

Spirituality and religion as resources for confronting breast cancer

Espiritualidade e religião como recursos para o enfrentamento do câncer de mama

Espiritualidad y religión como recursos para el enfrentamiento del cáncer de mama

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How to cite this article:

Ribeiro GS, Campos CS, Anjos ACY. Spirituality and Religion as Resources for Confronting Breast Cancer. RevFunCareOnline.2019jul/set;11(4):849-856.DOI:http://dx.doi.org/10.9789/2175-5361.2019.v11i4.849-856.

ABSTRACT

Objectives: This study's goal has been to describe and understand how a patient used religion and spirituality as resources to confront breast cancer. **Methods:** This is a descriptive study with a both qualitative and ethnographic case approach, which applied the theoretical background of Medical Anthropology. Data collection was carried out by means of semi-structured interviews and observation. **Results:** The patient's religiousness and spirituality had great importance in dealing with breast cancer and the repercussions of the treatment, being evidenced by praying, having faith, and attending a church. **Conclusions:** Spirituality and religiosity are widely used among cancer patients, giving new meaning to the experience of facing this disease and treatment, changing the way how people see their trajectory, promoting less emotional damage and more relief in difficult and stressful situations. It is important that nurses, from their graduation, look at the individual as a biopsychosocial-spiritual being, seeking to understand its dimensions and provide them with a better well-being.

Descriptors: Breast cancer, spirituality, religion, facing, oncological nursing.

RESUMO

Objetivos: Descrever e compreender como uma paciente com câncer de mama utilizava a religiosidade e espiritualidade como recursos para enfrentar a doença. **Método:** Estudo descritivo, de natureza metodológica qualitativa. Referencial teórico da Antropologia Médica; método de estudo de caso etnográfico. Coleta de dados utilizou entrevistas semiestruturadas e observação. **Resultados:** A religiosidade e espiritualidade foram exercitadas e tiveram grande importância no enfrentamento do câncer de mama, para lidar com o adoecimento e as repercussões do tratamento, sendo evidenciadas na prática de orações, fé, frequência habitual à igreja. **Conclusão:** A espiritualidade e religiosidade são recursos amplamente utilizados entre pacientes oncológicos. Possibilitam novo sentido à experiência do adoecimento e tratamento, modificando como as pessoas enxergam sua trajetória, promovendo menor desgaste e maior alívio em situações difíceis e estressantes, como no caso estudado. É importante que desde a formação, o enfermeiro olhe para o indivíduo como ser biopsicossocioespiritual, buscando compreender suas dimensões e proporcionar melhor bem-estar.

Descritores: Neoplasias da mama, Espiritualidade, Religião, Enfrentamento, Enfermagem oncológica.

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RESUMEN

Objetivos: Describir y comprender cómo una paciente con cáncer de mama utilizaba la religiosidad y la espiritualidad como recursos para enfrentar la enfermedad. **Método:** Estudio descriptivo, de naturaleza metodológica cualitativa. Referencial teórico de la Antropología Médica; Método de estudio de caso etnográfico. La recolección de datos utilizó entrevistas semiestructuradas y observación. **Resultados:** La religiosidad y la espiritualidad fueron ejercitadas y tuvieron gran importancia en el enfrentamiento del cáncer de mama, para lidiar con la enfermedad y las repercusiones del tratamiento, siendo evidenciadas en la práctica de oraciones, fe, frecuencia habitual a la iglesia. **Conclusión:** La espiritualidad y la religiosidad son recursos ampliamente utilizados entre pacientes oncológicos. Posibilitan nuevo sentido a la experiencia de la enfermedad y el tratamiento, modificando cómo las personas ven su trayectoria, promoviendo menor desgaste y mayor alivio en situaciones difíciles y estresantes, como en el caso estudiado. Es importante que desde la formación, el enfermero mira al individuo como ser biopsicosocioespiritual, buscando comprender sus dimensiones y proporcionar mejor bienestar.

