

COUNSELING OF WOMEN THROUGH ONCOLOGICAL TREATMENT AND MASTECTOMY AS A REPERCUSSION FROM BREAST CANCER

Enfrentamento de mulheres diante do tratamento oncológico e da mastectomia como repercussão do câncer de mama

Enfrentamiento de mujeres ante del tratamiento oncológico y de la mastectomía como repercusión del cáncer de mama

Manuscript elaborated from the monograph named 'Women in the process of aging: coping with body repercussions in the chemotherapy treatment of breast cancer', in the year of 2016, at the Universidade de Cruz Alta, to the Nursing Graduation Course.

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ABSTRACT

Objective: The study's main purpose was to understand how can take place the coping of women in the aging process, who went through chemotherapy treatment for breast cancer. **Methods:** It a descriptive research with a qualitative approach that was carried out by interviewing five women who underwent chemotherapy treatment of breast cancer in a city in the State interior of *Rio Grande do Sul*. The data collection was performed in June 2015, through a semi-structured interview. Data were analyzed through Thematic Analysis. **Results:** The information set was grouped into the following two categories: "The confrontation with oncological treatment" and "mastectomy as the repercussion of the surgical process due to breast cancer". **Conclusions:** The coping process is an arduous task and each woman faces this process in a different way. Family and religiosity are important factors for coping, and the presence of nursing is essential to qualify the assistance to this population segment.

Descriptors: Nursing, breast cancer, chemotherapy, women's health.

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RESUMO

Objetivo: conhecer como ocorre o enfrentamento das mulheres em processo de envelhecimento que realizaram tratamento quimioterápico de câncer de mama. **Método:** pesquisa descritiva de abordagem qualitativa, realizada com cinco mulheres que realizaram tratamento quimioterápico de câncer de mama em um município do interior gaúcho. A coleta dos dados foi realizada em junho de 2015, por meio de entrevista semiestruturada. Os dados foram analisados por meio de Análise Temática. **Resultados:** as informações obtidas foram agrupadas em duas categorias: “O enfrentamento diante do tratamento oncológico” e “a mastectomia como repercussão do processo cirúrgico decorrente do câncer de mama”. **Conclusões:** o processo de enfrentamento é uma tarefa árdua sendo que cada mulher enfrenta esse processo de maneira diferenciada. A família e a religiosidade são fatores importantes para o enfrentamento, sendo imprescindível a presença da enfermagem, na qualificação da assistência a este segmento populacional. **Descritores:** Enfermagem; Câncer de mama. Quimioterapia. Saúde da Mulher.

RESUMÉN

Objetivo: conocer cómo ocurre el enfrentamiento de las mujeres en proceso de envejecimiento que realizaron tratamiento quimioterápico de cáncer de mama. **Método:** investigación descriptiva de abordaje cualitativo, realizada con cinco mujeres que realizaron tratamiento quimioterápico de cáncer de mama en un municipio del interior gaúcho. La recolección de los datos se realizó en junio de 2015, por medio de una entrevista semiestructurada. Los datos se analizaron mediante análisis temáticos. **Resultados:** las informaciones obtenidas se agruparon en dos categorías: “El enfrentamiento ante el tratamiento oncológico” y “la mastectomía como repercusión del proceso quirúrgico derivado del cáncer de mama”. **Conclusiones:** el proceso de enfrentamiento es una tarea ardua y cada mujer enfrenta este proceso de manera diferenciada. La familia y la religiosidad son factores importantes para el enfrentamiento, siendo imprescindible la presencia de la enfermería, en la calificación de la asistencia a este segmento poblacional. **Descriptor:** Enfermería; Câncer de mama. Quimioterapia. Salud de la Mujer

INTRODUCTION

Breast cancer has been highlighted among the diseases that affect the female population, becoming a public health problem. For the year 2016, 57,960 new cases were estimated, which represents an incidence rate of 56.2 cases per 100,000 women,¹ observing a significant increase in new cases in just three years.

