

## Women's feelings about the changes caused by mastectomy

Sousa, Kamilla Abrantes de; Pinheiro, Maria Berenice Gomes Nascimento; Fernandes, Marcelo Costa; Costa, Stéphaney Pereira da; Oliveira. Erveny Jaiane Costa de; Silva, Iara Diógenes

Veröffentlichungsversion / Published Version  
Zeitschriftenartikel / journal article

### Empfohlene Zitierung / Suggested Citation:

Sousa, K. A. d., Pinheiro, M. B. G. N., Fernandes, M. C., Costa, S. P. d., Oliveira. Erveny Jaiane Costa de, & Silva, I. D. (2016). Women's feelings about the changes caused by mastectomy. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(4), 5032-5038. <https://doi.org/10.9789/2175-5361.2016.v8i4.5032-5038>

### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:  
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see:  
<https://creativecommons.org/licenses/by-nc/4.0>

## Sentimentos de mulheres sobre as alterações causadas pela mastectomia

Women's feelings about the changes caused by mastectomy

Los sentimientos de las mujeres acerca de los cambios causados por la mastectomía

*Kamilla Abrantes de Sousa<sup>1</sup>, Maria Berenice Gomes Nascimento Pinheiro<sup>2</sup>, Marcelo Costa Fernandes<sup>3</sup>, Stéphany Pereira da Costa<sup>4</sup>, Erveny Jaiane Costa de Oliveira<sup>5</sup>, Iara Diógenes Silva<sup>6</sup>*

### How to quote this article:

Sousa KA; Pinheiro MBGN; Fernandes MC; et al. Women's feelings about the changes caused by mastectomy. Rev Fund Care Online. 2016 out/dez; 8(4):5032-5038. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5032-5038>

### ABSTRACT

**Objective:** to analyze the feelings of women in a support group for the changes caused by mastectomy. **Method:** descriptive study with a qualitative approach, performed in a support group for women with mastectomies in Cajazeiras, in the state of Paraíba, Brazil, in June and July 2014, with 20 subjects. It was used a semi-structured interview for data collection. The analysis was performed using the methodological process of the Collective Subject Discourse. **Results:** it was evident that women have adopted a unique way of face the breast cancer varying between negative feelings, concern about a move away from their children, closer spirituality and natural acceptance of the disease. **Conclusions:** importantly, from the understanding of these feelings, the nurse can build an appropriate care plan for the health needs of this target audience, thus providing a more efficient, effective and humane action.

**Descriptors:** Breast Cancer; Mastectomy; Adaptation; Psychological.

<sup>1</sup> Nurse from the Federal University of Campina Grande, Cajazeiras, PB, Brazil.

<sup>2</sup> Nurse. Professor at the Federal University of Campina Grande, Cajazeiras, PB, Brazil.

<sup>3</sup> Nurse. Master in Clinical Health Care by the State University of Ceará (UECE). Ph.D. student by the Graduate Program of Clinical Nursing and Health Care by the UECE. Professor of the Federal University of Campina Grande, Cajazeiras, PB, Brazil. E-mail: celo\_cf@hotmail.com.

<sup>4</sup> Nurse from the Federal University of Campina Grande, Cajazeiras, PB, Brazil.

<sup>5</sup> Nurse from the Federal University of Campina Grande, Cajazeiras, PB, Brazil.

<sup>6</sup> Nurse from the Federal University of Campina Grande, Cajazeiras, PB, Brazil.

## RESUMO

**Objetivo:** analisar os sentimentos de mulheres de um grupo de apoio sobre as alterações causadas pela mastectomia. **Métodos:** estudo do tipo descritivo com abordagem qualitativa, realizado em um grupo de apoio a mulheres mastectomizadas em Cajazeiras, no estado da Paraíba, Brasil, em junho e julho de 2014, com 20 sujeitos. Utilizou-se uma entrevista semiestruturada para coleta de dados. A análise foi feita através do processo metodológico do Discurso do Sujeito Coletivo. **Resultados:** evidenciou-se que as mulheres adotaram uma maneira singular de enfrentamento do câncer de mama variando entre sentimentos negativos, preocupação em se afastar dos filhos, maior aproximação da espiritualidade e aceitação da doença com naturalidade. **Conclusão:** é importante destacar que a partir da compreensão destes sentimentos, o enfermeiro poderá construir um plano de cuidados adequado às necessidades de saúde deste público-alvo, proporcionando, assim, uma ação mais eficiente, eficaz e humana.

