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RESEARCH

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Mulheres sobreviventes ao câncer de mama: estratégias para promoção da resiliência

Women survivors of breast cancer: strategies for promoting resilience

Mujeres sobrevivientes de cáncer de mama: estrategias para la promoción de la resiliencia

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ABSTRACT

Objective: The study's aim has been to build strategies for promoting resilience among breast cancer survivor women. **Method:** It is a Convergent Care Research. The study's participants were three breast cancer-surviving women showing low level of resilience. Data collection took place from August to December 2013 in three stages. Firstly, it was held a semi-structured interview with questions related to the resilience process; secondly, there have been identified the risk and protective factors; thirdly, those strategies were implemented toward the participants. **Results:** After data analysis, the following two topics came along: women with breast cancer and the resilience process, as well as minimizing risks and strengthening protective factors of the resilience. **Conclusion:** It is believed that resilience can be promoted, as well as strategies should be valued and encouraged by health professionals and health services, which attend people that face and seek to overcome difficulties.

Descriptors: Breast neoplasm; psychological resilience; health promotion; nursing.

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RESUMO

Objetivo: Construir estratégias para a promoção da resiliência com mulheres sobreviventes ao câncer de mama. **Método:** Trata-se de uma Pesquisa Convergente Assistencial. Participaram do estudo, três mulheres sobreviventes à neoplasia mamária, com baixo grau de resiliência. A coleta de dados ocorreu no período de agosto a dezembro de 2013, em três momentos: primeiro, realizou-se uma entrevista semiestruturada com questões relacionadas ao processo de resiliência; segundo, identificou-se os fatores de risco e proteção e no terceiro momento, estas estratégias foram implementadas junto às participantes. **Resultados:** Após a análise dos dados, surgiram duas temáticas: Mulher com câncer de mama e o processo de resiliência e Minimizando riscos e fortalecendo os fatores de proteção à resiliência. **Conclusão:** Acredita-se que a resiliência pode ser promovida, bem como, suas estratégias, devem ser valorizadas e estimuladas por profissionais e serviços de saúde que atendem pessoas que enfrentam e buscam superar dificuldades.

Descritores: Neoplasias da Mama; Resiliência Psicológica; Promoção da Saúde; Enfermagem.

RESUMEN

Objetivo: Construir estrategias para promover la resiliencia con mujeres sobrevivientes de cáncer de mama. **Método:** Se trata de una investigación convergente asistencial. Los participantes del estudio fueron tres mujeres sobrevivientes de cáncer de mama con un bajo grado de resiliencia. La coleta de datos se llevó entre agosto y diciembre de 2013 en tres etapas. En primer lugar, se realizó una entrevista semiestructurada con preguntas relacionadas con el proceso de resiliencia; El segundo fue identificado riesgos y factores de protección; la tercera vez, estas estrategias se levaron a cabo con los participantes. **Resultados:** Tras el análisis de los datos surgieron dos temas: las mujeres con cáncer de mama y el proceso de resistencia y minimizar los riesgos y fortalecer los factores de protección de la resiliencia. **Conclusiones:** Se cree que la resiliencia se puede promover estrategias y debe ser valorada y alentada por los profesionales y los servicios de salud.

Descriptors: Neoplasias de la Mama; Resiliencia Psicológica; Promoción de la Salud; Enfermería.

INTRODUCTION

Due to the increase in the number of diagnosed cases, cancer has become an evident global public health problem.[1] However, the rates of survivors also deserve special attention from the health professionals and the health services. It is estimated that there are in the world 10.1 million people alive that have already been diagnosed with malignant neoplasm. There is still no survival context, it is observed that the primary site most frequent among women and breast cancer (22%).[2]

An average survival rate for breast cancer after five years, in a population of developed countries, occurs around 85%. However, in most developing countries, survival is less than 70%.[1] Among the gynecological pathologies, breast cancer has great relevance also in the social and psychological aspects involved.[3]

In view of the above considerations, the need to seek resources that promote better survival for women diagnosed with breast cancer is highlighted. In this perspective, resilience emerges as an applicable concept for handling the process of illness and rehabilitation, then being chosen as a human capacity to face, overcome, be strengthened or transformed by an adverse experience, such as cancer.[4]

In this context, resilience consists of a phenomenon characterized essentially by the following aspects: the presence of significant adverse conditions that constitute the risk factors. Protective factors are characterized in potential in promoting resilience, since they minimize possible negative or dysfunctional effects, as well as the possibility of modifying, improving or changing the personal response in the face of an adverse situation.[5,6]