With regards to breast cancer, it is known that presents a higher incidence in women in the age group between 40 and 69 years old, a period in which they are in the process of aging. The higher the age, the greater the chance of a woman developing mammary neoplasm. There is a significant increase in elderly women in the aging process, which shows a greater predisposition to develop the disease.²

Breast cancer, if detected in early stages, increases the chance of cure. Strategies for the early detection of breast cancer are early diagnosis and screening. Several methods are employed for the early detection of breast cancer, such

as mammography, Clinical Breast Examination (CBE), Breast Self-Examination (BSE), the latter is very important for women to know their own body, and together with the CBE performed by the professional nurse and by a gynecologist, are configured as an early detection strategy.³

The prognosis of breast cancer depends on the extent of the disease, when diagnosed at the beginning, the treatment has greater curative potential, but when there is evidence of metastasis, the main objectives of the treatment are to prolong survival and improve the patients' quality of life.⁴ Treatment varies according to the staging of the disease, its biological characteristics, as well as the conditions of the woman. Modalities of treatment of breast cancer are divided into: local and consists of surgery, radiotherapy and breast reconstruction; and - systemic, which encompasses chemotherapy, hormone therapy, and biological therapy.⁵

In stages I and II: the conduct is surgery, being able to be conservative, removing only the tumor,⁶ or mastectomy and breast reconstruction. The evaluation of the axillary lymph nodes has a predominantly prognostic role.⁷ Stage III: In this stage, the tumors are larger, but still localized, usually the systemic treatment with chemotherapy is used, if the answer is within the expectation, it follows the local treatment.⁸ Stage IV: At this stage, the balance between the tumor response to the therapeutic choice and the possible prolongation of survival should be sought, taking into account the consequent side effects of the treatment, the mode of choice is almost always systemic.⁹

The side effects of chemotherapy interfere negatively in everyday life, in the elaboration of the body image and in the sexual life of the woman. The main consequences of this treatment are nausea, vomiting, fatigue, cognitive dysfunction, alopecia, weight gain, pallor, induced menopause, decreased vaginal lubrication and arousal, reduced sexual desire, dyspareunia and anorgasmia.¹⁰

The impact caused by breast cancer goes beyond the pain and discomfort of the disease and its treatment, as well as changes in the psychic, social and economic order.² The physical dimensions of cancer reveal a scenario favorable to stigmatization and oncological patient retraction from social interaction, due to the effects of treatment, and even the removal of family members because of prejudice.¹¹

Considering the abovementioned considerations, the following guiding question was then formulated: “how does the coping approach of women that underwent chemotherapy treatment of breast cancer take place”? Aiming to know how the corporal repercussions occur during the aging process and also how to face it, with regards to women that underwent chemotherapy treatment of breast cancer.

METHODS

It is a descriptive-exploratory study with a qualitative approach.¹² Five women, who underwent chemotherapy

treatment of breast cancer in a city in the State interior of *Rio Grande do Sul*, participated in the research. As inclusion criteria, the following conditions were added: being Brazilian, in the process of aging from 40 to 69 years old, who were affected by breast cancer and underwent chemotherapy treatment, and were resident and enrolled in the Family Health Strategy. Exclusion criteria were: being mentally ill and having undergone other oncological treatment, such as radiotherapy and hormone therapy, or who were not in residence on the day scheduled for the interview.

Data collection was done in June 2015, through a semi-structured interview. Initially, the objectives of the study were explained and after being invited to participate in the research, according to the availability of date and time of the surveyed women. Participants were interviewed individually, at home, at a time and date previously scheduled by telephone, according to the readiness of each interviewee.

The interviews had an average duration of one hour, recorded with the aid of a digital recorder, thus ensuring a rich and reliable material. Subsequently, they were transcribed and registered in a text editor program. The sample closure occurred when data saturation criterion was used.¹² For the interpretation and analysis of data, the technique of Thematic Analysis was applied¹², which consists in discovering the sense nuclei that form a communication, which the presence or frequency means something for the intended analytical project. This analysis technique consists of three phases: pre-analysis, material exploration, treatment of results, and interpretation.

The project followed all recommendations of research involving human beings. The proposed study was assessed by the Human Research Ethics Committee from the *Universidade de Cruz Alta*. It was approved by the No. 1,546,326.