Descriptor: Neoplasias de mama, Espiritualidad, Religión, Enfrentamiento, Enfermería oncológica.

INTRODUCTION

Cancer is one of the most frightening and worrying diseases, mainly because cancer patients perceive this disease as incapacitating, incurable and fatal, being feared and stigmatized by them and their family.^{1,2} The whole process of being ill and receiving treatment are experienced as a period of intense anxiety and suffering.

Spirituality and religious practices are important in facing cancer, considering the beliefs and values present in different human experiences. It is highlighted seeking comfort, hope, and help, supported by beliefs derived from individual behaviors and culturally established practices based on common sense.³

Religion, according to the Latin etymology, means “to reconnect”, to reestablish a link.⁴ In this context, it is observed that religiosity and spirituality are different concepts. Religiosity can be seen as beliefs connected to a religious institution, beliefs or practices related to a divine power evidenced by the practice of public religious rituals. Spirituality, however, refers to solitary activities, a search for the meaning of life, an inner process that may or may not contain a religious search.⁵

Religiosity favors a new meaning for experiencing a disease, changing the way people perceive the problem and promoting greater pain and distress relief.⁶

Spiritual well-being is considered a protective factor by cancer patients, which is related to positive attitudes towards this disease.⁷ Strengthening the spiritual well-being can help these patients to reduce disease-related distress, as well as promote mental health.⁸

During the care given to women with breast cancer, it was observed that a large number of these patients and their families reported seeking help and placing their faith and hope in God or in a Higher Being, performing various religious practices, such as rituals and prayers, to achieve

not only the spiritual well-being, but also the cure of the disease and improvement of the symptoms and reactions from the treatment.

The greater understanding of the patients' spirituality and religiosity by health care professionals can help to improve clinical practice, which in turn improves the relationship among professionals, patients, and family members/caregivers, offering support to their religious and spiritual practices, as well as resources and strategies that promote self-confidence for dealing with the disease and its treatment.⁴

This study's goal is to analyze the experiences of a woman with breast cancer undergoing chemotherapy, identifying and describing how she used religiosity and spirituality to confront this disease and the side-effects of its treatment.

METHODS

This is a descriptive study with a qualitative and ethnographic case approach, which applied the theoretical background of Medical Anthropology.

Medical anthropology is derived from interpretative anthropology and aims to understand both health and culture and the conditions that produce experiences. It aims to understand, also, the subjective knowledge, which is a social phenomenon, analyzing the people's reality and how stories generate sense.^{9,10}

The theoretical-methodological approach of medical anthropology is understanding how people explain diseases, including their causes, treatments, as well as the strategies for dealing with them, according to the diversity among social groups.¹¹

We used ethnography for seeking the dense description of the reality generated by the presence of meanings, which made it possible to clarify and interpret better the meanings of cultural context. In this way, we seek that other people understand the phenomenon studied.^{9,10}

Furthermore, we used the case study method with ethnographic strategies for data collection, such as the direct observation of the context, field report, and interviews. There was a direct contact with this study's participant to obtain information about her reality and daily life.

This case study's subject was a female patient with breast cancer undergoing chemotherapy, representing the women with breast cancer. She was under treatment in a large public hospital, thus conferring a social identity, representing the women attending public health institutions. Thus, a case can be chosen because it is an example of a class or is interesting.¹²

The instrumental case study method was used, in which the researcher is interested in understanding something broader that offers insight into the experiences.¹² We seek to understand Mary's experiences, who represents women, in public health services, about using spirituality and religiosity as resources for face breast cancer.

This study was approved by the Human Research Ethics Committee from the *Universidade Federal de Uberlândia*

(UFU), under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 54143816.8.0000.5152.

The selected participant met the inclusion criteria: a patient with a known diagnosis of breast cancer, aware of this diagnosis, under chemotherapy, over 18 years of age, without a cognitive deficit to formalize the interest in participating in this research, and who signed the Free and Informed Consent.