There is knowledge of risk and protective factors of resilience, but little is known how these can influence the process to increase it. However, there are many positive links and suggestions that resilience can be promoted by measures that enable people to feel in control of their lives and coping with what happens to them,[7,8] being possible to foster protective factors in order to support the confrontation and re-signify the adversities experienced.[9]

In this way, a human resilience is not innate and can be promoted. However, there are studies of interventions in oncology that prioritize health promotion, such as studies involving a theme of resilience.[10] Thus, it is important to note that studies on the subject do not only investigate the phenomenon, but also address an interface between research and intervention.[11]

Faced with the impact caused by breast cancer, the need to investigate and reflect on strategies to promote resilience for women came as a way to promote the quality of survival and improve care provided, thus, justifying the study's purpose. In order to accomplish it, our objective was to build strategies for promoting breast cancer resilience.

METHOD

The Convergent Care Research (CCR)[12] was the methodological thought used in this study, since it aims to articulate research, intervention and theoretical reference of Michael Rutter that approaches the resilience, with its risk factors and protection. Consequently, the qualitative approach was chosen, with the participation of three women surviving breast cancer with a low level of resilience, from August to December 2013.

We highlight the study as a subproject of the research, "Resilience as a coping strategy for the cancer survivor", which identified and classified the resilience degree of 264 people with cancer, attended at an oncology center, through the Resilience Scale.[13] From those people, 112 were women that survived breast cancer and 8 had a low level of resilience.

Thus, the selection of the participants was as follows: after authorization of the research coordinator and search in the database, the eight possible participants that met the inclusion criteria were identified, in other words, being a woman surviving breast cancer with a low degree of

resilience and registered in the database. Those that did not live in the municipality where the research was developed were excluded, where this is of medium size in the Brazilian South region. Afterwards, the telephone contact was made with the possible participants of the study and presented the objective. At that moment it was identified that two women had died, one refused to participate and another one no longer resided in this municipality. Thus, of the four women that met the selection criteria, three accepted to participate in the study and one would not be in the city during the data collection period. With the three participants who agreed to participate, a first meeting was scheduled and the Free and Informed Consent Form was issued.

Data collection was developed in three stages: first a semi-structured and recorded interview was conducted, with questions about the context of survival and risk and protection factors. In a second moment, after transcribing the interviews, the risk and protection factors presented by the participants were identified and then strategies were proposed and reflected with these women to develop attitudes that would help them deal positively with adversity. Finally, in a third moment, these strategies were implemented with the study participants.

All study stages were developed at the participants' home and individually. In order to ensure anonymity, the participants were identified by fictitious names chosen by themselves. The present study is a subproject of the research that was approved by the Ethics and Research Committee from the Nursing Faculty at *Universidade Federal de Pelotas* under the Legal Opinion No. 31/2009, according to the norms established by the Resolution No. 196/96 from the National Health Council.

The data collected were analyzed and grouped by topics and subtopics according to the guiding question and the objectives of the study. In the data final analysis, the researchers reflected on the material, seeking its interpretation.[14]

RESULTS AND DISCUSSION

Breast cancer bearing woman and the resilience process

The matter seeks to understand the experience of each woman, which has contributed to strengthen their confrontation or make them more vulnerable, in other words, risk and protection factors and how these have influenced their resilience.

Participant Luciana, 71 years old, spiritist, retired, married, has completed high school. She refers to diagnosis of breast cancer five years ago, showing recurrence two years ago.

In describing his experience after the discovery of cancer, begins with the report of what were the first signs of the disease and the confirmation of the diagnosis:

> *For three years I did not have a mammogram and I left because I did not feel anything, I did not feel pain, nothing bothered me... but one day I do not know why, I started to do this in the shower and I felt a lump in the right breast which was quite large, it was external. And there I kept those days in my head. Is it, is it not? Will I? Then I said, I'm going to appoint a gynecologist to do the exams. And I went (LUCIANA).*

By the time she identified a nodule in the breast, the participant searches the health service. Even if for a period her attitude is of denial, which lasts for a few days, she recognizes the risk and seeks ways to confront it. Thus, accepting that something in your body was diseased and needed to be investigated, it can be understood as possibly the first positive response to breast cancer illness and overcoming.

People facing either threatening or loss situations tend to resort primarily to denial as a defense mechanism.[15] Therefore, both overcoming denial and coping are related to individual characteristics. However, in this study, it is also linked to the greater accessibility to health services and information on breast cancer, and these are protective factors present in the experience of Luciana.

After diagnosis confirmation, the treatments that include: surgery, chemotherapy and radiotherapy begin, and with this new difficulties also begin to be established.

