Journals Catalog.

Although there is a significant amount of publications, the approach by these studies was always anchored in issues related to clinical, epidemiological, and genetic factors, technical aspects related to cytopathology, collection, sample adequacy, diagnosis and therapy, among others. Therefore, no paper addressing the subjectivity of women with cervical cancer precursor lesions has been found.

Based on professional experience developed in the routine of health services, as well as on the authors' academic research activities, we argue that understanding the appreciation of the subjectivity that permeates the health status of these women, in the diagnostic process and the treatment of lesions, may favor a change in the illness and death profile.

Therefore, raising awareness of the theme, this study aims to understand the experience of women with cervical cancer precursor lesions and it introduces possibilities for stimulating individual and collective reflection, to prevent cervical cancer from the perspective of women with precursor lesions. It may be useful to reframe care for them, from a perspective in which the uniqueness of experience is appreciated.

METHOD

Qualitative, descriptive, study with a phenomenological approach, following the methodical steps of reduction, construction, and destruction as proposed by Heidegger.[5] In this method, these steps also make up three co-pertinent moments: phenomenological description, interpretation, and understanding.[5] Phenomenology, as a method, means understanding that we do not seek to characterize *what* the objects are, but *how* they are.[6]

Heidegger's method seeks a hermeneutic interpretation, a movement that begins with vague and mean understanding of the phenomenon, a description time[6], which represents the attitude of understanding the experience observed in the women's testimonies, when talking about the cervical cancer precursor lesions. The unveiling of this phenomenon took place at the analytical time, which is a part of the interpretation and understanding. This started after transcription and in-depth reading of interviews, seeking to remember all the times when a woman reported her experience.

It was applied in a Cancer Prevention Municipal Center (CMPC), located in a municipality in the countryside of the state of Bahia, which provides a significant portion of the female population with care. Seven women aged from 23 to 73 years participated in the study, whose medical records had diagnostic register of precursor lesions and they were being followed up for at least six months in this health care service. Visits to the CMPC occurred on the day of undergoing the Pap test, for a first contact.

The moments before data collection were regarded as of getting acquainted and closer to the clientele participating in the study. We used the phenomenological interview technique, recorded, applied in private, in the referral center itself, as chosen by participants. The phenomenon was unveiled in the seventh interview. Each participant was asked to choose a code name that represents the feeling she expressed, in relation to experience, being selected: Relief, Hope, Victory, Doubt, Anxiety, Worry, and Fear.

The analysis of testimonies was carried out according to Heidegger's phenomenological approach, which enabled the construction of meaning units, permeated by successive readings grasping what has been expressed in the speeches, in the light of the object under investigation.

At this stage, the words, voice tone, silence, gestures, and all body manifestations, during the phenomenological interview, were recalled. At this point, we identified the key structures of testimonies to construct and group the meaning units.

The study was approved by the Research Ethics Committee of the School of Nursing of the Federal University of Bahia (CEP/EE/UFBA), under the Opinion 258957. Data collection was conducted in August 2009, after signing of the free and informed consent term.

RESULTS AND DISCUSSION

The construction of meaning units began with the characterization of participants:

- Relief: 40 years old, married, attended until the 6th grade of Elementary School, self-employed, Catholic, 3 children, steady partner, undergoing treatment for over 1 year, diagnosed with low-grade intraepithelial lesion.
- Hope: 23 years old, single, complete High School, housewife, evangelical, 1 child, steady partner, undergoing treatment for 2 years, diagnosed with high-grade intraepithelial lesion.
- Victory: 28 years old, married, complete High School, administrative secretary, Catholic, 1 child, separated from her partner, undergoing treatment for less than 1 year, diagnosed with low-grade intraepithelial lesion.
- Doubt: 34 years old, married, complete High School, housemaid, 2 children, Catholic, steady partner, undergoing treatment for over 1 year, diagnosed with high-grade intraepithelial lesion.
- Worry: 73 years old, married, complete High School, retired, Catholic, 6 children, steady partner, undergoing treatment for over 1 year, diagnosed with high-grade intraepithelial lesion.
- Anxiety: 24 years old, single, complete High School, ironing professional, Catholic, broke up with her partner, no children, undergoing treatment for about 1 year, diagnosed with low-grade intraepithelial lesion.
- Fear: 33 years old, divorced, complete High School, nursing technician, evangelical, 2 children, steady partner, undergoing treatment for over 2 years, diagnosed with low-grade intraepithelial lesion.

Corroborating the MoH, these women were at the risk age group for developing low- and high-grade lesions, a period in which the incidence of cervical cancer is observed.

