

## BREAST CANCER DIAGNOSIS: IMPLICATIONS FOR THE BEHAVIORAL CHANGES IN THE SOCIAL SUPPORT NETWORK

Diagnóstico do câncer de mama: implicações na mudança de comportamento da rede de suporte social

Diagnóstico de cáncer de mama: implicaciones para el cambio de comportamiento de la red de apoyo social

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### ABSTRACT

**Objective:** To unveil behavioral changes of different social supports from the diagnosis of breast cancer.

**Method:** Descriptive, qualitative study conducted in a Rehabilitation Program for Mastectomized Women in Vitória, Espírito Santo. Sixteen women diagnosed with breast cancer who underwent mastectomy participated in the study. The statements were analyzed according to the content analysis technique. **Results:** There were changes in behavior of social support networks after the diagnosis of breast cancer, the largest behavioral changes occurred in the family (43.5%), followed by the intimate partner (30.4%) and among friends (26, 1%). In friendship and family relationships, there was an improvement in the provision of care, while in the relationship with the partner, there was also a withdrawal from the same. **Conclusion:** The diagnosis of breast cancer causes behavioral changes in family, friends and intimate partner relationships. The performance of health professionals in this process is recommended.

**DESCRIPTORS:** Breast neoplasia; Mastectomy; Social support; Women's health; Nursing care.

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## RESUMO

**Objetivo:** Desvelar as mudanças de comportamento dos diferentes suportes sociais a partir do diagnóstico de câncer de mama. **Método:** estudo descritivo, qualitativo, realizado em um Programa de Reabilitação para Mulheres Mastectomizadas em Vitória, Espírito Santo. Participaram do estudo 16 mulheres com diagnóstico de câncer de mama, submetidas à mastectomia. As falas foram analisadas segundo a técnica de análise de conteúdo. **Resultados:** Houve mudanças de comportamento das redes de apoio social após o diagnóstico de câncer de mama, as maiores mudanças comportamentais aconteceram na família (43,5%), seguido do parceiro íntimo (30,4%) e entre os amigos (26,1%). Nas relações de amizade e familiares houve uma melhora no oferecimento de cuidado, já na relação com o parceiro também se verificou afastamento do mesmo. **Conclusão:** o diagnóstico de câncer de mama acarreta mudanças de comportamentos nos relacionamentos familiares, de amigos e do parceiro íntimo. Recomenda-se a atuação de profissionais de saúde nesse processo.

**DESCRITORES:** Neoplasia da mama; Mastectomia; Suporte social; Saúde da mulher; Cuidados de enfermagem.

## RESUMEN

**Objetivo:** Desvelar los cambios de comportamiento de diferentes apoyos sociales del diagnóstico de cáncer de mama. **Metodología:** Estudio descriptivo y cualitativo realizado en un programa de rehabilitación para mujeres mastectomizadas en Vitória, Espírito Santo. Dieciséis mujeres diagnosticadas con cáncer de mama que se sometieron a una mastectomía participaron en el estudio. Las declaraciones fueron analizadas de acuerdo con la técnica de análisis de contenido. **Resultados:** Hubo cambios en el comportamiento de las redes de apoyo social después del diagnóstico de cáncer de seno, los mayores cambios de comportamiento ocurrieron en la familia (43.5%), seguidos por la pareja íntima (30.4%) y entre amigos (26, 1%) En la amistad y las relaciones familiares, hubo una mejora en la prestación de atención, mientras que en la relación con la pareja, también hubo una retirada de la misma. **Conclusión:** El diagnóstico de cáncer de seno causa cambios de comportamiento en la familia, amigos y relaciones de pareja íntima. Se recomienda el desempeño de los profesionales de la salud en este proceso.

