

FEELINGS EXPERIENCED BY THE COMRADES OF WOMEN UNDERGOING MASTECTOMY*

Sentimentos vivenciados pelos companheiros de mulheres submetidas à mastectomia

Los sentimientos que experimentan los compañeros de mujeres sometidas a mastectomía

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Keli Regiane Tomeleri da Fonseca Pinto¹, Nara de Moraes Lima², Izabel Dayana de Lemos Santos³, Silvia Regina Mattias⁴, Cátia Campaner Ferrari Bernardy⁵, Thelma Malagutti Sodré⁶

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ABSTRACT

Objective: to know the feelings experienced by the companions of women submitted to the mastectomy. **Method:** qualitative and descriptive study, carried out with five companions. Data collection was performed through an interview in August 2015. Data were analyzed through the Bardin content analysis. **Results:** when analyzing the interviews, three categories emerged: “The moment of diagnosis”, “Faith as support” and “Nothing changed after mastectomy”. The woman's breast cancer diagnosis brings feelings of fear, insecurity and despair to the partner; they seek strength in religion and faith in God. Body image was not a male concern and sexual life remained the same lived before the disease. **Conclusion:** it is extremely important to create support networks that are capable of meeting the needs of women diagnosed with cancer in order to understand their real feelings and help in this difficult process.

Descriptors: Women's health; Breast neoplasms; Mastectomy; Spouses.

RESUMO

Objetivo: conhecer os sentimentos vivenciados pelos companheiros de mulheres submetidas à mastectomia. **Método:** estudo qualitativo e descritivo, realizado com cinco companheiros. A coleta de dados foi realizada através de entrevista em agosto de 2015. Os dados

- 1 Nursing Graduate, PhD Student in Collective Health, Professor of the Nursing Department at *Universidade Estadual de Londrina (UEL)*.
- 2 Nursing Graduate, Specialist's Degree in Women's Health by the *Universidade Estadual de Londrina (UEL)*.
- 3 Nursing Graduate, MSc Student in Nursing by the *Universidade Estadual de Londrina (UEL)*.
- 4 Nursing Graduate, Specialist's Degree in Women's Health by the *Universidade Estadual de Londrina (UEL)*.
- 5 Nursing Graduate, PhD in Health Science, Professor of the Nursing Department at *Universidade Estadual de Londrina (UEL)*.
- 6 Nursing Graduate, PhD in Science, Professor of the Nursing Department at *Universidade Estadual de Londrina (UEL)*.

foram analisados através da análise de conteúdo de Bardin. **Resultados:** ao analisar as entrevistas emergiram três categorias: “O momento do diagnóstico”, “A fé como suporte” e “Nada mudou após a mastectomia”. O diagnóstico de câncer de mama da mulher traz ao companheiro sentimentos de medo, insegurança e desespero, eles buscam força na religião e na fé em Deus. A imagem corporal não foi uma preocupação masculina e a vida sexual permaneceu a mesma vivida antes da doença. **Conclusão:** é de extrema importância criar redes de apoio capacitadas para atender o companheiro de mulheres com diagnóstico de câncer, a fim de entender seus reais sentimentos e ajudar nesse processo difícil **Descritores:** Saúde da mulher; Neoplasias da mama; Mastectomia; Cônjuges.

RESUMÉN

Objetivo: Conocer los sentimientos vivenciados por los compañeros de mujeres sometidas a la mastectomía. **Métodos:** Estudio cualitativo y descriptivo, realizado con cinco compañeros. La recolección de datos fue realizada a través de una entrevista en agosto de 2015. Los datos fueron analizados a través del análisis de contenido de Bardin. **Resultados:** Al analizar las entrevistas surgieron tres categorías: “El momento del diagnóstico”, “La fe como soporte” y “Nada cambió después de la mastectomía”. El diagnóstico de cáncer de mama de la mujer trae al compañero sentimientos de miedo, inseguridad y desesperación, ellos buscan fuerza en la religión y la fe en Dios. La imagen corporal no fue una preocupación masculina y la vida sexual permaneció la misma vivida antes de la enfermedad. **Conclusión:** Es de extrema importancia crear redes de apoyo capacitadas para atender al compañero de mujeres con diagnóstico de cáncer, a fin de entender sus reales sentimientos y ayudar en ese proceso difícil. **Descriptores:** Salud de la mujer; Neoplasias de la mama; Mastectomía, Esposos.

