

Mastectomy and the female coping system: shades of social and family support

Mastectomia e o sistema de enfrentamento feminino: nuances do apoio social e familiar

Thaline Ingrid Marques Menezes Pereira¹ • Cícera Renata Diniz Vieira Silva² • Dayze Djanira Furtado de Galiza³
Bruno Neves da Silva⁴ • Rayane Moreira de Alencar⁵ • Gerlane Cristinne Bertino Vêras⁶

ABSTRACT:

The aim of this study was to describe the perceptions of women who underwent mastectomy on the support group and on family and social support. It is a qualitative study of descriptive nature, carried out with participants of a support group located in Cajazeiras/PB. Ten women, interviewed with a voice recorder and a semi-structured script, participated in the study. For the treatment of the data we opted for the technique of Content Analysis. It was found that the support group was of great help for a better acceptance of the disease, but also aided in a great exchange of experiences and learning by those involved. Regarding family and social support, many of the women listed the family as extremely important in the entire coping process. However, it has been realized that there is still a direct negative influence on marriage relationships. The need for a mastectomy approach is evident in order to reflect on the impacts on the patients' dimensions, even to the psychological and social areas.

Keywords: Breast Neoplasms; Mastectomy; Women's Health.

RESUMO

Objetivou-se descrever as percepções de mulheres que realizaram mastectomia acerca do grupo de apoio e do suporte familiar e social. Trata-se de um estudo qualitativo de natureza descritiva, realizado com participantes de um grupo de apoio localizado em Cajazeiras/PB. Participaram do estudo 10 mulheres, entrevistadas com auxílio de um gravador de voz e de um roteiro semiestruturado. Para o tratamento dos dados optou-se pela técnica de Análise de Conteúdo. Constatou-se que o grupo de apoio foi de grande ajuda para uma melhor aceitação da doença, como também auxiliou em uma grande troca de experiências e aprendizado pelas envolvidas. No que diz respeito ao suporte familiar e social, boa parte das mulheres elencou a família como de extrema importância em todo o processo de enfrentamento. Entretanto percebeu-se que ainda há uma influência negativa direta nas relações matrimoniais. Evidencia-se a necessidade da abordagem da mastectomia de forma a refletir sobre os impactos nas dimensões das pacientes, indo de encontro, inclusive, às áreas psicológica e social.

Palavras-chave: Neoplasias da Mama; Mastectomia; Saúde da Mulher.

NOTA

¹Nurse graduated from the Federal University of Campina Grande / Teacher Training Center - UFCG / CFP. thalineingrid@hotmail.com.

²Nurse, Master in Public Health from the State University of Paraíba - UEPB. Professor at the Federal University of Campina Grande / Training Center for Teachers / Cajazeiras Health Technical School-UFCG / CFP / ETSC. renatadiniz_enf@yahoo.com.br.

³Nurse, Master in Collective Health at the University of Fortaleza - UNIFOR. Professor at the Federal University of Campina Grande / Teacher Training Center - UFCG / CFP. dayze_galiza@hotmail.com.

⁴Nurse by Federal University of Campina Grande / Teacher Training Center - UFCG / CFP. nevens.bruno5@gmail.com. Corresponding author.

⁵Master student in Nursing from the Regional University of Cariri - URCA. Teacher at URCA. rayanealencar@hotmail.com.

⁶Nurse, Master in Nursing from the Regional University of Cariri - URCA. Professor at the Federal University of Campina Grande / Training Center for Teachers / Cajazeiras Health Technical School-UFCG / CFP / ETSC. gerlaneveras2@gmail.com.

INTRODUCTION

Mastectomy is a very aggressive surgical procedure in which total withdrawal of the mammary gland will occur, aiming to improve the life expectancy of women belonging to populations considered to be at high risk, being almost always inevitable in the advanced stages of breast cancer⁽¹⁾.

This procedure causes many changes in the routine of a woman who performs it, generating, besides, limitations in the execution of activities of daily living and commitment of the employment bond, due to the restriction of activities that require physical strength and pain⁽²⁾. In addition, this procedure also has an impact on the psychosocial health of the woman, since the symbolism that the breast represents for the female sex⁽³⁾.