**Descritores:** Neoplasias da Mama; Mastectomia; Adaptação Psicológica.

## RESUMEN

**Objetivo:** analizar los sentimientos de las mujeres en un grupo de apoyo sobre los cambios provocados por la mastectomía. **Método:** estudio descriptivo con enfoque cualitativo, realizado en un grupo de apoyo para mujeres con mastectomía en Cajazeiras, en el estado de Paraíba, Brasil, en junio y julio de 2014, con 20 participantes. Se utilizó una entrevista semiestructurada. El análisis fue a través del Discurso Del Sujeto Colectivo. **Resultados:** mostraron que las mujeres han adoptado una forma única enfrentar al cáncer de mama que van desde los sentimientos negativos, la preocupación por los niños lejos, más espiritualidad y la aceptación de la enfermedad naturalmente. **Conclusiones:** es importante destacar que, a partir de la comprensión de estos sentimientos, la enfermera puede construir un plan de atención adecuada a las necesidades de salud de este público objetivo, proporcionando así una acción más eficiente, eficaz y humana.

**Descriptor:** Neoplasias de la Mama; Mastectomía; Adaptación Psicológica.

## INTRODUCTION

Breast cancer is the second most incident cancer worldwide, affecting most women, which corresponds to 22% of new cases each year. Mortality rates for this cancer in Brazil increase because the diagnosis and treatment of this disease, most often is belated. In this country, there were an estimated of 57,120 new cases, a rate of 56.09 incidences per 100,000 women, for 2014.<sup>1</sup>

Despite the epidemiological data regarding breast cancer are far more widespread today, it is still seen a large number of cases that progress to death.<sup>2</sup>

Therefore, it is important that public health policies aimed at women intensify tracking techniques of this type of cancer, and they can be oriented through health education for disease prevention and health promotion.

The breast cancer presents a favorable prognosis when detected at an early stage; that is when there are smaller lesions than two centimeters in diameter, and the treatment is done properly. Treatment options for breast cancer can

include surgery including lumpectomy, wide excision, partial or segmental mastectomy, quadrant ectomy and total mastectomy.<sup>3-4</sup>

The mastectomy affects women in such a way that she suffers physical, psychological and social changes, generating feelings such as grief, fear, anger, anguish, depression, and anxiety, which can interfere with her quality of life due to loss of the breast, femininity's symbol.

Given this, it is important the role of support groups for women with mastectomies, as they help in tackling the problem and transmit necessary information about the disease, prevention, and psychological support, as well as viable areas of mutual help among women.<sup>5</sup>

Therefore, the question to identify the rising cases of women diagnosed with breast cancer and who need to undergo mastectomy having an impact on his life is: what are the feelings of women about the changes caused by mastectomy. Thus, this study aimed to analyze the feelings of women in a support group for the changes caused by a mastectomy.

## METHODS

This is a descriptive study with a qualitative approach, carried out in a support group for women with mastectomies in Cajazeiras, the State of Paraíba, Brazil from June and July 2014. The group aims to accommodate women who have or are experiencing changes in the health, disease and care of breast cancer. These mastectomy women exchange experiences after diagnosis, surgery and treatment also conducting recreational activities, which aim to provide well-being and emotional support.

A coleta de dados foi feita por meio de uma entrevista semiestruturada, individualmente e previamente agendadas com as mulheres cadastradas no grupo de apoio em questão. As entrevistas foram gravadas, após autorização do sujeito participante. Em seguida foram transcritas todas as gravações, em sua íntegra, para posterior análise dos dados.

Data collection was done by a semi-structured interview, individually and previously scheduled with the women enrolled in the support group. The interviews were recorded, after authorization of the individual participant. Then, all recordings were transcribed in their full for further data analysis.

The data analysis was done through the methodology of Collective Subject Discourse process (CSD) technique performed obtaining collective thinking through the various testimonies collected, of which the Central Ideas are taken and their respective Key Expressions composing a speech that represents the collective thinking.<sup>6</sup>

In this study, the Central Ideas and their respective Collective Subject Discourse will be represented with numbers and will be discussed later with support in the scientific literature.