Participants were invited to read the Free and Informed Consent Term and after the agreement with it, carrying out the signature and rubric, leaving the interviewee with a copy of this document and the other in the researcher's possession. It was guaranteed to the participants their anonymity, confidentiality of information and the possibility of giving up at any stage of the survey, without any penalty or loss. Participants were identified by names of precious stones in order to honor them by their life story and overcome before the impact of breast cancer.

RESULT AND DISCUSSION

It was observed that, among the five interviewees, the age ranged from 46 to 60 years old, three of them were in the age group from 50 to 59 years old, one was 60 years old or older and the other age group was 49 years old. The Ministry of Health and *Instituto Nacional de Câncer (INCA)* [National Cancer Institute] report that women

between the ages of 40 and 60 are prone to develop breast cancer because of age is a relevant risk factor.¹³

Concerning the marital status, it was identified that three (60%) women were single and two (40%) women were married. Women with breast cancer who have a union have a better coping with the disease, facilitating their reintegration in the family context.¹⁴ From the total number of women interviewed, two had an average level of education and three had a lower level, which is less than 7 years of schooling. With respect to profession and religion, four were of housewife and Catholic and only one era artisan and Methodist.

One study¹⁵ reports that religion-based coping has a relevant role in the impact of the disease on their lives because, belief in God, positive thoughts and optimism are strong influences on the adaptive development to cope with the disease and its treatment.

In terms of ethnicity, all interviewees were white. In relation to family income, it varies between one and four minimum wages. A study¹⁶ developed with French women with breast cancer shows that survival is higher in women with a higher socioeconomic pattern and schooling, because a decrease in delayed diagnosis and better prognosis occurs as the level of schooling increases.

Concerning the year of diagnosis, three were diagnosed in 2012, one in 2014, one in 2015. The treatment duration also varied between four months and a year and a half. All interviewees performed the mastectomy, which differs from one to the other, where four performed the right breast and one performed the left breast.

Considering the family antecedents, three had no background, the presence of a history of familial breast cancer is a determining factor for the disease. Studies have shown¹⁷ that genetic predisposition is responsible for between 5 and 10% of all breast cancer cases. After the full transcription of the interviews, thorough reading and analysis of the data obtained, the following two thematic categories appeared here: Coping with oncological treatment; Mastectomy as repercussion of the surgical process resulting from breast cancer.

Coping with oncologic treatment

Several are the feelings experienced in the discovery and during the treatment of breast cancer, because it is something new in the life of the woman and requires adaptations and understanding of the whole process that this person will experience. The prominent sensation of death, fear, sadness, denial of disease are the first sensations experienced by some women affected by breast cancer.

It was observed that the family is indispensable in the process of coping with cancer and treatment, because these moments are difficult and the woman needs a social and family support in order to adapt to this new phase of her life. Another important factor for the rehabilitation

of women, after the onset of cancer, is religion, because together with their families, they cling with faith and hope in order to achieve a cure for the disease.¹⁸ It was observed that religiosity together with family brought support and comfort during this period of suffering:

It was not as terrible as I thought, I had the support of the family, and it is where we cling, family and God. (Jade 5)

I had days that were terrible; I clung to my children and husband. My main support was the family. (Olivine 4)

I am very talkative, I felt better about telling and talking about what happened to my neighbors. (Jade 5)

It is remarkable that with family support, women feel more hope of being cured because they cling to the love of the family, this motivates them to fight for their own lives and face positively the changes that are taking place. Furthermore, religiosity, faith in God, belief in a Higher Being, is a source of support and comfort to face treatment and illness.

Study¹⁹ with elderly women with breast cancer, and the family was considered by these women as the main support not to give up. It is important that family members strive to provide support to this woman by actively participating in treatment decisions and issues. In addition, all the people who live with these women are of paramount importance in their lives, and many of the feelings that can be experienced by them are related to how they will be seen and received before family, friends, and professionals.

It may be noted that by force of faith and religious beliefs are ways of coping with sickness and death.²⁰ Faith in God is a strengthened feeling in culture and is as necessary as other modes of coping. Religiousness and spirituality influence not only the life of the patient, but there is also influence in the family and caregivers who seek through faith the hope and acceptance of the disease.