However, it remains the most effective treatment for breast cancer and is usually associated with other therapeutic methods, such as chemotherapy and radiotherapy⁽⁴⁾. In this way, family and social support is fundamental for the physical and psychological recovery of women⁽³⁾.

This support includes emotional, educational or informational support⁽⁵⁾, being of great importance for the reestablishment of health conditions, especially for minimizing the psychosocial stressors⁽⁶⁾, promoting self-esteem, valuing the human person and better coping with difficult situations related to the disease⁽⁷⁾, which evidences the relevance of discussing the role of these support mechanisms in the life of the mastectomized woman⁽⁴⁾.

In view of the above, the objective was to describe the perceptions of the women who performed mastectomy on the support group and the family and social support.

METHOD

A qualitative, exploratory and descriptive study was carried out in the city of Cajazeiras-PB with participants from a support group for women with a history of breast cancer called "Grupo Amigos do Chito de Cajazeiras", founded in March 2006 by a nurse, a retired university professor who underwent mastectomy.

The study population consisted of 15 women who underwent mastectomy and participated in the support group. As selection criteria, women with more than six months of participation in this group were included, being understood that this is the minimum period to develop familiarity with the dynamics of the group and excluding those that were not contacted during the collection period. data, March 2017, constituting a sample with 10 women.

Data were collected after two-way signing of the Informed Consent Term, using an interview with the help of a voice recorder and using a semi-structured script containing objective questions to identify the sample profile and subjective study theme.

Five women were interviewed after the group meeting and five at home, with prior scheduling and in a reserved place, without interruptions, thus preserving the information to be collected and allowing autonomy and freedom to respond as they wished. The average duration of the interviews was approximately 20 minutes.

After the data collection, the data were organized and categorized according to the Content Analysis technique developed by Laurence Bardin⁽⁸⁾, operationalized through the following steps: pre-analysis, material exploration and treatment of results, inference and interpretation. From this approach, a central thematic unit was identified from which thematic categories were constructed. All the data obtained were analyzed descriptively and discussed according to the relevant literature.

To ensure the anonymity of the study participants, they were assigned a pseudonym corresponding to the name of a flower, symbolizing the beauty of the stories and life trajectories of these women.

The study in question is a review of the research entitled "Repercussion of mastectomy in the life of women: personal, family and social spheres" and obeyed the ethical norms in research involving human beings, according to Resolution 466/12 of the National Council of (CNS). The research project was approved by the Research Ethics Committee of the Santa Maria Faculty (CEP/FSM) under opinion No. 1,966,598.

RESULTS

A total of 10 women aged between 60 and 69 years (30%, n = 3), with a minimum age of 40 and maximum 80 years, mean of 62 ($\pm 12,40$), married (40 (n = 4), with higher education (40%, n = 4), average of 3 children, with monthly family income of 2.7 minimum wages (reference value R \$ 937.00), with diagnostic time of cancer and mastectomy at an average of 10 years, and time of participation in the 7-year group.

The analysis of the interviews allowed the formulation of two thematic categories from the central thematic unit entitled Support in the family and social contexts of the mastectomized woman; titled: The importance of the support group for the empowerment of women and the mastectomized woman, family and society.

The importance of the support group for the empowerment of women

This category shows how the support group interfered in the lives of the women interviewed.

"Too good! Very good! [...] It gives a lot of strength, we know people who had the same disease, who went through the same situation ours." [Daisy]

"[...] The group is a group of strength, of support, of overcoming. We pass the force to each other." [Tulip]

"It is our mainstay of support to share our pains and achievements. Working with self-knowledge to become a better person who values life more." [Narcissus]

Based on the speeches, the positive influence of the support group on women's lives is evident, considering their affirmation that when they are inserted, they enjoy the possibility of sharing experiences, sharing their desires and knowing more about the disease. The idea of mutual support is here defined as the main relevant aspect in the process of coping with difficulties.