The study participants signed the Informed Consent Form previously elaborated, protecting the autonomy of the subjects participants, ensuring their anonymity and confidentiality of information provided, as well as freedom of participation and refusal and finishing at any time. Women interviewed were identified with the letter "W" followed by a number between 01 and 20 according to the interview order to ensure the anonymity of the participating.

The research started after approval by the Research Ethics Committee of Santa Maria School, under number 680.978 and consent of coordination participant support group. Throughout the research, the ethical and legal principles were considered as Resolution 466/2012 of the National Health Council.

## RESULTS

The women belonged to the minimum age of 36 years old and maximum of 70 years old when they underwent a mastectomy. Concerning marital status, 35% of women were married, 35% had completed higher education, 35% were maids and 90% practiced Catholicism. As for the history of cancer in the family, 90% of women with mastectomies responded affirmatively, 60% had cases of breast cancer, and 30% had cases in other organs.

Before the diagnosis of breast cancer and the need to undergo mastectomy, a woman may develop negative feelings and get closer to spirituality. Thus, there will be Central Ideas presented to the collective subject discourse of the stories of women who underwent a mastectomy.

The first Central Idea addresses the negative feelings that arise in the woman having a mastectomy, being used the lines of eleven women who underwent mastectomy for the construction of the respective Collective Subject Discourse (CSD). Central Idea 01 - Negative feelings.

*At first I was very shocked, I did not expect it, my reaction was just crying, so the doctor told me I was right!? There was a very strong reaction in me and I cried there, I cried, not even like to think it was a surprise to me, to me it was very sad, I suffered a lot, especially when I had the surgery, so I suffered more in treatment than even in surgery for the treatment of cancer, chemotherapy is very strict, I suffered too much, too much the same and I do not think that would resist treatment. Death, I just thought I was going to die that I could not resist... we feel distressed because we know will be mutilated, right!? Will lose a breast, you get pretty desperate right!? [...] (CSD 01).*

The second Central Idea addressed the concern of the woman being away from the kids to the completion of the treatment, and the Collective Subject Discourse was originated from six women interviews. Central Idea 02 - Concern about moving away from children.

*When the doctor said you'll have to do this surgery, you will have to be removed your breast, I asked where will I do it? Then he said in João Pessoa, so I went into despair, I did not think even in breast I thought, my God I'm going to die so far away, and my young children, then I said if I go to João Pessoa, I do not have family there, there was no one in no time I thought it was going to be mutilated, no, this time I did not think, my despair is that I would leave my city to João Pessoa and did not know what was going to happen to me there, my reaction was that. [...] As soon as I left the room already with the result, I called my husband, and he was very nervous and asked not to tell my son because I already know how it is, the mother we know right!?. It is not easy to have to leave my house right!? Go elsewhere [...]. (CSD 02).*

To build the Collective Subject Discourse of the third Central Idea, about spirituality, the testimony of nine women were used. Central Idea 03 - approach to spirituality.

*First of all confidence right!?, I trust much in God I had that confidence, I gave myself totally in the hands of God, I trust in Him too [...] We have to have strength, asking for divine protection, right!? [...] I think so, if it was not a divine hand, I do not believe that the man in the land alone cannot cure cancer I think only God to give the healing of people [...] all God prepares the life of us ... in fact, it is certainly because I deserve it all. [...] I can say that my faith increased, I found myself much with God and the saints, I prayed a lot, I promise, everything, then thank God everything working out. (CSD 03).*

The last Central Idea about coping with the diagnosis of breast cancer and mastectomy. The Collective Subject Discourse was constructed from five women speak. Central Idea 04 - Naturally acceptance

*We get excited right!? However, I accepted, I settled [...] I did not cry at all, left here quiet the hospital. [...] I received the news quiet, medical wondered ... what I had to say? What was the point I despair to make rubbish? We leave to reality, let's move on to surgery whatever it takes. So I did, thank God I did well, I got the usual news, did not despair, not messed up, did not cry, my girl cried, but I did not, I accepted. I never hid from anyone, had no one to shame. That's right, mastectomy you have to face it because with surgery is that you will take care and will have their health [...] I had no reaction [...]. (CSD 04).*

## DISCUSSION

The age of the subjects, converges with the literature, showing that it is more common the discovery of the disease between 40 to 60-year-old in women. Regarding the marital status of women, the study showed that when a married woman, she is less likely to develop depressive symptoms, because the fellow presence is important to support for their recovery.<sup>7-8</sup>

However, they may also have a greater chance of reducing their self-esteem, since the surgery generates a mutilation that affects their body image generating concern about the departure of their partners soon after surgery and with the change in their marital relationship.