Religious support is considered by another study as a need for help to better cope with fear, loneliness and the unexpected, and this trust in God is a form of defense to the feelings of fear and anguish.²¹ Women report having experienced moments of uncertainties stemming from the initial idea that women with cancer go through situations of suffering and even death.

When I discovered the disease, it scared me. (Ruby 2)

You have the feeling that you are going to die. To this day I still have difficulty, why me? Why me? Just me? (Olivine 4)

At first I was very nervous, sad. (Jade 5)

Breast cancer is an experience that intimidates the woman, its diagnosis is usually accompanied by feelings such as distress, sadness, and intense fear. Denial and depression are the psychological defenses usually caused by serious illness, such as breast cancer.¹⁹ From diagnosis to the end of treatment, women face several stressful events because they know the threat of the disease to their physical integrity, and are aware of the repercussions that such a change will have on their lives, as well as in the family and conjugal relationship.

Considering the aforesaid, it is noted that the emotional lived experiences of women during diagnosis and chemotherapy treatment have a direct influence on the disease process, women suffering from breast cancer experience physical, emotional and psychological pain, but not all of them experience the same pain and they face this process in the same way.

Denial is considered a form of "apparent defense", used by many of us when faced with difficult situations. In the woman with breast cancer is not different, this feeling appears with intensity since she is vulnerable. Denial is like an apparent defense, it can be manifested by fear of facing disease and even by fear of death.

When they reported that they had never thought about giving up or that something bad could happen, they were quiet, but when they said that it was not easy to face and that they tried not to be very attached to the problem, they showed anxiety, restlessness and nervousness.

As I am alone, I thought of myself, that I had to face, I had to raise my head, it was no use lying down. (Pearl 1)

Always with my head held high, because I had to live, if I weakened it was worse. (Ruby 2)

We need to have faith, courage. I always thought it was going to work, only the first moment it hit. I feel victorious. (Olivine 4)

In addition to the family support received by the women to face the difficulties imposed by the chemotherapy treatment, their willingness, and hope was something that collaborated very much so that they would overcome this stage and succeed in achieving the treatment successfully. After the phase of denial, fear, and uncertainty, these 'negative' feelings were replaced by different ways of looking at the facts, marked by trust, courage, and the desire to live.

The testimonials presented below show that breast cancer emerges by arousing an array of feelings and different reactions to the treatment of chemotherapy. The interviewees' speeches differ when questioned about the changes that occurred in their lives during treatment.

I did not feel like leaving. It was not easy. (Pearl 1)

I did not stop doing anything, I kept doing the same things. (Ruby 2)

I did not change anything in my everyday routine, I used to walk, come back late. (Diamond 3)

I did the housework, it did not beat me up. But I did not like to leave home because I had no hair. (Olivine 4)

I did not get out much. when I arrived, I went to bed. (Jade 5)

The solution to the problem is not only in the possible process of coping, it is necessary that the person, despite all the context, has a positive reaction that implies in actions of confrontation and overcoming, since this interferes positively in adverse situations, managing the disease and treatment over time in a positive way. Patients seek to accept the disease and its repercussions, but it is notable for the interviewees' statements the exclusion from social interaction, this fact occurs because of society that determines behaviors and appearances.

Coping is defined as an individual's behavioral and cognitive efforts to manage a stressful event, making the person understands what are the factors that will influence the final outcome of the process.²² Emotional upset and living with the negative repercussions of chemotherapeutic treatment generate physical weakness and affect the development of daily activities.²³ However, it can be seen in the speeches that patients seek to reorganize their lives, making adaptations so that they can maintain their social relations and still perform their daily activities.

Mastectomy as repercussion of the surgical process resulting from breast cancer

In the first moment, the concern demonstrated by the women on the loss of the breast is the rejection of their relatives and society. Reminding that the breast is directly linked to the sexuality of the woman. It is considered that breast removal represents one of the most significant bodily repercussions and that directly involves the patient's psycho-emotional state.