However, there are some points that make it difficult for some women to attend these meetings, which can lead to a slower and more difficult confrontation, as can be seen in the following testimony:

"[...] If I could I would always be there, participating directly, but I cannot go too much for the children and also for the sun [...] The time that they mark is that sometimes it does not work for me, I even gave my opinion to change, because it's just when I have to pick up my kids [...]" [Lily]

The mastectomized woman, family and Society

In this category, the family and society support are highlighted as of great importance for the improvement of the health of these women.

"I had the support of both my family and friends, as well as the parish, as well as everyone else. So I've always been very well strengthened. [...]" [Rose]

"[...] aí a sociedade também, os amigos, todo mundo apoia, todo mundo fica solidário, aí a gente vai levando." [Daisy]

It is interesting to cite the relevance of the presence of people who live with the woman affected by breast cancer, and it is essential that the family realize how much support is essential for the improvement of their emotional state.

However, not all women get this support from their partner, feeling rejected, which interferes negatively in the progress of treatment and acceptance of the new situation, as can be seen in the speech below.

"[...] so, my husband rejected me, ex-husband, right? We separated when I had the surgery, he did not accompany me at all, it still would help me if I asked, but the marriage was bad, and we ended up." [Daisy]

In the screen study, it was also observed that some women suffered prejudice and rejection of people from close friendships, as can be seen in the statements below.

"In the family and in society [...] they instead of helping, come with prejudice, never think it will happen to them." [Tulip]

"[...] Then I wondered if they ran when they saw me, then my cousin told me that they thought cancer was taking." [Orchid]

"Society knows what it's like, there are some that are prejudiced, others not, [...] because where you live there are many people that you walk away, incredible as it may seem, and it hurts you" [Clove]

On the other hand, it is observed that some positive aspects can arise, for example, the valorization of life, causing some women to contemplate and to live with greater enthusiasm, participating in diverse types of groups.

"After I had the cancer I started to go out, because as I was married before, my husband was one of those men of siege who only accepts a woman in the house, we separate and participate nowadays in all type of group of elderly, I tell you that I'm a liberated woman today." [Daisy]

DISCUSSION

It is observed that the age group of the participants reveals one of the main risk factors for the development of the disease, since the age over 50 years is one of the most important risk factors for breast cancer due to the person presenting more exposure to biological changes in aging⁽⁹⁾.

Regarding marital status, although the Ministry of Health emphasizes that women who do not have partners seem to be more fragile in the face of the changes that occur in their daily life, especially in relation to diseases, since they tend not to carry out preventive exams because they do not have encouragement of someone emotionally involved in their lives, there was a higher prevalence of married women in the study⁽¹⁰⁾. This fact instigates the accomplishment of more researches with this population that allows to clarify other factors for this phenomenon.

As for the number of children, the average found was lower than the study of other authors⁽²⁾, who demonstrated greater protection against the disease in women who had more than 4 children and who breastfed.

Most women interviewed had completed higher education, which is in line with the literature findings, which report low education as a risk factor. According to researchers, low level of education is a problem for breast cancer, because it influences the access of these women to health services, self-care practices and the adoption of early detection measures for the disease⁽¹¹⁾. In the survey, high schooling was a factor that helped women seek out the support group to try to exchange constructive experiences about the disease and its treatment.

A group of support for mastectomized women aims at social support and information sharing, offering a place conducive to reflexive dialogue on breast cancer and mastectomy, exchanging experiences and doubts about the confrontation of the situation that each one is experiencing, promoting trust and better return and adaptation to

social interaction⁽¹²⁾. In addition, it improves sexuality and self-esteem⁽⁷⁾, which are very affected after the surgery⁽¹³⁾. The support group also promotes hope for women⁽¹⁴⁾.

However, the great challenge of a support group is the difficulty of the assiduous participation of the participating women, and it is difficult to gather all the members due to the day to day tasks, as was also observed in another study⁽¹²⁾, in particular by the morning time for the meeting.