> *For me the worst part was chemo. Because it gives that, it gives a discouragement. I was very nauseous. I lost my taste buds. But those nausea were terrible... chemotherapy was the most painful and there are also certain sequelae. I, for example, have my feet numb today, from the ankle downwards (LUCIANA).*

For the interviewee, chemotherapy was experienced as the most difficult moment of the disease due to the manifestation of symptoms, especially nausea. The surgery, possibly because it was a partial mastectomy and thus less mutilating, was not understood as an event that would compromise her life.

When experiencing the experience with cancer, Luciana refers doubts and questions about the meaning of the disease and the possibility of death. So, in order to overcome adversity and adapt to reality, social support, according to her is decisive.

> *At first we take that impact. Because with me? Why did it have to be now? Will I die? Will this cancer take me? At the beginning it's all in our minds. But then, I do not know if it is the support that we receive from both the family and the health professionals, I was very, very welcomed. It's what gives us the most strength (LUCIANA).*

For the construction of resilience some protective factors are of great relevance, such as personality characteristics (autonomy and self-esteem), but also a supportive family and the availability of external support systems that help them deal with adversity.[8] Then, having strong bonds and important interpersonal relationships, for the person facing a difficult situation and requiring overcoming, can be a protection factor, because it favors the desire to overcome, motivates and hopes.

The spirituality for this interviewee is also a protection factor that deserves attention; from this dimension, she finds the meaning for her experience facing the difficult moments with more hope, optimism and wisdom.

> *Because if the person does not have faith, does not believe in better days, does not go forward, in my case was very important. It is very important. With every procedure I did, I always thought of God before I did, I know that I am being well accompanied. I always felt the presence of Jesus and the virgin Mary, because I am a spiritist and I asked for help from the spirits of light, to be with me always and I felt very protected [...] with every difficulty I know that God made me go through that is to be stronger and stronger (LUCIANA).*

Spirituality, independent of the religious option, favors resilience, being a protection factor already described in other studies on the theme.[8; 16-17]

Resilience is the human capacity to cope, but also to be transformed by experiences of adversity. It is a process that can be improved and strengthened by it, which necessarily positively affects mental health. These transformations generally generate greater empathy, wisdom, altruism and compassion for others, being one of the great benefits of resilience.[4]

> *I have overcome and the way you face makes all the difference... I have hope whenever tomorrow will be better, even if today is bad, tumultuous, tomorrow will be all better if God wants. All this contributes, optimism, faith, and perseverance (LUCIANA).*

The participant highlights the characteristics of her personality that helped her overcome the adversities attributed to cancer, namely: faith, optimism and self-confidence, her protective factors for resilience. To understand the phenomenon of resilience one must recognize the importance of how people evaluate their circumstances and events in their life. And while there is no model, an ideal style to deal with these events, it seems important to address the challenges of life with optimism and confidence.[8]

In Luciana's testimonies it is possible to see how she experienced the illness and how the process of resilience was built. The participant does not deny the difficulties of these events, but as resilient she finds in spirituality, social support, optimism, hope and self-confidence resources to overcome this adversity.

Hence, Luciana presented a low degree of resilience at the time the scale was applied, however, after a period of five years, possibly related to her illness changed positively, then favoring the overcoming of this adversity. This change is possible, because resilience is not a fixed characteristic, because if circumstances change, resilience also changes.[18] Thus, for this informer, it was observed that it is not necessary to design an intervention plan in order to promote its resilience, since she did not present risk factors and its protection factors are already strengthened.

Participant Diná, 68 years old, evangelical, retired, married, has not completed elementary school. She has been diagnosed with breast cancer for 10 years, showing recurrence five years ago. She underwent bilateral radical mastectomy, chemotherapy treatments, radiotherapy and hormone therapy. She has been followed up at an oncology department, but she has not attended a two-year review visit.

For this participant the diagnosis occurred later, requiring a total mastectomy. And the way the disease was observed in her body, with tumor evolution and breast changes was a remarkable experience in her trajectory.

> *Then my breast infected everything, it started to itch, and when I went to take it they found a lump. And it (tumor) is already big and hard, and there he has not broken down anymore. I felt a desperate itch. He (doctor) said: you have cancer, of this type, malignant. Then I was desperate. I removed the whole breast (DINÁ).*

Breast cancer ulceration, which occurred before the definitive diagnosis of cancer, is described by the participant as the most difficult moment of the disease, permeated with fear and suffering.