**DESCRIPTORES:** Neoplasia mamaria; Mastectomía; Apoyo social; Salud de la mujer; Atención de enfermería.

## INTRODUCTION

Breast cancer is one of the most common types of cancer worldwide and the second leading cause of death from cancer in women. The risk of 53.33 cases per 100,000 women in the 2018-2019 biennium is estimated.<sup>1-2</sup>

Advances in the treatment of breast cancer offer women greater possibilities of cure and better quality of life. However, the treatment has some acute or long-term deleterious effects, these effects impact women's lives in physical, functional, emotional, financial and social spheres, causing psychological reactions such as denial, anger or intense fear of their disease and treatment, in addition to of psychiatric morbidities.<sup>3-4</sup>

The success of the treatment is related to the quality of the care experienced, because in addition to survival, it is important to consider the quality of life of the patient. Thus, the support of family, partner, friends and other people in the social cycle, has an essential role in the care and support

of patients, in order to contribute to the motivation of their self-care, in addition to being a tangible help source to deal with their fears and concerns about the disease.<sup>5</sup>

According to the referenced framework, the impact of social relationships on various health and well-being indicators varies depending on the nature of social ties (for example, friends, children, family and partners) and the quality of relationships.<sup>6</sup> Perceptions of social support are related to greater fighting spirit and less feeling of helplessness and hopelessness, therefore, the amount of support received by patients is significantly correlated with greater resilience and less risk of anxiety and depression.<sup>7</sup>

Individuals who experience cancer diagnosis and treatment do not always consider social support useful. Sometimes it can be considered a burden or a nuisance, becoming what is known as negative support: the family provides resources for their relatives with cancer, but in some cases these resources may not be desired.<sup>8</sup>

The type and amount of social support that an individual with cancer receives influences the course of the disease, their coping strategies and physical adaptation. Social support also mitigates the impact of cancer diagnosis on patients' quality of life.<sup>9</sup>

Even though breast cancer is a recurrent object of studies, the need to address the effect caused by its diagnosis on the social relationships of its victims was perceived, which according to the literature has a direct effect on coping and prognosis of this disease.<sup>5,7</sup> Thus, the objective of this study is to reveal the behavioral changes of different social supports, experienced from the diagnosis of breast cancer.

## METHODOLOGY

Descriptive and exploratory study, which due to the nature of the object of investigation is the experience of women in their interpersonal relationships after the diagnosis of breast cancer, the qualitative approach was chosen.

Data collection was carried out in 2018, in a Rehabilitation Program for Mastectomized Women, which develops its activities in a reference outpatient clinic for the care of cancer patients, located in the city of Vitória, Espírito Santo, Brazil.

16 women participated in the study, following the data saturation criterion that occurs when the information becomes repeated or the addition of new data is minimal to undergo the analysis procedures.<sup>10</sup> Women diagnosed with breast cancer were included in the study, who underwent mastectomy surgery. Exclusion criteria were women who underwent breast reconstruction immediately after surgery.

After the nursing care performed in the program, women who met the inclusion criteria were invited to participate in the research in a private room that included only the interviewee and the interviewer. It is important to highlight that only those who signed the Free and Informed Consent Form (ICF) were submitted to the interview, so before the signing, the objective of the study and the freedom to withdraw at any time were explained to the woman.

To obtain the data, a semi-structured form divided into two parts was used. The first containing the characterization of the participants (age, skin color, current marital status, education, religion, family income and current paid activity); the second was guided by the question: "After the diagnosis of breast cancer, has there been a change in the behavior of people close and significant to you?"

The characterization data of the participants were analyzed using the Stata 13.0 software, obtaining crude and relative frequency measurements. The women's reports were recorded and analyzed through content analysis, according to Bardin's reference (2009), understood as a set of systematic procedures for describing the content of the messages, in order to allow the inference of knowledge related to the conditions of production/ reception of these messages, covering the following steps: pre-analysis; exploration of the material; treatment of results and interpretation.<sup>11</sup>

A pilot study was carried out prior to the interview, in order to verify the proper adequacy of the instruments. Women who needed social or psychological care were referred

to the outpatient services. In addition, after data analysis, lectures and discussions on the topic were included in the scope of activities carried out in the group, always mediated by trained professionals.

In order to guarantee the anonymity of women, they were identified by the name of flowers. The research project was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Espírito Santo, on August 8, 2017, under the number 2,171,592, and was conducted according to ethical standards, as determined by resolution 196/96 CNS / MS.