Despite the difficulties, it is perceived that society is creating new ways of solving health problems, seeking to build therapeutic ways of improving health in an integral way, minimizing suffering⁽¹⁵⁾, as a support group, which brings psychological benefits, with active listening and professional support of volunteers from various care areas.

Researchers emphasize that the implementation of groups in a welcoming environment, in which knowledge and experiences are exchanged, becomes an environment in which concerns can be expressed, providing tranquility and greater availability for acceptance of treatment⁽¹⁶⁾.

In Brazil, it is observed that psychosocial support groups, as well as family, friends and religion, are systems that act positively in the performance of new roles of the mastectomized woman, emerging as a refuge for the confrontation of the situation and overcome the anxieties related to the diagnosis and treatment of breast cancer. It has been proven that the search for help is facilitated by the socialization of experiences, constituting a way of preserving high self-esteem, believing in the effectiveness of the treatment, and overcoming the barriers related to breast cancer illness⁽⁶⁾.

From this perspective, the importance and the creation of support groups in the public health services, whether at the municipal, state or both levels, becomes evident⁽¹⁷⁾.

Thus, authors⁽³⁾ they mention that the family presence is an empathic approach that needs to be attentive to the patient's needs and limitations in order to provide more effective intervention strategies to help her. The love and affection of the family leads to a better emotional stability and constitutes a support in the fight against the disease, because with this it is possible that the woman has a better acceptance of the diagnosis and the mastectomy.

However, not all women get this support, especially from the figure of the partner, which causes the feeling of rejection⁽¹⁸⁾ and harms the coping of the disease, which, according to researchers, has a close relationship with the situation of living with the partner and how he is seen by him⁽¹⁹⁾.

Authors⁽²⁰⁾ report that people are eventually turned away when breast cancer is discovered because they still do not know how to cope with a life-threatening disease situation. There are also the prejudices linked to the body of the mastectomized woman, making self-acceptance difficult.

The social stigma related to the disease and the mastectomy has a great repercussion in the life of the woman, causing an increase of the suffering⁽²¹⁾.

The extent of the repercussion that the mastectomy brings to the lives of the women, in their self-image, in the relationship with the family and with the society, begins with the diagnosis, the loss of the breast and, consequently, the physical incapacities resulting from the withdrawal of muscles during surgery, problems related to sexuality, fear of the occurrence of cancer in the daughters, symptoms of the menopause or other problems of the reproductive apparatus and the exit of the employment early, away from the familiar and social context⁽²¹⁻²³⁾.

On the other hand, it is observed that some positive aspects can arise, for example, the valorization of life, causing some women to contemplate and experience with greater enthusiasm, participating in various groups⁽²²⁾.

Faced with all problems experienced and, in an attempt, to prevent it, it is necessary to carry out educational actions for all society in order to provide support for adherence to cancer prevention measures and their consequences, as well as favor coping after diagnosis and treatment, especially mastectomy.

In this sense, we also highlight the role of health professionals in contributing to the well-being of women who are mastectomized, offering actions based on valuing their self-esteem, prevention measures, comprehensive care practices and enabling autonomy and expression of same⁽²⁴⁾.

CONCLUSION

It was found that the support group was of great help for a better acceptance of the disease, but also helped with a great exchange of experiences and learning by all who participate in the group, being well seen by the study participants.

Regarding family and social support, many women listed the family as extremely important in the whole process of confrontation, however, it was noticed that there is still a direct negative influence on marriage relationships. As for society, there are still remnants of a prejudice that reveals the predominance of the esthetic component and rejection to the patient and the lack of knowledge about the disease and the treatment.

This study had some limitations, since some interviews were not performed due to the fact that the women were not attending the meetings or were in their homes during the period of data collection, thus justifying the sample number.

In short, it is visible the repercussion that the mastectomy brings to the life of the woman, being a type of surgery of withdrawal of an organ that is the image of femininity for the woman. Thus, it is evident the need to approach mastectomy not only as a physical process that culminates in healing and aesthetic alteration. It is necessary to reflect on the impacts on the dimensions of the patients, going even to the psychological and social areas.

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