> *I was sitting, it (tumor) broke out and ran inflammation with blood. At last it hurt me, a throbbing pain. Only God to give courage, because in a few hours like this, very difficult thing to have courage [...] I did not know, I was shaken, I was afraid (DINÁ).*

In a study with women who had a diagnosis of breast cancer, it was observed that the group with the lowest degree of resilience, the discovery of the disease occurred due to the onset of pain. This is a late symptom of cancer, which leads to the difficulty of accepting the disease and the recovery process.[19]

This experience is understood by the participant as traumatic and frightening. Additionally, it is possibly tied to cultural constructs on breast cancer, which seems to strengthen the myths and stigmas surrounding this diagnosis.

I was even depressed, I did not sleep, I did not feed me properly. Because, at the time, there was no cure for this disease. My brothers said I should not take it out. And I got to say to the doctor: doctor, I do not want to operate, let's leave like this. And he said: no, if you do not operate, it will get complicated (DINÁ).

In the second experiment, in which she was diagnosed with cancer in the other breast, the participant underwent radical mastectomy again, but refers to similarities and distances between the two experiences. Being diagnosed again with breast cancer was an easier experience to deal with when compared to the first situation, because for Diná, the treatment and diagnosis were faster:

The first time, I did not even eat, and it was five o'clock too and I could not sleep. I was scared. Then the second time, no, it was not like the first time [...] when it came back to that I was not so scared anymore. Because after the first time, I kind of got used to it (DINÁ).

It can be observed in his testimony that having experienced a positive experience in relation to cancer gave her more optimism when she had to face the disease again, believing in the possibility of recovery. For some experiences experienced before adversity favor adaptation to that moment.[20] Thus, it is understood that a successful overcoming experience can positively influence this process of resilience.

The presence of myths and fantasies about the disease is constant in their experience and once again appears in their testimonies.

Sometimes I get scared like that, get out of one place and go back to another. I even had to pre-cancer and I have not done it yet. But sometimes I get scared to get out of one and go to another one (DINÁ).

Faced with the need for health care and actions to prevent cancer and the stigmas to which the disease is involved, the need for a broader view of this issue is highlighted, so that the experiences, meanings and experiences lived by these women can be contemplated in nursing care practices.[21]

The fear of relapse is common in cancer patients, however, the lack of information about the disease and its possible sites of metastases were not sufficiently clarified for this interviewee who believes that there may be secondary implants in the cervix due to breast neoplasm. But most significantly, this fear prevents her from performing diagnostic tests such as the preventive for uterine cancer, making it difficult for actions that promote self-care.

I already removed both breasts, but it turns out he said [physician] that I had a bunch of those fibroids. But I think with remedy healed, that chemo is strong. I came from there with a sickness from those remedies. I think if I had something, now it is healed (DINÁ).

This misconception demonstrates the lack of knowledge and information about the therapeutic purpose and points to a risk to health care, because the participant believes that for having performed an antineoplastic treatment for breast cancer, would have treated other possible malignant tumors. It is understood that myths, linked to lack of information, are risk factors for resilience, because they make it difficult to adapt to the new reality, to be a carrier of a disease, which although in remission, requires supervision and care, which also generates desire in the participant.

In another testimony, she refers to her follow-up because she performs hormone therapy, but has not attended the consultations for two years, because she believes it should be done already.

I have a test to show for her [oncologist], I do not know, but they will see it in my file and they will close this treatment. Oh if she asks me for other tests, I'll take her there to finish this treatment, which is fine (DINÁ).

The lack of information about your health care is a risk factor for your resilience process, which may change and help you overcome that adversity. In this context, intervention strategies can contribute to achieve this goal, because resilience is the end product of a process that, even if it does not eliminate the risk, encourages the individual to face it effectively.[8]

However, if Diná presents risk factors for resilience, such as the lack of information about cancer and the presence of fantasies that hinder her self-care, she also presents the spirituality as strongly defined protection factor. In her speeches it can be noticed in several moments how faith contributes to overcome the adversity experienced.

At the time I already had religion, but I was going very little. But as I operated, I began to go more to ask God and he healed me. Faith has given me a lot of courage and a lot of strength [...] The doctors have gone too, but it is God who heals. They cut, they do surgery, but it's God that heals. I believe a lot in God. I am an evangelical person (DINÁ).

The most critical situations in life and the possibility of death, such as getting sick from cancer, are those that are most of a spiritual nature and their importance has been emphasized by their contribution to the well-being of people facing these moments.[22]

Although it presents difficulties in carrying out the daily activities, the participant affirms that it manages to maintain its autonomy and that in this way the new condition has been adapted.