INTRODUCTION

Cancer is a major global health concern. In Brazil, according to the *Instituto Nacional do Câncer (INCA)* [National Cancer Institute] the estimate for 2016 is approximately 596 thousand new cases of cancer, with 57.960 thousand female breasts.¹ It is the leading cause of death in women, with 12.66 deaths per 100,000 women in 2013, and its high mortality rate, as the disease is still diagnosed at very advanced stages.²

Cancer is defined as the result of the exaggerated proliferation of abnormal cells in the body and its risk factors are age, genetic and endocrine factors. According to the Ministry of Health, women with early menarche, late menopause, first pregnancy after 30 years, nulliparity, hormone replacement therapy, and increased hereditary risk are 5 to 10% of the total cases.²

Proper treatment depends on several of factors, such as location and size of the nodule, age, the result of further tests, and the patient's psychological status.³ However, the most common treatment used for disease control and total eradication is still breast extraction surgery. It can be conservative (partial breast removal) and non-conservative (total breast removal).⁴ The most commonly used technique is radical mastectomy, i.e. extraction of the entire breast along with the axillary lymph nodes, performed in approximately 57% of breast cancer cases.⁵

It is noteworthy that the breast is seen as a symbol of femininity for women and a reason of admiration for men.

Thus, the loss of this organ causes feelings of shame, inferiority, low self-esteem, and the woman feels unable to society, family and partner.³

Possible changes due to treatment need to be addressed by the patient as they are part of the treatment and a possible cure, and this experience can be painful, causing anxiety and fear.⁶ It should be considered that technical-scientific knowledge and advanced technology are not sufficient to support the woman at this time, so this woman needs support to face all the obstacles that the disease will entail.

Considering this scenario, the family and especially the partner are the main supports in coping with the disease, assuming the supporting role. However, due to the complexity of cancer, after its diagnosis and initiation of treatment, changes occur in the lives of these women and their families, in this way, all involved experience various feelings,⁷ and the partner, who is directly linked to the woman, experiences feelings of helplessness, hopelessness, and fear of losing his wife, unable to cope with circumstances because of his lack of emotional support.⁸ The partner cannot be put aside in this process, he needs help to cope with the situation and to support himself. This study aims to know the feelings experienced by the partners of women undergoing a mastectomy procedure.

METHODS

This is a descriptive cross-sectional research with a qualitative approach.

A qualitative research is understood as one that involves subjective questions, which is not concerned with quantifying, but understanding and explaining the dynamics of social relations, in other words, it works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which cannot be reduced to the operationalization of variables.⁹

The research was developed in two stages, the first at the *Ambulatório de Oncologia do Hospital Universitário Norte do Paraná (HUNPR)* [Oncology Ambulatory], located in Londrina City, Paraná State, and the second at the participants' homes.

The study population consisted of 05 partners of women diagnosed with breast cancer who underwent mastectomy between January 2013 and December 2014, attended at the HUNPR Oncology Ambulatory.

The inclusion criteria adopted in the selection of the population to be studied were: being a partner of a woman with a history of breast cancer who underwent mastectomy, and who were in a stable relationship with the woman during breast cancer diagnosis and treatment, between January 2013 and December 2014, reside in the urban area of Londrina City and have telephone contact in the women's records. The choice to be interviewed those with a stable relationship was based on the assumption that, for the time of union and coexistence, the couple would have greater possibilities to know the strengths and weaknesses of both and ways to help each other to deal with them.