## RESULTS AND DISCUSSION

The 16 women were between 50 and 60 years old, of whom 12 declared themselves to be brown and 13 said they had completed elementary school. Regarding religion, half are Catholic and the other half are evangelical. Most are married, have a family income of up to 1.5 minimum wages and do not engage in paid work (Table 1).

**Table 1** - Sociodemographic profile and time of diagnosis of the 16 research participants. Vitória, ES, Brazil, 2018

Fictitious names	Age	Schooling*	Marital status	Family income**	Diagnostic Time ***
Cravina	52	2	Married	1	1
Lavanda	64	3	Divorced	1	3
Tulipa	62	1	Married	1	10
Calêndula	68	4	Married	3	9
Hortênsia	47	1	Married	2	3
Girassol	47	1	Married	2	7
Amarilis	45	1	Married	1	<1
Camélia	47	1	Stable union	1-2	1
Orquídea	52	1	Married	3-4	4
Begônia	55	1	Widow	2	4
Cinerária	44	1	Married	3	<1
Azaléia	56	3	Married	1-2	10
Rosa	72	3	Married	2	15
Lírio	49	1	Single	2	5
Violeta	46	3	Married	1	<1
Margarida	55	1	Married	1-2	6

\*\* In minimum wages; \*\*\* In years.

\* Illiterate = 1, Incomplete elementary = 2, Complete elementary = 3, Superior = 4;

From the analysis of qualitative data, three thematic categories emerged: behavioral changes in family 7 (43.5%), behavioral changes in intimate partner 5 (30.5%) and behavioral changes in friends 4 (26.0%), which will be described below.

## Family behavioral changes

The impacts of the disease extend to the lives of families, with repercussions in all aspects of their routines. In this context, families assume greater importance, because they play an important role in coping with the disease, treatments and its effects. Thus, cancer can be considered a family disease that, when diagnosed in one member, has the power to change the life experience of other family members.<sup>12</sup>

With impaired physical integrity, the woman needs intensive care, since the treatment is long, invasive and causes turbulence in her life. The mastectomy that consists of the total or partial removal of the breast, when indicated, causes anxiety, fear and uncertainty, generating a psychological sequel and leaving deformities more serious than the surgery itself. Such a procedure brings to the woman the distortion of her own image, resulting in changes in the sexual and social life.<sup>13</sup>

In a study carried out in a specialized center to fight breast cancer, it was found that the feeling of despair, concern for the family, fear of death, sadness, denial and despair, were the most common responses of women to the diagnosis of cancer breast. The study showed that receiving the diagnosis triggers emotional feelings of unreality and even confrontations with the idea that death is about to happen.<sup>14</sup>

In this scenario, families appear as a source of support, in order to bring greater quality of life and incentive in the search for strength to face the disease.<sup>15</sup> Such situations can be identified in the statements of Tulipa, Rosa and Violeta:

*They got even more friends, even more close to help me.* (Tulipa)

*It got better, we got closer, because everyone wants to help, support.* (Rosa)

*Yes, there was change. They gave me more attention, I had more support, you know? From my whole family, my husband, my children, my family, brothers, sisters, friends.* (Violeta)

In this process, the family plays the role of supporter, and must participate effectively in facing this adversity. This support provided by the family seeks to bring the woman feelings of courage and hope. The support of the children comes through gestures of assent, demonstration of the affective side, acceptance and assistance.<sup>16</sup>

*"[...] they (children) started to be more careful with me, right? And had a lot of concern, they were with me everywhere, from the beginning my daughter was with me."* (Tulipa)

*"It changed like that, a lot of care. They were already taking care of me ... it got a little ... it got even more careful. My children, my mother, my husband, my family in general. It helped a lot."* (Orchid)

*"Yes, my family was more attentive to me".* (Sunflower)

Families face great obstacles to deal with cancer, which causes suffering that can be intensified according to the severity of the disease. The fragility of the social, economic and cultural conditions of patients and family members increases the social vulnerability that the disease imposes.<sup>17</sup> In these cases, breast cancer brought a new dynamic in family relationships, to which patients reported the concern of family members with death and closer approximation due to the disease.