They reported a good educational level and their lesions had been monitored in accordance with the INCA protocol for over 6 months, but in spite of such a monitoring, these women did not have adequate knowledge on the pathology.

Through the analysis of testimonies, 8 meaning units emerged, which were grouped into 5, where women revealed “feelings of shame, embarrassment, and fear to undergo the Pap test” and “doubts regarding the diagnosis of cervical cancer precursor lesions.”

The feelings expressed by women with precursor lesions showed awareness about the importance of examination to prevent cervical cancer, but they also revealed shame, embarrassment, and fear.

> *I am personally very afraid... Staying in that position... and there are rude doctors, they hurt us and do not care about us at all. Almost all women are afraid to undergo preventive examination, you know.* (Hope)

> *It bothers a bit, you know, so we have to come here often to see the doctor. And I... undergoing the first preventive... Mercy! I... then, I was pregnant. I was ashamed of coming here often to see the doctor for undergoing the same procedure. It is embarrassing!* [...] *A lot of shame, but we have to do* [pause]. *And now, with such a diagnosis...* (Victory)

Knowledge on the importance of preventive examination and some of the feelings expressed in the speeches were identified in this study and also in a survey conducted in

Piauí, Brazil, where the interviewed women revealed feelings of fear and shame, among others.[7] The feeling of shame was also observed in a study conducted in Minas Gerais, Brazil, published in 2012, where 20% of women with uterine cancer reported this is the reason for not engaging in prevention.[8]

Participants reported embarrassment during examination, lack of guidance on the procedures to be performed and which is their purpose, thus increasing the feeling of fear. These meanings have also been found in studies conducted in the Brazilian Central-West and South regions país.[4,9] This is so because women often reproduce among peers a sense of pain regarding examination and this may be a result of negative, technicist, and unexplained experiences, which occurred at some point in their lifes.[4]

Thus, it was noticed that women are not appreciated as for their uniqueness and subjectivity at the time of undergoing the Pap test, yet. This situation refers to the need of professional reflection about the possibility of investing in a comprehensive way of providing care to prevent the evolution of precursor lesions.[8]

It was understood, in this study, that women experience the process of preventive care for cervical cancer with fear, anxiety, doubts, which may be mitigated by health professionals through lectures, workshops for embracement that enable women to understand prevention and the treatment of precursor lesions.

From this perspective, when we think through the professional/client relationship, there is a need to establish a dialogue between phenomenology and medicine, where medical education is urged to discuss and rethink its paradigms grounded in the biomedical model of care. In this context, phenomenology shows up as a philosophical approach that can contribute to a redefinition of medical education, making it more humanized, evolving into a model focused on understanding the other.[10]

Women with cervical cancer precursor lesions revealed, in some circumstances, lack of knowledge about their diagnosis or, when aware of it, they had doubts and were afraid, as expressed in their speeches:

> *Well, actually, I do not know, do not know much, right? I know that... the first time I came here... I underwent many exams in... in... in preventive at the health service and it always consisted... it is... primary inflammation, right? It is just that usual inflammation type. Then, the doctor came and administered an ointment, and that was it.* [...] *We got upset, because... we see people...* [pause, then crying]. (Hope)

> *People do not explain, actually. But I know... I do not know so many things.* [...] *Because any little thing can lead to a cancer nowadays, anything can cause severe illness, right?* [...] *I was not aware that this was an abnormality in the uterus!* (Anxiety)

Cancer is regarded as a dreaded disease by the society as a whole, denied on many occasions by the use of euphemisms and, in the social imagery, people resort to terms that represent pathology severity, without directly verbalizing the word cancer.[11]

> *We just think of those major problems, those affecting people all the time, right? Then, that is what scares me a lot, indeed.* (Worry)

Upon receiving a cancer diagnosis, women experience it as a threatening situation, they report having mixed reactions such as crying, sadness, and fear.[12] For women, lacking knowledge on something related to their health can generate intense concerns.