To elaborate a list of possible research participants, secondary data were used through an authorized search in the woman's medical records, performed at HUNPR, respecting the predetermined criteria.

Data collection was performed in August 2015. Initially, the medical records of women treated at the HUNPR Oncology Clinic diagnosed with breast cancer and who underwent mastectomy were searched from January 2013 to December 2014. After identifying the women, telephone contact was made with her and the whole purpose of the work was explained, after which she talked to her partner and asked if he accepted to participate in the study. If so, a home visit was scheduled for data collection.

For data collection, an individual interview was used, with the following guiding questions: "How did you feel when you heard about your wife's breast cancer diagnosis?", "How was it when you knew she would have to undergo a mastectomy procedure? "How was it for you after your wife had a mastectomy?"

The interviews were fully transcribed shortly after their realization to not miss any detail of the moment. Gestures, voice intonation, facial expressions and other details of the meeting were recalled and helped to understand the experience lived by the individual. The audios were deleted after they have been transcribed.

For the analysis of the interviews, Bardin's content analysis was used,¹⁰ which aims to produce inferences of the communication content of a text replicable to its social context.

The content analysis unfolds into three phases: pre-analysis; material exploration and treatment of results. The pre-analysis phase comprises the organization of documents, fluctuating reading, choice of reports, formulation of hypotheses and elaboration of indicators to support the interpretation. The exploration phase of the material consists of finding groups and associations that respond to the objective of the study, thus emerging the categories. Now, the phase of treatment of the results includes the moment in which the inferences will be made, and the interpretation of the results found.¹⁰

The Informed Consent Form (ICF) was obtained from all participants before the interview. To keep the subjects' identities confidential, they were identified with the letter S followed by the number corresponding to the order of the interview. This study is a cut from the research entitled "Breast Cancer: Understanding the experience of women and their partners" and was approved (on 07/15/2015) by the Research Ethics Committee from the *Universidade Estadual de Londrina (UEL)*, according to the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 46547215.5.0000.5231, aiming to meet the requirements of the National Health Council, thus obeying the Resolution No. 196/2012,¹¹ that deals with research involving human beings.

RESULTS AND DISCUSSION

After analyzing the information, three categories emerged: "The moment of diagnosis", "Religious faith as support" and "Nothing has changed after mastectomy", which are discussed below.

The moment of diagnosis

With the news of the cancer diagnosis and when faced with mastectomy as a treatment, all partners interviewed reported despair and sadness first, accompanied by the desire to give strength and support to these women, to help and offer support for coping with the disease.

Oh, I felt very sad [...] We are a long-time partner [...] We get a devastated, it is the same as happens to me, so you will feel very sad and participate, help. (S1)

When she said it was like as if everything had collapsed, I don't know, I think it was worse for me than for her, because I didn't expect what happened, but I tried to support her in every way that could. (S2)

Oh, I was devastated, I was very sad, very sad, so I told her that we have to be together, because she has to have our support too, we have to give this support. (S3)

When she went to operate, I was very scared, when I saw her like this on the stretcher and gave her a kiss [...] hit me a sadness that my God, and it came like this in my head [pause] without my partner. (S4)

The testimonies found are in agreement with other researches that point out that the partners, when faced with the diagnosis of breast cancer, go through the worst moment in the natural history of the disease, because the news brings along numerous feelings such as anguish, sadness, frustration, fear of the prognosis of the disease, its treatment and the possible physical and emotional repercussions.^{8,12,13}

The partners express hopelessness, helplessness, uneasiness, and fear of the death of their wives, but they tend to keep positive thinking about the prognostic perspectives.¹⁴

Faced with this scenario, the partner feels the obligation to be firm and strong to offer support and strength to the partner, hiding his real suffering in order not to worry even more about his partner and propel the struggle for life.⁸