This study was carried out in the Oncology Department from a University Hospital in *Minas Gerais* State, Brazil, and in the participant's residence.

Data were collected through semi-structured interviews, patient records, direct observation, and annotations in a field journal.¹³

Semi-structured interviews are composed of a script with open questions, which shows flexibility in presenting the questions. This script allowed the researcher to ask complementary questions, which provided a better understanding of the results.¹⁴

The interviews were recorded by using a cell phone in order to maintain the speech integrity. After this, the speech content was transcribed and saved on a personal computer. This study was guided by the following question: "Do you use your religious beliefs and practices to deal with the disease? How?". Complementary questions were also used during the interviews, aimed to explore the information not clearly exposed or that could enrich the set of information reported, seeking to deepen the data analysis.

The interviews started initially at the participant's residence since it is the place where she lives with her family and social support networks, considered ideal for observation.¹⁴

Six interviews were carried out with intervals that depended on the participant's availability and the chemotherapy cycles. The interviews lasted from 10 minutes to 1 hour. At each subsequent meeting, we aimed to resolve doubts from previous data analysis and deepen relevant aspects to search for more answers.

The participant was guided and encouraged to talk about her experience. These six interviews were sufficient to meet the objectives, following the saturation criterion for this type of qualitative study.¹³

The direct context observation was used to focus on the patient's posture adopted during the interviews, body signs, gestures, and voice intonation. These elements contributed to the speech analysis.¹² Observations about the locations in which the study was conducted or during the interviews were recorded in the field journal.

The collected data were submitted to content analysis.¹⁵

RESULTS

Who is Maria?

The participant, named Maria, is female, 54 years old, white, married, has a single child, from the *Triângulo Mineiro* region, *Minas Gerais* State, Brazil, and has completed High

School. She is protestant, member of the Presbyterian Church. She has been working as a self-employed hairdresser for 20 years eight hours daily; her family income is composed of her earnings and her husband's (social class B).¹⁶ Her husband is 68 years old, retired, from the *Triângulo Mineiro* region, *Minas Gerais* State, Brazil, has completed High School, and has no religion. Maria has a son, a single man, 23 years old, who is attending a Law course and is Protestant just as his mother.

The house in which Mary resides with her husband and son is owned by her, new, and have two floors. She works on the first floor of the house, which was transformed into a large beauty salon, with electronic devices specific to this profession. The environment, furniture, and utensils were preserved considerably.

She was living on the second floor, consisting of a large kitchen, a large room, three bedrooms, and three bathrooms—two of them en-suite. All rooms had windows always open. The house has basic sanitation, electricity and the neighboring street is paved. The interviews and data collection were carried out at home without problems. We observed that the home and working environments were organized, clean and well maintained.

Approaching Maria

The first meeting at Maria's residence was carried out on June 24, 2016. Aiming to know her better, we started a dialogue about the research because the study invitation was made in the hospital. This meeting established our first contact, in which we explained again the objectives of this study and how to participate in it by signing the Free and Informed Consent and answering the part of the questionnaire related to the participant's identification. We also observed the home context for meeting other people living in the house.

On this day, despite being aware of the researcher's visit, Maria was working. She was very receptive and collaborative. She briefly related her discovery of breast cancer and informed her partner's demographic data, including her religion. She was excited and confident about chemotherapy. At the end of the first meeting, the second one was scheduled.

The story of Mary

Maria reported having a skin cancer on the nose region in 2015. She had only one surgery and considered herself cured. Also, she reported attending follow-ups and undergoing mammography periodically from the age of 40. The mammogram of February 2016 showed no changes. After 2 months of this examination, she noticed a painful lump in the right breast, which grew rapidly. She immediately sought medical assistance through a mastologist:

"I did a mammogram, and when I traveled, on the way back, I was already feeling a little lump, a tumor in the breast, I went to the doctor and he said it was cancer". (Maria, 1st interview)

In the examination (core-biopsy) of the right breast, performed in May 2016, invasive ductal carcinoma of histological grade II was evidenced. The lesion occupied the breast's central area and measured approximately 5.0x7.0 cm; axillary lymph node enlargement in the right breast was also identified, with the T4bN1M0 clinical staging.