Lacking knowledge about the disease was also found in the speeches of women from Ceará, Brazil, who were undergoing cervical cancer treatment, which revealed that "knowledge deficit can also be characterized when the individual does not have the correct or complete information regarding indispensable aspects to maintain his well-being or improve it."[12:154]

Relationship with partners and friends and the process of coping with the diagnosis and treatment of cervical cancer precursor lesions

Participants reported having a steady partner, emphasizing that the relationship had changed after precursor lesions were diagnosed. Regarding the marital relationship, this study corroborates another that addresses women and cancer when it claims that some couples went through problems, others revealed cheating and also marital disruption.[13]

> *But there is always that thing, right? Yes, it was transmitted by my husband, a person I trust, you know, and he should take care of me and... that was not the case.* [...] *If I did not want to think of him, but think of me, think of my children* [angry tone], *because I need to be well to take care of my children, right?* [...] *And when... and when I talked about it to him, he was horrified, he thought I had cheated on him. This hurt me even more* [silence]. *Then, we lose faith* [...]. (Relief)

The situation of not having the support and/or partner's faith was something that brought suffering to women with cervical cancer precursor lesions, which corroborates a study conducted in Bahia with women with cancer, where problems in some marital relationships became clear.[14]

> [...] *Me and my partner, right... then, you never wonder if it is going to happen.* [...] *Oh, I was shocked, because the person living together over six years, you know, with that... with that man there, that person, we never imagine it will happen. Then, when I was diagnosed, I felt like, you know... devastated; having that partner there, every day, it is... Living with you... With that person, no...* (Victory)

> *Horrible...* [pause]. *Because if we get married, we devote our life to that person. We want to see the outcome* [crying...]. *From the beginning, from the beginning... I had no support. It hurts a lot, because we, women... we are devoted to the person. I am devoted to my partner, right?* [...] *He does not understand; for him, that is okay* [...]. (Hope)

Upon receiving the diagnosis of a disease, where meaning may be related to the cancer, people usually associate it to the support they will have from partners.[13] However, changes can be noticed in the relationship and, as unveiled in this speech, the participant expresses herself referring to lack of support and commitment of her partner. The speeches above described in a unique way how the fact that a woman has a lesion changes her relationship.

The participant Victory had no support or trust in her partner and she thinks that this has caused the end of her marriage.

> *Then, it shakes* [...] *It helped, it helped... Yes, because I think that if this did not happen, it could last a little longer, but... It helped to bring the relationship to an end* [pause]. *Shaken... and... fortunately or unfortunately, it is over! And life goes on!* [...] *It is difficult, because the person living for a long time this way, with someone, and then you receive such an information, this is a body blow, right?* [pause]. (Victory)

Thus, people think that there is a need for support not only to women, but from their partners in situations involving the possibility of cancer, because both individuals require emotional support.

When referring to friendships, women reported difficulties in sharing the situation of having a disease, and they also feel like having no friends to share this unique moment.

In the speeches by Relief, it was understood that she did not share with anyone what she actually felt about the diagnosis of her lesion. Besides, she mentioned having no best friend to lean on, despite saying her friends are her family, she did not feel comfortable sharing feelings and doubts related to the diagnosis.

> *I felt very lonely, actually, because I do not have many friends. My friends are family members, that is, brother, mother.* [...] *Oh, I think that nowadays, in the daily life we*

> *experience, you cannot lean on anyone for that. Oh, I have a friend for this and that... It is very hard to find a sincere friendship.* (Relief)

> *It is sad, it is horrible, you know, it is horrible. Sometimes we forget.* [...] *I have a friend who says this: everything is in the mind, it is in the mind. And you put it in your mind. I told her that I have an inflammation, you know. Then, when you speak of the disease she says: - I do not even want to see you speaking of it. Do not speak to me about it* [pause]. *I am just depending on God... He is aware of everything* [tears]. (Worry)

Worry reports having a friend, but, in fact, that was not the friend she needed at that time, by refusing to participate in the illness process. Her speech revealed the sadness of feeling alone, her religiosity was the only way to tackle the situation.

The attitude through which each individual will deal with her emotions is something unknown, as some people face their problems by thinking through them, others do so by resorting to faith, social isolation, or talking to friends.[15]

In the presence of cancer, women can experience positive or negative changes in relationships with friends, since consolidated relationships are strengthened, while troublesome or vulnerable ones are affected by the onset of disease.[13]

Women with precursor lesions changed their daily lives when faced with diagnosis, and this reveals women's decision-making power, seeking independence to deal with the changes needed to achieve a successful treatment.