> *My difficulty today is that I cannot do what I did before ... But I do my little things like that, for me, I wash my clothes. I've already adapted, because how old is that already. I have adapted well (DINÁ).*

When we analyze the process of resilience of Diná we observe that it presents a strong factor of protection to the spirituality, present in several moments, helping to overcome the crisis, as well as the autonomy. Both favor their resilience process, since they contribute to overcome the adversities arising from the breast neoplasm.

However, a risk factor also arises in an important way, the lack of information about cancer, which hinders its self-care and continuity of treatment. This risk factor generates anxiety and favors the strengthening of myths and partially prevents their overcoming and adaptation, in other words, their process of resilience. Thus, as an intervention plan, guidelines on the disease and treatments, necessary care and a consultation in the oncology service to follow the treatment and the accomplishment of the cytopathological examination for the prevention of cervical cancer were proposed.

Participant Gislaine, 73 years old, Catholic, retired, widow, has not completed elementary school. She lives with her son, her daughter-in-law and two granddaughters. She has been diagnosed with breast cancer for ten years and underwent radical mastectomy, chemotherapy, radiotherapy and hormone therapy. Six months ago he concluded her follow-up.

The participant, in revealing her experience with cancer, reports the onset of the disease and how the symptoms appeared and the need to seek health services:

> *I had a lump but it did not hurt and I left, leaving until one day I went to bathe and there was that little hole, came out pus. Then I had to react, to seek help, not to hide anymore (GISLAINE).*

It is noted that the interviewee observed the presence of a nodule in the breast, however, kept confidential about the situation and only sought the health service after the skin ulceration of the breast by the tumor. For, despite the signs of suspected breast cancer and the initial discovery of a change in their body, many women deny the findings due to the presence of fear of illness.[19]

After the negation is over, the period of investigation and the diagnosis that confirmed the disease begins. Next, another stage, also marked and experienced by the participant, the treatment for breast cancer, among them the anticancer chemotherapy. In this moment of adversity, another source of support emerges, the health team that assisted her during chemotherapy, as well as being a protection factor, helping her to overcome difficult moments.

> *Exhausted, but I reacted, tried to react, but it made her want (facial expression of anger). It's just that the nurses' room was very friendly... I was not terrified, because I was very well attended, very, very much by the nurses, all very well assisted (GISLAINE).*

Antineoplastic chemotherapy has several adverse effects, so the health team must be prepared to identify these manifestations and offer treatment options to obtain an improvement in the life quality. Therefore, it is necessary for professionals to actively listen to these people in order to know their feelings and experiences regarding the process experienced.[23,24]

Therefore, its trajectory with breast cancer started difficult and required the accomplishment of total mastectomy and adjuvant antineoplastic treatments. During this period, the family, especially the children and grandchildren, stood out as an important protection factor because they were the motivation to overcome adversity, contributing positively to the resilience process.

> *When I got sick I cared more about them. The same function even when it started to fall off my hair, my daughter-in-law even told my son and he pulled my hair and wanted to cry. I said stop it, come on, let's react. I think if he had stayed like that, he would have been. It was what helped to deal with the disease. I think it was really because of my children, why someone else, I think if I give myself, so do they (GISLAINE).*

Building and maintaining self-esteem through a secure support network is imperative to coping with and overcoming stressful events.[9] Motivation to seek to overcome adversity is critical in this process of being resilient. However, this reason is more intense if it is linked to important family ties and affective, constructed and reaffirmed during the confrontation of adversity, being a factor of protection.

Her life trajectory was also marked by other significant losses, such as the death of the adolescent son. Meanwhile, in telling his story, he tells the trajectory of a person who had to be resilient at other moments in her life, especially when she experienced the suffering of her 16-year-old son, who died 33 years ago.

> *Why did I do this, I would go to the patio, put clothes on the rope and grab me by the hair and say why it was him and not me. I would do it like this, my husband would lie down to sleep and I would go to the graveyard, tell everything that had happened during the week. Then it was going, it was going, I was understanding, that there*

was no use, I was suffering and he, perhaps, suffering too. Funny he liked pasta, I did not pasta, then I thought, no, this is wrong, there I started to do. And today is what the whole family most like here is pasta. Maybe all this had prepared me (GISLAINE).

The resilience understood as a dynamic process of overcoming adversities of life is a mechanism developed during the course of being in life. Thus experiencing supposedly negative events will not necessarily negatively influence resilience, and in many cases will strengthen it.[25] And even the behavior of talking to someone who died as if they were still alive is for some a way of accepting loss and adapting to the situation.[15]

Possibly, overcoming this loss contributed to her resilience following the diagnosis of breast cancer, as she suggests. Thus, when talking about his experience, it is understood as learning and overcoming and with the evaluation that there are more suffered events, suggesting the loss of loved ones, as happened earlier in her life.