Mastectomy was the worst thing that happened. I am not ashamed of my husband, but we do not feel like doing anything as a couple. (Jade 5)

Change clothes around my husband, never again. (Olivine 4)

The mastectomy directly involves the loss of the image, causing injury of the body, and also causing the patients to feel the decrease in femininity, feeling inferior to other women. One of the main factors influencing the woman's body image is characterized by the parameters that society imposes for the identification of the "perfect" female body. Society values the body as essential in sexual attraction, this makes women afraid of not being more sexually attractive to their partners, avoiding sexual contacts, and this is remarkable in the statements of the participants of this research, that after the mastectomy, the woman feels strange, embarrassed, having difficulty relating to her husband, feeling sexually repulsive.

A study²⁴ conducted in Singapore with 20 mastectomized women found that nine of the participants had problems in their conjugal relationship, with a decrease in the frequency of sexual intercourse, besides the changes in sexual behavior, where the women reported that they avoided undress themselves in front of their partners. In the same study, women report that they used clothing during intercourse, they also reported that when they returned to their sex life, they felt a difference and were afraid that their husband would not accept them anymore.

The reciprocity of the sexual relationship depends exclusively on the woman, if she becomes more receptive, the partner will get closer to her and consequently, the relationship will become better. How the woman views the sexual relationship after the mastectomy depends a lot on how it was before the illness, that is, women who have a good relationship with the partner tend to continue in the same way, because the couple becomes interested in sex life and begins to worry about the sexual relationship of both, seeking intimacy, exchange of caresses, pleasure and new ways of adaptation to the current conditions of woman, in order to make the sexual relationship more pleasant, comfortable and pleasurable, but those that the relationship was not good tends to worsen after the woman's illness.²⁵⁻²⁶

It is noticeable that the problem of mastectomy is related to several aspects both to the femininity of the woman and to the married life, mainly because it has an erogenous value for both the woman and the man.²⁷ After the mastectomy, women have difficulty choosing clothes to dress, go to the beach or even have a physical contact with another person, this is because the life of these women is strongly influenced by the body alteration suffered.²⁸

Mastectomy has traumatic consequences in the life of each woman, unleashing negative feelings, such as emotional shock; the uncertainty of prognosis and recurrence of the cancer; effects of chemotherapy; the fear of pain, and the risk of facing death²⁹. However, during the entire period of data collection, the positive way these women coped during chemotherapy treatment, the way in which they adapted to mastectomy and other factors was noteworthy. This is believed to interfere directly with the treatment outcome.

FINAL CONSIDERATIONS

The decrease of self-esteem was identified as a consequence not only of the mastectomy but one derived from the health-disease process general context to which the woman was exposed. It is possible to see that the reports are due to aspects that affect the image, women's sexuality, as well as those that affect their quality of life.

Coping with treatment is based on family, religion, and spirituality. All participants reported the importance of this tripod in coping not only with the treatment but also with the disease. The family is a struggle reason for life, religion and spirituality are the sources of comfort and hope in overcoming the disease. Breast cancer carries a range of feelings in a woman's life, many go through the denial of the disease process, the intense and prominent fear of death, believe that besides the threatening of their physical integrity, there have been changes in their family and conjugal relationships.

Bearing in mind the difficulties, all the participants were able to win this stage with their strength of will, hope, and faith. The feelings that were previously negative gave way to courage and a willingness to live reverting to the situation. Nursing plays an indispensable role, acting in prevention, planning, and intervention, in order to minimize the pain, suffering and other consequences that are caused to the oncologic patient.

Nursing was present throughout the walk, providing assistance, and also technical procedures. It was noticed how welcomed the women were, and how important is the humanized and holistic care for breast cancer patients, how much it helps in a good prognosis, and interpersonal relationship, not only with the patient but also with the family. The nursing trust relationship with the patients allowed the accomplishment of qualified assistance, promoting physical, emotional and psychological support.

It was possible to know the changes that occurred during the chemotherapy treatment, as well as the way in which women face such changes. It was noted how indispensable it is to follow the nurse during this process, in order to assist the women in coping with the disease and treatment, as well as to guide them in relation to physical and emotional aspects that can affect their life, besides minimizing the adverse effects of chemotherapy.

This study presented limitations, in the sense that it was developed with only five women in a city in the interior of *Rio Grande do Sul*. However, there are important contributions to the health area, especially to nursing. It is highlighted the need for new research in the area of nursing care to patients with breast cancer, in order to broaden the knowledge of health professionals, enabling them to guide their professional performance.

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