As for the level of education, the findings disagreed with the study in an oncology center in São Paulo, who presented the most basic education. As this research, a study of women with breast cancer showed 43.3% working in the home environment. Religiosity can be considered an important factor in life for women with mastectomies. Agreeing with the data in another study of 14 women who had mastectomies in Fortaleza, he showed that most of them said adherents of the Catholic religion, totaling 92.9%.<sup>9-11</sup>

Regarding family history, it is stated that family history contributes to the increased risk of developing breast cancer two to three times, confirming the findings of the research.<sup>12</sup>

Therefore, it may have been a major risk factor for the development of this neoplasia in interviewed, since most of them said that there were cases of breast cancer in their family.

Analyzing the speeches, there is the Collective Subject Discourse 01 which is not easy for a woman to receive the news of the diagnosis of breast cancer because it raises a range of negative feelings, such as the possibility of treatment requiring the removal of the breast. Thus, there is the emergence of various thoughts in the face of imminent death situation, such as despair; denial; anguish and sorrow, and the possibility of developing depression.

Breast cancer is a disease that carries a stigma that generates strong psychological impact favoring the fall of women's self-esteem and may even hinder their treatment, bringing a variety of negative feelings such as fear, anxiety and emotional burden from the time their diagnosis is discovered. The woman ends up being vulnerable to this situation of stress that contributes to an imbalance in their social, biological and subjective aspects.<sup>13</sup>

The word cancer is still synonymous with incurable disease and high mortality for many people, despite being widely reported in the media that it may have a good prognosis if detected in the initial stage. Thus, when receiving the diagnosis of this disease both the woman and her family associates to death, then generating, feelings of fear, despair and healing uncertainty.

In an investigation in which there were five women interviewed diagnosed with breast cancer in Rio Grande do Sul, the speech of one of the interviewees shows that

the diagnosis of cancer causes a great shock and disbelief about the cure. Also, the name of this disease reminds death causing not feel comfortable talking about it.<sup>14</sup>

Even with advances in research for this treatment, the woman still feels the fear of death throughout the coping trajectory of the disease causing her to think that there is a possibility of relapses causing suffering due to the increase in their concern.<sup>15</sup>

The decreased self-esteem can also occur in women due to physical mutilation resulting from mastectomy causing her to develop a sense of impotence, especially about the fear of not being physically accepted.

In a survey of 13 women in a referral hospital of Teresina-PI, there is convergence of the findings of the Collective Subject Discourse 01 because it was found in the speeches they have developed feelings of fear, shyness, awkwardness, sadness, amazement, dismay when they see mutilated, as the shock of physical perception is more evident after the woman looks in the mirror and see the brand as the mastectomy left in their body.<sup>16</sup>

The Collective Subject Discourse 02 showed that other elements are linked to the subjective suffering, since there is the emergence of concern caused by the detachment of the children, the husband and her home to carry out the treatment of cancer, since the city of residence there is not a reference hospital for cancer treatment. Often a woman is faced with a difficult situation for not having family support in the city of treatment affecting their quality of life.

In a survey of 15 members of the Project Female breast cancer, it was evident the concern of the woman with her home and her children, because as "caretaker" she keeps strong emotional bond with her children and at the time of diagnosis of breast cancer she does not think only of her, but first those who care daily.<sup>17</sup>

Woman historically carries the role of caretaker of the home, when she is in front of this disease, she is just thinking of the children, because she believes that the presence of this disease will be powerless also to develop the service that always paid within the home as well as fears died, and the children are alone. This is evidenced by the Collective Subject Discourse 02, which shows the fear of distance and die away from the family, especially the children.