From time to time I remember. But I am not disgusted, I do not revolt, nothing, nothing. I think it's a lesson that we learn. I think there are a lot of worse things (GISLAINE).

Resilience is related to the way each individual internalizes and elaborates a situation, and can be understood as traumatic or not,[26] because it favors the possibilities of the human being to confront and transform negative events into positive ones.[8]

The participant reports the limitations that illness has brought her, especially in performing activities of daily living and how she sought to overcome them, demonstrating her resilience.

I hung clothes on the rope with my mouth, the pin on the rope. This arm I could not, it is not. Five years on this arm I could not move it. With my mouth I would fasten my clothespin (GISLAINE).

Success in overcoming a situation brings people positive feelings of self-esteem that makes it more likely that they will have the confidence to take active steps to deal with other challenges in their lives. The implication is that the success experience is pleasurable and probably useful to reinforce the self-concept aspects that promote resilience.[8]

Creativity and ability to improvise, finding alternative means to perform tasks, can be a protective factor that if successful motivates the person to overcome difficulties, since it softens adversity at the same time. It has been seen by this participant as a good memory, contributing to their self-esteem.

Regarding the leisure activities, the participant reports spending more time at home and not liking social gatherings or even performing simple activities that depend on going out.

I like to read a lot. When he [son] travels he brings the newspaper. Crossword I like. No, no, never was that. Sitting in front and talking I like, one passes to talk, passes another and shouts. Walking I've never been much. I've always been very, very still (GISLAINE).

Here, a fragility that affects some elderly is the inactivity and the social isolation. So, this can be understood as a risk factor for resilience and the need for intervention that encourages these pleasure activities.

Gislaine's resiliency process was built throughout his life history, influenced by other episodes that demanded his overcoming, such as the loss of the still very young son. However, when we turn our attention to the adversity represented by breast cancer, we can see protective factors such as family, self-esteem, creativity and autonomy.

However, the tendency to inactivity and diminished social interaction is identified as risk and it is understood that these facts can be enhanced and benefit from their adaptation and resilience, being the focus of the intervention proposal.

Minimizing risks and strengthening resilience protection factors

The CCR proposes an intervention plan that must be shared between researcher and participant. It presents how this plan was elaborated and developed, with the purpose of each action and its results that, in this study, sought to strengthen protection factors and reduce risks.

Participant Diná

The participant Diná presented as risk factors for resilience the misinformation about the breast neoplasm. Ignorance leads to the strengthening of myths and fantasies about cancer. This attitude hinders self-care actions that facilitate their adaptation to the reality of having a disease, which even in remission, needs care.

Therefore, in order to minimize the present risk factor, ignorance about cancer, and as a consequence of a deficiency in self-care, an intervention plan was proposed to clarify doubts and discuss breast cancer, generating a safe space for express their fears about the disease.

In the oncological context that involves the feminine universe it is noted the importance of practices that address the prevention of gynecological and breast cancer, early detection and health promotion. Thus, the role played by nurses in the development of educational actions is extremely relevant.[27]

With that in mind, the intervention was through the following proposal: Would you like to know more about

breast cancer? Would you like to receive some information to discuss and clarify doubts on this matter?

I think it's important, I've been through twice, because whoever has a little breast lump has so many doubts. When a little lump appears, anything, is already afraid of that (DINÁ).

As the response of the participant was positive, the intervention was elaborated to reach this objective. Thus, a brochure has been developed with information on breast cancer and health care that the mastectomized women may have to preserve their health. The activity in question was also carried out in a single moment at the participant's home, with duration of approximately 125 minutes, in which the interaction between researcher and researcher was sought, as a way of building knowledge and promoting health.

It should be emphasized that the construction of this material was not only intended to pass on information about breast cancer, but also to motivate it for self-care through the valorization of its self-esteem, since it is understood that self-care depends not only on knowledge and Information, but also of self-esteem and autonomy, considered by Rutter[9] as a protection factor for resilience.

In this thinking, the intervention proposed and implemented with the participant Diná had two main objectives: reducing risk factors, disinformation about cancer and difficulty in self-care and also strengthening self-esteem, which is a protection factor.

Health education is critical for supporting and facilitating decision-making, so written or oral information should be directed to help them determine self-care goals and seek solutions to the problems they face. This resource is of great relevance, since a considerable number of people find it difficult to acquire basic information necessary for health and the role of this resource is to promote care, prevent complications, develop skills and promote autonomy and confidence of the person.[28]

Thus, when we elaborated the leaflet titled "guidelines for women who underwent mastectomy," it was first thought to motivate their curiosity about cancer, and then to seek a stimulus or even a trigger to initiate the information dialogue. It causes the expression of their doubts about breast cancer and care for their health, such as the screening test for cervical cancer.