*My sister thought I would die, she was worried about me. Anything happens, she thinks I will die, even today. Bad news? She won't even let people tell me. This disease is too much.* (Lírio)

*No, I actually got closer to my Family because of the problema.* (Begônia)

Another point that can contribute to relationships during cancer treatment is related to the stigma and difficulty of speaking openly and clearly about the topic in the family context.<sup>18</sup> It is observed in the speeches of Amarilis and Azaleia, that the removal of family members due to the difficulty in approaching the theme and facing reality.

*From the moment my Family found out i had cancer, they couldn't face me. I was separated, I was always in my corner, no one wanted to be near me. They seemed afraid to catch the disease.* (Amarilis)

*Sometimes I even tell my kids: my friends have more consideration for me than you.* (Azaléia)

## Intimate Partner Behavioral Changes

Patients in an intimate relationship generally consider their partner as the main source of support throughout the course of the cancer. However, they themselves are emotionally affected and experience challenges in supporting their partners. The feelings experienced by patients in coping with the disease can be directly affected by this support received, or by the lack of it, and communication between the couple is extremely important.<sup>19</sup>

Qualitative study carried out with women undergoing treatment, revealed the relevance of the partner's role in this process, as the patients felt more accompanied, and that through this the relationship became firmer and more

mature.<sup>15</sup> Cinerária reported that there was more care on the part of the partner, she highlights this change in behavior mainly during intimate relationships:

*I think he was... let me say, what's the word? A little of guarded about being careful. When having relations, he worried if I was ok, if I'm not ok for that moment. (Cinerária)*

The breast, when removed, is part of the female vanity, the woman starts to feel withdrawn in the presence of the sexual partner, since the psychological fragility does not contribute to it occurring differently.<sup>20</sup>

*Houve mais da minha parte entendeu, nem foi da parte dele foi mais da minha parte. Foi assim, mais eu o rejeitei, do que ele me rejeitou, entendeu. Não sei, não entendi até hoje porque estou assim, não "tô" conseguindo me aproximar dele. Parece que eu me afastei dele, entendeu? (Violeta)*

In facing these changes, the woman begins a process of recognition in a new image condition imposed by the disease. The search for reasons to continue life begins, as a transformed woman. Therefore, these changes often affect specific aspects of patients' sexual functioning and intimate life.<sup>21</sup>

*He has his demands, you see? He jokes with me "I think I lost you to cancer". He talks to me like that, you know? He always wants me, mas I always say I don't want it. That I have the treatment, that I don't want it. (Violeta)*

*Until close to the breast reconstruction, we had a sexual life. After the reconstruction, it didn't go so well. I had this kind of defect, then my sexual life stopped. (Girassol)*

A study carried out with partners of people suffering from different types of cancer, including breast cancer, showed that there were changes in the couple's relationship, such as decreased sexual desire of the woman, stress and exhaustion related to care, infantilization of the partnership by the partner or the vision of the partner as a "being sick", as well as beliefs about what would be "acceptable" in the sexual context of the cancer patient. These factors were determinant for decreasing the frequency of sexual relations with partners.<sup>22</sup>

In the same way, it is observed in the statements of Cravina and Rosa, that the withdrawal of the partner was present, resulting in a decrease in contact in the couple's intimate life.

In an integrative review on the experience of the spouses of patients with breast cancer, in addition to the negative aspects of cancer in the couple's sexual life, positive aspects were also identified, which involves strengthening the relationship through greater emotional support.<sup>23</sup> As reported by Cinerária.