The search for the definitive diagnosis was performed with courage and confidence, as we identified in some interviews. Nonetheless, by analyzing the collected information, there is an ambiguity in Maria's reports. Despite expressing positive feelings initially, she also showed a sense of sadness and insecurity, especially when she was talking about the diagnosis. Initially, she did not want to tell her son and husband about the "bad news":

"[...] My son has a heart disease and if you tell him that... You think, my God, if he does not feel well or anything? He's so attached to me, so I didn't want him to feel this sadness. I wanted to tell him little by little, you know? My husband's diabetic, so I didn't want them to feel this too; I thought: Ah, let me solve this, right? But then I saw that there was no way; it's impossible, your face just tell it!... Still you face the disease, you feel a little sad deep down, right?!" (Maria, 2nd interview)

Maria reported that before receiving the breast cancer diagnosis, she has always been healthy. Considering the analysis of the second interview, we noticed a contradiction in Maria's speech because she said that she had already been treated for skin cancer and cured:

"Always working, I never had anything, so the day I had the exam, the doctor said: Look, you don't have anything, so I went on a cruise; when I was back, I found a lump and the exam showed that I had cancer, I never had any sickness, I never had anything." (Maria, 2nd interview)

When asked about the possibility of a relationship between the occurrence of the disease and the God's will, Maria states:

"[...] I think what you have to go through is written in your life, whether you have a religion or not. I think what God writes in your life, you have to go through and you have to face it. This is a stage in your life; whatever happens, you will have to go through." (Maria, 3rd interview)

Course of treatment

After confirming the diagnosis, neoadjuvant chemotherapy was proposed as the first treatment approach by the oncologist. It was composed of four cycles of doxorubicin and cyclophosphamide, with intervals of 21 days between the cycles, and four cycles of paclitaxel, administered weekly, totaling 12 weeks. Maria started the first chemotherapy cycle on May 13th, 2016.

According to Maria's view of chemotherapy:

"I believe that [chemotherapy] is to kill the cells, you know, I don't have a proper explanation of what it is; I imagine it's to kill this cancer cell". (Maria, 2nd interview)

Chemotherapy was understood by Maria as a hope for healing and a motivator of strength:

"Look, we're doing all we have available; continuing the treatment. I don't think there's anything else to do, right? I'm having good treatment, there are only two months left for me to have surgery; I do believe that I'm in the final phase". (Maria, 2nd interview)

Fatigue from chemotherapy was pointed out by Maria as a frequent reaction in some treatment cycles:

"I don't feel anything; when it [chemotherapy] ends, I leave and go to work, I don't feel anything. I only feel it after three days when I get flopped, I get tired and I lie down..." (Maria, 2nd interview)

Despite Maria's discourse of always feeling well, having confidence because "God is taking care", and having the relatives' support and encouragement, the associated feeling of fear and insecurity expressed by Maria can be perceived:

"I believe it's working, because the last time I went there, the doctor looked at me and smiled. And I thought, like, Uau! You're crazy, right? Then she said look, Maria, your tumor has disappeared, it isn't in you anymore. So I was very happy. My son always says: Mom, you look great, can you see how much you're good? And I also think I'm fine, because I look wonderful compared with the people I've seen there in the hospital, right? Because we're scared... it's not easy, chemotherapy is very difficult!" (Maria, 3rd interview)

As can be seen in the following testimonial, when asked about the 4th chemotherapy cycle, Maria reported feeling intense side-effects from the first cycle, requiring hospitalization and medication use:

"This time it was not good, I was very bad; I was very weak ... it was not cool, so I even had to be put on a drip. I went to the hospital, was put on a drip, stayed there for two days, got better. I always told you that I never felt anything, but this time it got serious, it was difficult (laughs)". (Maria, 3rd interview)