> *I am, now, 40 years old, today I am absolutely sure of what I want and the consequences that come from any action I take. So, today, I... today I might even... have the current relationship with my partner, because we are together for a long time, without using condoms, but suspicious... and, if I am sure he any other relationship... today, now, you know, with someone else, I will not even try to use condoms, I will just walk away from him; because it is not worth trying.*(Relief)

> *The only thing I will not do is dropout from treatment due to a job. The only thing I will not give up anymore is my health, because I spent a lot of time giving up my health due to work... if you are not okay about yourself, no one will want it... and this problem can get even worse, because I spent too much time working, I worked from Sunday to Sunday and you do not have time for anything ... Oh, I cannot undergo preventive examination because the boss does not allow me to leave! Not today, not today, I started working again. At the office, I am really full of work there, but my health comes first.* (Hope)

There are various ways of dealing with threatening situations or those triggering stress and they made up the coping strategies used by women when experiencing precursor lesions. At times, women revealed they use coping strategies based on emotion; at other moments, the focus lied on the problem.[16] This can happen because "after receiving the diagnosis and during the treatment phase a woman can move away from her social network, experiencing moments of weakness and dependence."[17:53]

A study conducted in 2005, in the city of Ribeirão Preto, São Paulo, Brazil, addressing radiotherapy for cancer, found out that patients who had a coping strategy based on the problem did not avoid observing stress in their reactions, but they keep believing in the treatment and the team. And those who had coping strategies based on emotion mainly referred to the symptoms that were generated by the stressful situation and put all their hope in God.[16] A situation is revealed in this speech:

> *It is asking God.* [...] *It is sad, it is horrible, you know, it is horrible. Sometimes we forget.* [...] *Nothing pleases me that much, nothing pleases me more.* [...] *I am just going to church; to church and that is it. My life is this: at home and at church, only* [pause]. *Only God, right? He has got the power. He is the God of the impossible.* (Worry)

Worry revealed the significance of this experience and, to tackle the problem, she used emotion-based coping, trying to control the emotional response to the situation of experiencing a cervical cancer precursor lesion, through religiosity. Her faith in God enabled living with the lesion and believing that, even with times of uncertainty, there is a possibility of cure.

Family importance during lesion diagnosis and treatment

Women reported the family importance when experiencing the situation of having precursor lesions because, although they are not cancer, the fact of being diagnosed with something that can evolve to malignancy makes a woman anxious, worried, fearful as for her health and her future. Some pathologies are more easily understood by women since diagnosis to treatment. However, when treating cancer, the mere presence of a family member or someone with whom the woman has an affective bond provides confidence at the time of receiving the diagnosis.[18]

It is known that family support is significant for the rehabilitation of people with diseases.[14,19] However, what has been noticed in the speeches is that family was not always present, causing more suffering to women.

> *If it was a united family, in order to give affection, support and be there, together. When will you go there? We will go there together!* [...] *My family is not... that family, right? That everyone wish to have... be a part of it!* [pause]. *Your problem is your problem and that is it!* (Hope)

Women with cancer experience changes in relationships with family members, being marked by family unity or detachment from some family members, and this was also observed in this study.[13,14,20]

Despite the lack of family support, some women did not feel negatively impacted when facing the diagnosis. The presence of a family member or someone with whom the woman has an affective bond is also regarded as significant when receiving a cancer diagnosis.

> *A fortress, because I was too scared about undergoing biopsy. Every time the telephone rang: - Have you taken the test result, have not you? Have you already taken the result? Keep calm, trust God. My family, my family means my children, my mother, my brothers.* [...] *God and my family, that was in a special way.* (Fear)

Only the participant Fear had a positive presence of the family in this process, reaffirming the understanding that family ties can also be strengthened through illness.[14] Her discourse revealed that the family provided here with unconditional support, by means of the participation of all members since the time of the lesion diagnosis until its treatment, this speech endorses the family importance in the illness process.

Relationship with health professionals and disbelief in cervical cancer prevention care at the municipal health centers

The relationship highlighted herein refers to female medical professionals, because, when asked about diagnosis and treatment, women revealed the participation of this professional category.

> *So, I paid for a consultation, because at the health center it would take too long and I... and I... needed it quickly. So, I paid for examination* [...] *I am undergoing treatment today, because when we go to the doctor's office, we put all trust in her, you know, even though she is not God. Yeah... they are people like us, but due to their knowledge and expertise on the subject, we put all trust.* (Relief)

> *And... so... my doctor is good, but she does not sit and talk, explain, because she is so... right? Because, then, we get even a little embarrassed, afraid to ask something, right?* [pause]. *Because she says her work is just that, then, you undergo it... [...] She does not talk much. [...] She did not say I was going to undergo biopsy, she looked at the test*

> *results and said: "Lie down on the table."* [...] *She does not leave room for us to talk.* (Hope)

Difficulties in the relationship with professionals and disbelief in care, revealed in these testimonies, corroborate the finding of a study on women with cancer, conducted in Minas Gerais, Brazil, which pointed out that professionals should optimize the various times when the woman comes to the health center in order to provide her with guidance on prevention of cervical cancer, not only at the collection time, because trust in the service and embracement also permeates access to health services, which should include a good organization and resources needed to care.[4]