*He's Always worried with my well-being, if I'm well or not, so it can happen, so it's good for both of us. (Cinerária)*

The dialogue between the couple, sharing thoughts, feelings and concerns is something indispensable for individual and marital well-being. In breast cancer, this sharing becomes even more important in the cognitive process and experience of the neoplasm, therefore, in the best adaptation to the disease.<sup>24</sup>

It is important to highlight that the approach to the sexual life of the cancer victim must be discussed in health services, and that this is not a common practice among health professionals. Since the training of these professionals is often incipient in relation to knowledge about sexuality and sexual functioning after treating diseases such as breast cancer. Therefore, studies like this serve as a warning to the need for more understanding on the topic, with the common goal of promoting comprehensive health care for women.<sup>25</sup>

### Behavioral changes of friends

Social support, which is characterized by the existence or availability of people you can count on and trust, goes beyond family support. The measures of this support modality analyze, in short, the level of integration versus the isolation of the person in a social network, which can be understood as the support offered to the individual, through practical attitudes (such as assistance) or affections capable of making him feel loved, safe and protected.<sup>26</sup> According to reports, friends were present adding to the social support network of these women.

*The friends were very comprehensive, careful, they gave me a lot of support, I had no problems. (Calêndula)*

*I remained the same, but it even got to the point where my freinds worried more about me than myself. They supported me a lot. They were careful. (Azaléia)*

*And all my friends supported me, very much. Thank god. (Violeta)*

*And after that diagnostic it seemed like everyone United. The sisterhood, they spent more time in my house. (Camélia)*

Social support is of great importance in mental adjustment to breast cancer, it is clear that the greater the social interaction, the less recourse to discouragement- weakness, worry, anxiety and the spirit of struggle.<sup>27</sup> It was observed that in some cases this support from friends came in the form of feelings of pity, which can be harmful in coping with the disease.

*"I'd arrive at work, she said: I don't accept you are here, you have rights. I thought she was pestering, but it was actually zeal." (Calêndula)*

*The change they had like this is more like pity, right. So my friends meant they had more like that pity, they spoke to me like that. (Amarilis)*

*The friends, they were like that, poor thing, they said that if it were them, they wouldn't be able to bear everything that was going on with the family, because of the disease, that they couldn't take it if they were going through everything that happened. (Azaléia)*

The meanings attributed to cancer, transmitted socially and culturally, directly influence the way people and families receive, interpret and project, for the daily relationship, the disclosure of the diagnosis. The history of cancer is permeated by fears and shame, feelings that make the social imaginary refer to the past and that bring to the present those fears and negative expectations, even after technical-scientific advances.<sup>28</sup>

Therefore, it is understood how much it is necessary for health professionals, especially nurses, to understand the relationships between women and their support network, since they accompany them throughout the period of diagnosis, treatment and rehabilitation, in order to promote better care and health care.<sup>29</sup>

## FINAL CONSIDERATIONS

The findings of this study show changes in the behavior of social support networks after the diagnosis of breast cancer. The most noticeable behavioral changes happened in the family, followed by the intimate partner, and, less frequently among friends. The family in the face of the diagnosis of breast cancer, for the most part, begins to care for and take more care of women. Likewise, friends seek to support and show greater concern. In relation to the intimate partner, there are behaviors not only of greater care, but also of withdrawal and contempt, especially with regard to sexual relationship.

With the advent of technology, cancer has become a disease that the patient lives with for many years, in this sense the health professional, the nurse stands out due to the proximity to the patient, becomes an important actor in the diagnosis process breast cancer, treatment and coping with the disease, because when able, it can identify psychosocial demands and offer actions that meet the needs of women for comprehensive care.

Verifying how these social relationships are established, raising awareness about the importance of social support, and exposing the advancement of treatments in order to demystify beliefs about the diagnosis and treatment of cancer, are attitudes that corroborate with the improvement of psychosocial support during coping with this consequently with the care offered to these women.