Still considering the difficulties experienced by Maria in this period, we asked about what other resources had been used and she reported as follows:

"Through God and my prayers; It's Him who is giving me strength and courage". (Maria, 4th interview)

Support networks

We note that Maria's husband and son formed the closest support group. Nevertheless, she pointed out that her husband did not give her the necessary attention:

"Look, my husband is a little strange, he's short with me, but he said: if you have to be treated, then let's go after it". (Maria, 3rd interview)

For Maria, the strength and courage during the difficult course of cancer and its treatment were also related to her family members' support. Some relatives, even the distant ones, showed concern:

"Ah, my son, at the same time he understood it he said: mother, stay calm, everything will be ok, it will be ok. So, every time I have chemotherapy, my son is with me. My family is far from here in Goiás [State], but they are always calling me and saying that they're at my disposal for whatever I need". (Maria, 3rd interview)

According to the following Maria's speech, her husband's lack of support was highlighted:

"Sometimes, yes, I feel it... but I didn't say anything to him. It's easier to talk to my friends than to him. For example... he was never with me during chemo [chemotherapy], nor during the exam, nor during anything, he just doesn't do it. If he does, he gets me upset; he's kind of annoying. It's his way, so I leave him alone". (Maria, 3rd interview)

Conversely, Maria reports total support of her son and friends:

"It's my son who goes with me, I have full support from my son, my friends... I have a friend, Rosa, who's a nurse there at ECU (Emergency Care Unit), she gives me full support; Joana, [a friend of her] I consider her as if she were... she's even the doctor's wife, she's a person who gives me support... I've never seen that! She's like a sister! These two are the sisters I never had; I mean it, they're very good!" (Maria, 3rd interview)

Despite the lack of support from her husband, she considered a support network made up of her friends and family that fulfilled many of her needs:

"My family always says that if I need money, I can count on them, even if I want to stop working. I think this is a kind of support, affection towards me too, right? I have a niece who lives in Cuba and she always calls me and says: look, can count on me for whatever you need, if you want to stop working, you can do it so we can give you money and you stay still. So, I think this is very important, you know, because money isn't everything in a person's life, but if you don't have it, the situation gets difficult, right?" (Maria, 3rd interview)

Not coming to terms with his mother's illness, the son also used the religiosity, in the sense of seeking in God an explanation for his mother's illness:

In the day the diagnosis was made, he [Maria's son] posted on Facebook: "mother, I don't know why, you have always been a person who helps others, and I ask God, why is this happening to you?" But he said, "I'm going to search for a result from that!! And he did it indeed; he attended a very expensive course; now he wants me to go too, and I think I will". (Maria, 3rd interview)

The Maria's son attended a course, aiming to understand better her disease. This course was carried out in an institute for lectures on self-esteem, emotional intelligence, intrapersonal and interpersonal communication, and relationships.

Spirituality and Religiosity

When asked about her religion, Mary claims to be Presbyterian and attends church activities every week:

"I'm Protestant, I'm Presbyterian. Yes, I attend the church every week". (Maria, 1st interview)

Maria considered faith and religion together as a source of support. According to her, attending the church provided benefits to her life and better conditions for confronting the disease and:

"Ah, I think going to church every week makes me feel stronger about this disease. I have more courage and desire to live, because I believe that God is always with me". (Maria, 4th interview)

For Mary, practicing religiosity is not just attending the church weekly. In this way, we observe the search for help through faith and religiosity:

"For me, besides going to church every week... I also pray every day when I wake up and when I go to sleep, I'm always praying to God." (Maria, 4th interview)

While talking about the diagnosis, we observed that faith played a central role in confronting breast cancer:

"Ah, I get sad, but when we have God in our hearts, nothing jolts me". (Maria, 1st interview)

When asked about who God would be, Mary describes Him as a source of firmness, protection, tranquility, joy, and spiritual support for maintaining her well-being:

"Oh, God is everything to me. I'm a person that has a lot of firmness with God and everything that I am going to do I put God in front of me". (Maria, 3rd interview)

Mary attributes her strength to God, seeking to obtain from Him the necessary conditions to keep fighting the disease:

“Look, I keep going through my prayers, I always pray and ask God for strength to move forward”. (Maria, 4th interview)

Maria never questioned God about the reason for her to be with cancer. On the contrary, she showed a feeling of gratitude for existing a place that offered the treatment. She did not revolt:

“No, at no point did I question. I think so... I’ve always thanked God because if He gave me that, I’m quieter than if this happened with my son. [...] I just thank God for existing a place where I can receive treatment for this cancer, which is the Cancer Hospital; who treats people wonderfully!”. (Maria, 2nd interview)

She remained calm, considering great blessing that it was not her son who were affected by the disease. Maria’s maternal instinct was evidenced by the following testimonial:

“I prefer that the disease affects me instead of my son, who is young and still have his whole life ahead of him”. (Maria, 2nd interview)

We also seek to understand the statement “[...] when we have God in our hearts, nothing affects us!”. In the testimonial below it is possible to identify that Mary attributes a guiding and supporting power to God:

“Oh sure, I do not think there’s even a way to answer that! Because I think when you have God nothing affects you. I have a lot of firmness from God, everything I’m going to do, everything I put God in front of me and nothing else, only this, it’s all for me!”. (Maria, 3rd interview)

Concerning her religious practice, she reported attending the church weekly and praying in his home and also in the church:

“Look, I never left my practices; I never failed to go to my church, I never failed; whenever I go, I pray to God, I’m always going and I ask God: God gives me strength to get through this step; and I did not collapse, not even a minute, I don’t see myself sad. You can see that, you’ve come here several times and I’m not sad”. (Maria, 3rd interview)

DISCUSSION

From the results presented, using the assumptions of medical anthropology, we were able to understand deeply the health-disease-treatment process lived by Maria, describing her life story and her experience with

breast cancer and its treatment, relating the difficulties experienced and confronting strategies resulted from her beliefs and practices from her socio-cultural context.

The qualitative anthropological perspective was used to identify and analyze the mediation exercised by social and cultural factors in constructing characteristic ways of thinking and acting towards health and disease. Regarding the cultural dimension, medical anthropology contributed to increase the understanding of the context, in which the different perspectives of the pathological process must be considered.⁹

Throughout the interviews, the participant explained the pathway of her disease and how she faced it, based on her religious beliefs and practices originated from her habits and from the various types of common sense knowledge and culture. The development of medical anthropology as a field of knowledge considers the aspects related to cancer and ways of dealing with it, based on the participants’ culture. This field is recent, but the close relationship between health and culture is not a new topic in anthropology.¹⁰

The participant’s sociodemographic and clinical data were like the profile of women with breast cancer who participated in other studies. We also verified that the participant fits the Brazilian breast cancer women’s profile.¹⁷

Despite the desire for clarifying the breast changes and her mistrust feelings, the confirmation of the diagnosis was received by Maria as “a bomb”, “a shock”. In a study aimed to know the women’s reactions to the diagnosis of breast cancer, it was verified that this diagnose induced feelings of despair and anguish in them, which were minimized by the hope of a cure by God and by medicine. Cancer still remains with the historical stigma of death due to the minimal chances of cure and the absence of effective treatment. With the advancement of technology in the health field, most patients nowadays have a greater chance of cure or control of the disease and its symptoms, reaching the stage of rehabilitation and resuming their daily lives.