Ineffective service, delay to schedule consultations, and the lack of commitment among the professionals responsible for cancer prevention care led women to lack belief in the municipal health service, as expressed in the speeches by Relief and Hope. Regarding the relationship with the woman, it shows up as need to use a language that appreciates experiences and values, because procedures that seem simple for professionals may represent a difficult experience for a woman, there is a need, in addition to sensitivity, to notice women's needs when providing care.[21]

When performing the Pap test, the female professionals should appreciate the collection time and the subjectivity of that person seeking prevention, by offering a woman the possibility to rethink the meanings of her body, the rights and duties concerning her health.[7]

The analysis of some elements at this center enabled understanding that what has been revealed in the testimony by Hope corroborates the wish of having a rather humanized care, by appreciating women who search for prevention and treatment of cervical cancer precursor lesions. The need for humanization of care was understood, not only concerning the precursor lesions, but it was also related to invasive cervical cancer.[19,21]

Fear of death from cervical cancer in face of receiving diagnosis of precursor lesions

Fear of death was observed in the testimonies by women who, upon receiving diagnosis of lesions, have immediately thought of the idea of end of life. This association with death was also noticed by women when receiving a cancer diagnosis.[18] At times, the experience of precursor lesions represented, for women, feelings of dread, due to the strong association of a lesion with cancer itself and, thus, the possibility of end of life.

> *We feel shaken, because... we see people...* [pause, then crying]. *[...] There is nothing unsolved; everything has a solution* [emotion, tears]. *And nothing remains unsolved; and when the earth's men have no solution, God has it, right? I do not care much and... and if something has to happen, it will happen... to anyone... and one day everyone has to die, it is something predictable. We should not be afraid of anything...* (Hope)

The experience of fear leads a woman, upon confirmation of diagnosis, to feel psychologically shaken, making it, first, a private phenomenon.[17] A phenomenon grasped in this speech:

> *There are some days when I get so scared, so sad, that I cry; I pray, I ask God so much, "Oh, my God! Why am I not going to be cured? Is it severe? Am I about to die?"* [...] *Ah, you know, these days, we...* [...] *We just think of those major problems, which affect people all the time now, right? Then, that is what scares me a lot, indeed. I am worried about that.* (Worry)

Events such as crying, tears, and feelings like fear, denial, expressed in the speeches above reflect fear of death, since "illness is the means by which a certain human way of existing in the world takes place through a physical gesture."[22:177]

The anguish of some participants has generated denial situations, when facing the possibility of death, which is also revealed in a study by Heidegger conducted with relatives of people who have had cancer, and this process is permeated by pain and suffering.[23] Denial

can arise at this time, because given the fear that precursor lesions evolve into cancer, a woman, as a being in the world, has to deal with the unpredictable, with the restrictions and limitations derived from this existential condition.[24]

CONCLUSION

Despite end of life is the only certainty in our existence, it was concluded that women with precursor lesions did not feel prepared to tackle this existential situation, and the feeling of fear led them to various manifestations and sensations expressed by their speeches, denoting the importance of appreciating subjectivity and uniqueness when providing care.

Therefore, fear was observed in the experience of these women from diagnosis to treatment; embarrassment during examination, and the lack of guidance on the procedures to be performed and their purpose intensified this feeling.

Women experienced changes in their relationships with partners, family, and friends, such as: lack of structure, detachment, marital disruption, and disappointments. However, they also revealed feelings of trust, understanding, and support when coping with the situation.

There were several ways of coping used by women during diagnosis and treatment; some of them resorted to strategies based on the problem and others on emotion, in the latter religiosity stood out. In both circumstances, they sought ways to change daily life to face the experience.

The professional relationship with women showed up as impersonal, cold, and technicist, with no interaction with the woman being followed up due to a precursor lesion. This meant an experience with disappointment, sadness, fear, anxiety, and many doubts about what it represented in their lives at this time. It can be seen that difficulties of access to diagnosis and treatment in time and the ineffectiveness of care led them to lack belief in the public service.

Given this context, there is an urgent need to catch a glimpse of comprehensive care for women with cervical cancer precursor lesions, having in mind the challenge of understanding that being a woman constitutes an existential condition and that it has become necessary that we, health professionals, care for them from a Heideggerian perspective, that is, establishing a relationship of being-with-the-other, appreciating a woman as a subject of possibilities.

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