## REFERENCES

1. Ghoncheh M, Pournamdar Z, Salehiniya H. Incidence and mortality and epidemiology of breast cancer in the world. *Asian Pac J Cancer Prev.* 2016;17(S3):43-46. Disponível em: [http://journal.waocp.org/article\\_33891\\_c5b660f5c0b728516cb7aefb521dfae0.pdf](http://journal.waocp.org/article_33891_c5b660f5c0b728516cb7aefb521dfae0.pdf)
2. Brasil. Ministério da Saúde. Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativas 2018: Incidência de Câncer no Brasil. Rio de Janeiro: INCA, 2018.
3. Vergani L, Marton G, Pizzoli SFM, Monzani D, Mazzocco K, Pravettoni G. Training Cognitive Functions Using Mobile Apps in Breast Cancer Patients: Systematic Review. *JMIR Mhealth Uhealth* 2019;7(3):e10855. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6444278/>
4. Tsaras K, Papathanasiou IV, Mitsi D, Veneti A, Kelesi M, Zyga S, Fradelos EC. Assessment of Depression and Anxiety in Breast Cancer Patients: Prevalence and Associated Factors. *Asian Pac J Cancer Prev.* 2018 Jun 25;19(6):1661-9. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/29938451>
5. Lauriola M, Tomai M. Biopsychosocial Correlates of Adjustment to Cancer during Chemotherapy: The Key Role of Health-Related Quality of Life. *Sci World J.* 2019;1-13. Disponível em: <https://www.hindawi.com/journals/tswj/2019/9750940/>
6. Craigs CL, Twiddy M, Parker SG, West RM. Understanding causal associations between self-rated health and personal relationships in older adults: a review of evidence from longitudinal studies. *Arch Gerontol Geriatr.* 2014; 59:211-26. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/25060988>.
7. Yagmur Y, Duman M. The relationship between the social support level perceived by patients with gynecologic cancer and mental adjustment to cancer. *Int J Gynaecol Obstet.* 2016; 134(2). Disponível em: <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1016/j.ijgo.2015.12.010>
8. Boinon D, Sultan S, Charles C, Stulz A, Guillemeau C, Delalogue S et al. Changes in psychological adjustment over the course of treatment for breast cancer: the predictive role of social sharing and social support. *Psychooncology* 2014 mar; 23(3): 291-8. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/24123390>
9. Vrontaras, N. Cancer Patients' Views on the Family Changes and the Family Social Support. *JEPS* 2018; 9(1), 16-27. Disponível em: <https://jeps.efpsa.org/articles/10.5334/jeps.403/>
10. Fusch PI, Ness LR. Are We There Yet? Data Saturation in Qualitative Research. *Qual Report* 2015;20(9):1408-16. Disponível em: <http://www.nova.edu/ssss/QR/QR20/9/fusch1.pdf>.
11. Bardin L. *Análise de Conteúdo.* 4ª ed. Lisboa (POR): Edições 70, LDA; 2009.
12. Möllerberg ML, Sandgren A, Lithman T, Noreen D, Olsson H, Sjövall K. The effects of a cancer diagnosis on the health of a patient's partner: a population-based registry study of cancer in Sweden. *Eur J Cancer Care* 2016 Sep;25(5):744-52. Disponível em: <https://onlinelibrary.wiley.com/doi/abs/10.1111/ecc.12487>.
13. Ambrosio DCM, Santos ME. Apoio social a mulher mastectomizada: Um estudo de revisão. *Cien Saud Cole* 2015; 20(3):851-64. Disponível em: <https://www.scielo.org/pdf/csc/2015.v20n3/851-864/pt>
14. Barros AES, Conde CR, Lemos TMR, Kunz JA, Ferreira MLMS. Sentimentos vivenciados por mulheres ao receberem o diagnóstico de câncer de mama. *Rev enferm UFPE on line* 2018; 12(1):102-11. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11476>
15. Oliveira MBP, Souza NR, Bushatsky M, Dâmaso BFR, Bezerra DM, Brito JA. Atendimento domiciliar oncológico: percepção de familiares/cuidadores sobre cuidados paliativos. *Esc. Anna Nery Rev Enferm* 2017; 21(2): e20170030. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452017000200202&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452017000200202&lng=en).
16. Santos IDL, Alvares RB, Lima NM, Mattias SR, Wotzasek ME, Pinto KRTE. Câncer de mama: o apoio recebido no enfrentamento da doença. *Rev Enferm UFPE on line* 2017;8(11):3222-7. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/110187/22071>