Furthermore, after confirming the diagnosis, we verified a certain duality in the participant’s reports, with both positive and negative feelings/emotions present. Negative emotions can be associated with the fact that cancer remains linked to suffering and death. Positive emotions, however, are related to the search for healing and better spiritual well-being, through faith and religiosity. As defined by anthropology, emotions are symbolic methods that link the interpersonal world with the moral universe. Emotions are learned in the family and social context and are a way of reacting. Therefore, these emotions are learned and incorporated into social life after cancer diagnosis.¹⁹

For Maria, the chemotherapy represented a “chance of cure”, demonstrating confidence in the efficacy of the treatment, even knowing its dreaded side-effects according to popular knowledge. As pointed out in a study, most patients consider chemotherapy to be unpleasant, mainly due to its side-effects that cause limitations to their life.²⁰

Considering the side-effects of chemotherapy, the fatigue was the one that received greater attention among those reported by Maria. A study identified that fatigue is one

of the reactions that most affects chemotherapy patients, affecting from 70% to 100% of these. Physical, emotional, and/or cognitive fatigue or exhaustion characterizes it, also possibly interfering with the functionality.^{21,22}

As for the support received, Maria reported several times having a network formed by her family, friends, and people from the church. She showed gratitude for this support in her difficult phase of life. According to a review of the literature, support networks help in cancer's treatment and cure. The presence of family members and friends acts as a motivation factor to overcome the difficulties caused by the disease so that cancer patients can perceive what is important in their environment.²³

The Mary's son was considered the person who most supported her. She was always at her side during the treatment. One study found that 96% of patients received support from some or all family members for confronting the disease and its treatment. According to a study, children were recognized as sources of support by 34% of the participants.²⁴

This study's results showed that the patient complained about her husband's lack of support during the treatment. Another study, however, found great lack of family support. It is worth highlighting that the lack of family support has influenced the quantity and intensity of negative effects, which can occur from diagnosis to chemotherapy.²⁵

Praying and attending religious meetings were considered important resources used by Mary to reach God's help. Religiosity and the positive view of God can be used to accept the disease, helping to deal with breast cancer. Participation in religious rituals and the use of prayer are associated with good physical and mental health, providing greater support for confronting cancer.²⁶

According to a study, women using religion in a negative way blame God for their disease and can experience psychological suffering for a long time. Nonetheless, in Maria's case, there was no such form of confrontation. Thus, based on the benefits derived from her faith in God and from her religious practices, Maria confronted the disease during the treatment, which enabled her to feel empowered and able to proceed with the treatment.²⁷

For Mary, spirituality has always been fundamental for confronting the disease. She believed that the benefits of spirituality and religiosity were related to strength, tranquility, and confidence. Religious search should not be understood as a way to escape from reality, but as a future perspective for confronting the treatment difficulties and the suffering caused by cancer.²⁷

CONCLUSIONS

According to the anthropological perspective, the patient's sociocultural universe is no longer seen as an obstacle to the effectiveness of therapeutic programs and practices, but rather as the context in which the conceptions about diseases and the explanations and behaviors associated with them are understood.

The participant in this study demonstrated spiritual and religious well-being. Maria's prayers at home and her weekly visits to the church were shown as strategies for searching religiosity and a way to deal with cancer and its treatment. Thus, we verified that the occurrence of cancer intensifies the search for spirituality and religiosity, functioning as mechanisms for confronting this disease and its treatment, as well as a source of cure.

Health professionals involved in the care for cancer patients should pay special attention to understand the dimensions and use of religiosity and spirituality in cancer management. It is necessary that rituals and religious practices be part of the knowledge and daily work of nurses caring for cancer patients and their family, helping them to experience a better supported and assistance.

Religious practices serve as positive confronting resources for cancer patients, helping them throughout their pathway. The cultural perspective observed in the Brazilian population's religious practices is very strong and is inserted in different social groups. Among these, in this study, we highlight the context of a woman with breast cancer undergoing chemotherapy. Hence, we emphasize the importance of places for religious practices in public and private health environments, as well as sensitive professionals aware of the importance of integrating a greater understanding of spiritual needs in their professional practices and promoting greater access to integral care.

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Received in: 26/07/2017

Required revisions: 11/09/2017 and 03/11/2017

Approved in: 14/11/2017

Published in: 01/07/2019

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Disclosure: The authors claim to have no conflict of interest.