This material contributed as a tool to establish the dialogue, being elaborated with focus on their experience, so that it was chosen to describe specific questions presented by the participant, rather than general guidelines on breast cancer. It also emphasized a simple and accessible language to Diná, making it visually attractive through a structure in the form of questions and answers, based on what she exposed from questioning, fears and myths in the first encounter.

Another point that was considered essential to clarify and sensitize her was the need for the preventive examination for cervical cancer, which should be performed by all women, demystifying her constructed idea that metastases might be arising from the breast neoplasm.

It has also been emphasized that it can prevent cervical cancer by performing periodic screening. It was tried to encourage it once again to the self-care and to have a healthier life, rescuing its history of overcoming difficulties in order to ally the self-care to the self-esteem.

Now, I'm going to look there in the agreement, to make a pre-cancer. But if I did not have the covenant, I would pay, or I would draw a card [...] There is a sister, who does not pre-cancer, she does not like to do it, but we do not like it. It's not only why you like to do it, I do not like to do it, but I have to do it, that's to see if everything's okay (DINÁ).

In this last speech it is noticed that the patient shows to have been sensitized about the need to perform the exams. At various times she says she would schedule an appointment, and contrary to the previous comment, says she does not like to perform the procedure. However, she now affirms its importance for maintaining health.

Although cervical cancer can be prevented, mortality rates remain moderately high in Brazil and one explanation for this result may be the non-adherence of women to the preventive examination. Health education is an indispensable tool in promoting care and adherence to new attitudes for women, as well as on the importance of gynecological examination and self-evaluation.[29]

At the end of this discussion about cancer and alternatives for living healthier, the participant Diná spontaneously asks the researcher to help her schedule an appointment with the oncologist.

It's every six months [revisions], I have to check to make the review. I do not remember the last time I consulted with her, I consult with one and with another [...] In January and there's my exam to show her. If you make an appointment, I am going (DINÁ).

Thus, as requested by the participant, a date for its revision was scheduled with the oncology department, where she was monitoring the cancer. This attitude could possibly be taken by the researcher as a form of responsibility with the participant, however we did not expose it at the beginning of the intervention to allow it to understand its needs and demonstrate the awareness of the relevance of these actions to their health.

Diná actively participates in its plan of care as CCR proposes, being the researcher a mediator that instigates and encourages the researcher to take actions that promote health.

There are a lot of people who overcome, but people who take care [...] It is important to take care also after the treatment ends, because it can come back, or appear other things. And also to have a healthy life (DINÁ).

It is understood that the participant understands the importance of self-care for her life, valuing her health. It demonstrates a change in thinking, and possibly behavior, in relation to their care needs, dissociating these actions from the disease process and positively associating the concept of health.

In this way, every person faces life stressful situations, however, the capacity for resilience has the function of helping to reform behaviors, allowing to renew attitudes in the face of adversity, seeking to overcome challenges and learn from each lesson.[16]

Participant Gislaine

The participant presents as a risk factor for their resilience the lack of occupational activities that fill the free time of their day, especially of leisure, being understood by her as something that can be improved in her life. It was then verified that to promote activities that occupy their daily time, would possibly benefit their resilience. Given that, an evaluation and assistance of another professional, the occupational therapist, was proposed to Gislaine, because she understood that she could collaborate in the construction of these strategies.

The proposed strategy was as follows: Would you like to carry out leisure activities that fill your day? And could we rely on the help of a professional to identify which activities are best suited to her preferences and needs?

Once the proposal was accepted by the participant, a new meeting was scheduled, the researcher accompanied by an academic of occupational therapy. It applied an instrument on leisure activity and the participant's functional capacity, seeking to identify what kind of things Gislaine would like to accomplish or that she already performed and wished to resume.

In this way, some activities stood out. The participant demonstrated the desire to perform manual work such as painting, gardening and recreation, as a bingo game. The participant says that these were part of her life and routine for many years, bringing her pleasure and satisfaction, but that at the moment did not, and her will to resume them.

It should be noted that in this proposal the idea was to articulate a protection factor, the family, to overcome the risk factor of inactivity and social isolation. Against this, the following three activities were proposed: the walk, the bingo game and a third that would build a vertical garden, being activities of her choice.

Another factor of great relevance was the motivation of the participant to the proposal of these actions. She and her family had already organized some actions. On the day scheduled to implement the intervention strategy, the participant informs that she has already started the walks, accompanied by her daughters, being a source of pride and motivation for her.