17. Carvalho CSU. A Necessária Atenção à Família do Paciente Oncológico. *Rev Bras Cancerol (Online)* 2012;54(1): 97 – 102. Disponível em: [http://www1.inca.gov.br/rbc/n\\_54/v01/pdf/revissao\\_7\\_pag\\_97a102.pdf](http://www1.inca.gov.br/rbc/n_54/v01/pdf/revissao_7_pag_97a102.pdf)
18. Mattos K, Blomer TH, Campos CBF, Silverio MR. Estratégias de enfrentamento do câncer adotadas por familiares de indivíduos em tratamento oncológico. *Rev Psicol Saúde* 2016; 8 (1): 1-6. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S2177-093X2016000100001](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2177-093X2016000100001)
19. Nicolaisen A, Hagedoorn M, Hansen DG, Flyger HL, Christensen R, Rottmann N et al. The effect of an attachment-oriented couple intervention for breast cancer patients and partners in the early treatment phase: A randomised controlled trial. *Psychooncology* 2018;27(3):922-28. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5873374/>
20. Cecilio SG, Sales JB, Pereira NPA, Maia LLQGN. A visão do companheiro da mulher com histórico câncer de mama. *REME* 2013;17(1):23- 31. Disponível em: <http://www.reme.org.br/artigo/detalhes/576>
21. Lopes JSOC, Costa LLA, Guimaraes JV, Vieira F. A sexualidade de mulheres em tratamento para o câncer de mama. *Enferm glob*. 2016; 15(43):350-68. Disponível em: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1695-61412016000300014&lng=es&nrm=iso&tlng=pt](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412016000300014&lng=es&nrm=iso&tlng=pt)
22. Gilbert E, Ussher JM, Hawkins Y. Accounts of disruptions to sexuality following cancer: the perspective of informal carers who are partners of a person with cancer. *Health* 2009;13(5):523-41. Disponível em: <https://journals.sagepub.com/doi/abs/10.1177/1363459308336795>
23. Anjos ACY, Neris R. Experiência dos cônjuges de mulheres com câncer de mama: uma revisão integrativa da literatura. *Rev Esc de Enferm USP* 2014; 48(5):922-31. Disponível em: [http://www.scielo.br/pdf/reeusp/v48n5/pt\\_0080-6234-reeusp-48-05-922.pdf](http://www.scielo.br/pdf/reeusp/v48n5/pt_0080-6234-reeusp-48-05-922.pdf)
24. Moreira H, Canavarro MC. A comunicação entre o casal no contexto do cancro da mama. *Estud Psicol* 2014; 31(1) :97-106. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-166X2014000100010&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-166X2014000100010&lng=en&nrm=iso&tlng=pt)
25. Santos DB, Santos MA, Vieira EM. Sexualidade e câncer de mama: uma revisão sistemática da literatura. *Saude soc* [online]. 2014; 23(4):1342-55. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-12902014000401342&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902014000401342&lng=en&nrm=iso&tlng=pt)
26. Bastianello MR, Hutz CS. Otimismo e suporte social em mulheres com câncer de mama. *Rev Psicol Teoria Prát [Internet]* 2016; 18(2): 19-33. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1516-36872016000200002&lng=pt&nrm=iso&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-36872016000200002&lng=pt&nrm=iso&tlng=pt)
27. Tojal C, Costa R. Ajustamento Mental ao Cancro da Mama: Papel da Depressão e Suporte Social. *Psicol Saúde doenças* 2013; 3(15):777-89. Disponível em: [http://www.scielo.mec.pt/scielo.php?script=sci\\_arttext&pid=S1645-00862014000300017](http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1645-00862014000300017)
28. Karkow MC, Girardon-Perlini, Stamm B, Camponogara S, Terra MG, Viero V. Experiência de famílias frente à revelação do diagnóstico de câncer em um de seus integrantes. *REME* 2015 jul/set; 19(3): 741-6. Disponível em: <http://www.reme.org.br/artigo/detalhes/1036>
29. Vieira EM, Santos DB, Santos MA, Giami A. Vivência da sexualidade após o câncer de mama: estudo qualitativo com mulheres em reabilitação. *Rev latinoam enferm (Online)* 2014; 22 (3): 408-14. Disponível em: <http://www.redalyc.org/pdf/2814/281431353009.pdf>

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