The following account demonstrates that the partner experiences the woman's disease very closely, remaining by her side. Mutual support between the couple is very important to strengthen the relationship of trust and together to face adversity.⁴

We, as they say, we faced everything together, I accompanied her in the surgery, we were together and everything went well. (S2)

Marital support emerges as a very important factor for coping with female breast cancer, as this support provided by the husband makes the experience of cancer less traumatic for the woman and when this support does not happen, the woman feels more weakened and destabilized facing the marital relationship.¹³

Religious faith as support

Throughout the statements, it became evident that the partners chose to have faith in God to face the future uncertainties. The partners verbalized request practices, prayers, and trust.

It was really a prayer chain, everyone praying, everyone united, and so we managed to overcome this phase that was very difficult for us. (S2)

When she told me, I said – Oh, my old lady, put in God's hand that He will do everything, it is in His hands, so whatever He does will be well done and whatever happens, we will respect. (S4)

We were asking God not to be anything serious, but [...] it happened [...] Faith in God. (S1)

The doctor said, "I don't understand, I said," Well, we understand why this is a God thing. (S2)

Belief, as a spiritual basis, helps to ease pain and brings with it a feeling of peace and optimism, increasing the expectation of healing success.

Religious devotion helps in coping with situations of anguish, depression, and fear, which in turn provide support, protection, hope, and faith.³

Therefore, faith tends to be an important ally in coping and overcoming the disease, giving the couple a chance to see a better future and face the disease more easily.^{8,12}

Nothing has changed after mastectomy

Concerning mastectomy, all partners reported that there was no change or rejection after the mastectomy, in contrast, remained to offer support to women.

Nothing changed, I believe it improved because then we get more attached, for me, practically improved. (S1)

Today our life is normal, took a breast, but nothing has changed [...] let's walk the way you are, however, we walk

together, so I say, it's something you need not be ashamed of what happened, she is still beautiful. (S2)

So, I owe her a lot, I tell others I'm not ashamed, nothing has changed, everything remains the same. (S4)

Another study collaborates with this finding, stating that partners did not feel differences regarding sexuality after mastectomy, but sought to experience their daily life and sexual intercourse in the same way as before the disease.⁴

So, the experience of cancer can bring improvement, since, if the partners offer understanding, friendship, support and affection, and contrary to popular belief, men value much more the physical and emotional well-being of their partners, than the aesthetics.^{4,15}

The sexual partner, in the rehabilitation phase, is one of the most important sources in the care of women with breast cancer,¹⁶ promoting protection to women, offering physical and emotional comfort.¹⁷

The partner has a fundamental role during all phases of treatment, there is a need for women to count on the support of the partner during the rehabilitation phase, which occurs after diagnosis and mastectomy.¹⁸

It is common for some mastectomized women's partners to support them, not expressing discomfort with the lack of breast or even in having sexual relations.¹⁹ However, some studies indicate that partners can move away from women due to the diagnosis of breast cancer.¹³

CONCLUSIONS

Herein, it was possible to understand the feelings experienced by the partners of women who underwent mastectomy.

With the news of the diagnosis of cancer and the need for surgery, the partners experienced various feelings such as sadness, anguish, despair, and pain, but also felt the obligation to be the base and the contribution at this difficult time of their partners, often failing to express their real feelings.

To find a way to comfort, partners seek strength in religion and faith in God as emotional support and hope for healing. Body image was not a male concern and sex life remained the same as before the disease.

Given the aforesaid, it is extremely important to create support networks that can meet partners of women diagnosed with cancer, to understand their real feelings and help in this difficult process.

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Corresponding author

Keli Regiane Tomeleri da Fonseca Pinto
Address: Rua Robert Koch, 60, Vila Operária
Londrina/PR, Brazil
Zip code: 86.038-350

E-mail address: tomeleri@yahoo.com.br

Telephone number: +55 (43) 99972-2848

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