Yesterday I walked two blocks, it was good. Now I will continue walking, with my children (GISLAINE).

For the elderly, staying active is an important factor, promoting independence and autonomy. In this sense, structural and functional transformations, especially associated with the sedentary lifestyle in the aging process, accelerate the decline of functional capacity and physical incapacity.[30]

In order to build the vegetable garden, the participant was first proposed to paint the pots where the spices would be planted, which was accepted by her. Although she was afraid that she might not perform the activity successfully, she reported having difficulties with manual tasks with her left hand, and that right hand presents limitations due to mastectomy and axillary emptying.

At this point, and in another moment of the research, the participant indicates that this limitation is present in several moments of her life, such as carrying out activities of self-care, hygiene and feeding.

But if I have to cut meat, doing something like that, it's harder because of the arm, but I feed myself, everything alone [...] I dress myself, too, now the bra, when I have to put it on, because I only go when I have to leave, but someone has to button because I can not because of the arm (GISLAINE).

However, it is observed that although its left upper limb presents moderate lymphedema, it is not a reason why it leads to disuse, almost totally, since its functional and motor capacity is preserved. In this thinking, the participant is encouraged to try to use the right upper limb, valuing the possibility of performing activities. This proposal was accepted and carried out successfully.

It is understood that helping her to recover this potential contributed to her resilience, as it gives her self-confidence and self-esteem. It is considered as fundamental to minimize the negative reactions generated by the adversity situation and to create possibilities to confront and transform negative events into positive ones,[8] overcoming the limitations of the right upper limb, even partially.

In this way, the participant ends the proposed activity demonstrating enthusiasm and satisfaction with the success of what she accomplished and, especially, for having painted the vessels with the right hand. This thought was observed when the participant in talking about activity with a family member, states as follows:

Now I'm going to use my right hand. I painted better with my right hand [...] For me that was in bed, in diapers, now be painting [laughs] (GISLAINE).

From the understanding of resilience as a human capacity to adapt and transform risk situations into potentialities, self-esteem is an important protection factor for the development of the person, since it is related to health and psychological well-being and with it other elements, such as social support, self-efficacy and autonomy. In this perspective, actions that favor the resilience promotion becomes fundamental, with strategies that promote self-esteem and that aim at the maintenance of their functional capacities, providing improvement in their life quality.[5]

Thus, continuing the proposal of activities to occupy its day, after painting was used the pots to plant spices, selected by her, according to her preference and family. This strategy meant that Gislaine would take care of the vegetable garden and use the seasonings in her daily life, not only as something to occupy her time, but also with a meaning of something built by her, valuing her ability to create and care.

Through this activity, we sought to stimulate autonomy, creativity and self-confidence. In this perspective, it is understood that resuming activities or developing new skills can help people express and elaborate their anxieties, fears and uncertainties regarding cancer, as well as fostering knowledge of their potentialities, among them is the creativity, which can be used as coping against the adversities and also favors the resilience.[10]

Finally, the meeting ends by delivering the material for the bingo game that was also accepted by the participant and family, who undertook to perform at home once a month. It should be noted that this activity had the purpose of overcoming a risk factor, in other words, inactivity and social isolation, achieved through the strengthening and approximation of its protection factor - the family.

Resilience is a process that is built by experiencing and going beyond adversities. However, risk factors such as those presented by her and related not only to cancer but also to aging, require constant adaptation. It is considered that this intervention was the first initiative to strengthen a process of overcoming and resilience, which already existed, but it needed to be identified, sustained and taken care closely.

CONCLUSIONS

Resilience is a process that allows the person to overcome adverse, critical or stressful situations, such as cancer illness, which brings challenges, suffering and anguish to those experiencing it. However, the study showed that, rather than overcoming adversity, the process of resilience enabled the participants to find new meanings for the difficulties experienced and to be strengthened by them.

Resilience being a process, it is not static; it can be altered if the factors influencing it are modified. By thinking this way, it is possible to promote it through strategies that positively interfere in these factors, as was done in this study. It is also worth noting the importance of the proposed method, in the study in question, the CCR, which articulates theory and practice to achieve objectives. This approach allowed not only knowing the context in which the individual is inserted, but also sharing and motivating their participation in the elaboration of intervention strategies.

It is hoped that the construction of this research may boost health professionals that assist oncological patients, or even those who face adverse situations, to recognize the importance of resilience in overcoming disease and rehabilitation. The health professionals are able to include it in their health actions through a relationship that values the experience and participation of the people to whom care is assigned, identifying risks and potentialities that permeate this process, and also the possible interventions that promote their resilience.

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