Another issue that is addressed in this speech is the concern of women in breaking the news to their sons, knowing that it may develop feelings of anxiety and even fear of losing it. In research carried out by five families of patients treated at Hospital Aristides Maltez (HAM) in Bahia, it was clear that the children suffer and are concerned about the mother, fearing her death. It can be seen later in this study, the anguish of the children at the time of the diagnosis of cancer.<sup>18</sup> This can disrupt family relationships, hindering with that treatment.

In the Collective Subject Discourse 03, they realized the approach to spirituality to mitigate the problems caused by this situation. It is understood spirituality as a

multidimensional understanding of the mechanism of the human being and therefore as an indispensable strategy for understanding the health recovery process and healthy coping of organic changes that the subjects are favorable<sup>19</sup> being able to empower women in the treatment of disease.

The diagnosis of cancer is a very difficult situation faced by the subject and spirituality can be considered an important coping strategy, as discussed previously. In a survey of 10 patients with cancer of the Voluntary Association for Cancer de Assis-SP, all participants reported believing in a supreme being before diagnosis and after this, the approach became larger. The spiritual characteristics were present in the speeches of the interviewees, promoting the idea that a higher being exists and is responsible for controlling the situation.<sup>20</sup>

In another survey conducted in Pelotas/RS with 264 adult survivors of cancer, it is apparent that the women accepted a mastectomy as a work of God, despite the consequences, and that faith was important to tackle the disease and recover more easily from the same by attributing to the divine power their healing and relief of suffering.<sup>21</sup> Converging then with the presented speech quoting the woman believes it was already healed, but not only by man but by an entity, for faith having and the strength getting from that thought help in overcoming cancer.

It is also noticeable that address the implication that the woman is about the origin of her illness since she links the emergence of the disease to the divine entity believing it was God who decided that she develop, it is He who prepares everything in your life. In this way, the woman ends up delivering fully in God's hands to help in the trajectory of the disease, believing that she is also responsible for her healing.

From the Collective Subject Discourse 04, it is noticed that there are women who did not develop negative feelings to the diagnosis of the disorder, and they accepted it naturally, knowing the need for treatment and only while undergoing mastectomy would be a cure. They did not associate it with death, but the thought of the disease is coping principle facing this situation with ease.

According to research in some reports of cancer, patients said they had no reaction or feeling, but it was more noticeable in the speech of men than in women. These male patients have some difficulty in expressing their feelings towards the diagnosis of cancer, indicating a form of self-control, difficulty in sharing their fears and no concern for their health, and distance themselves from feelings.<sup>22</sup>

It is believed that acceptance as a way of coping with the disease is a good thing because these feelings may encourage the woman to seek the possibilities of treatment of agiler and thus better prognosis and quality of life.

It is important to consider the need to approach health professionals, mainly nursing staff by providing comprehensive care to women with mastectomies. Therefore, diagnoses and nursing interventions for quality care are established. In this way, the woman is attended both physically and psychologically valuing their feelings and

conflicts. Therefore, these professionals should be facilitators for improving the quality of life of these women and their self-awareness, assisting in the development of an acceptance mechanism of their changed body.<sup>23</sup>

## CONCLUSIONS

The way of this research aimed to broadly analyzing the feelings of women in a support group, in the city of Cajazeiras, PB, about the changes caused by a mastectomy. The support group was chosen for being the only one in town, and also because it is an environment-friendly gathering of women with mastectomies, which facilitated their access. Another positive fact is that this group exists for the purpose of exchange of experience between them, facilitating the acceptance to participate in such research do not feel difficulty in expressing to the researcher.

With the analysis, it was revealed that, before the diagnosis of breast cancer and the need to undergo mastectomy, women's group adopted a unique way of coping with the situation. It was evident that for some of them, there were negative feelings such as fear, sadness, grief, denial and despair and the other major concern was with their removal to carry out the treatment, leaving their family alone. It is also realized that there were women who had a closer relationship with spirituality strengthening for greater overcoming the disease, as well as the existence of women who had an acceptance naturally without going through internal conflict.

It is expected that this study provides reflections on the need for a holistic approach to women with mastectomies from the understanding of these feelings generated, and thus the nurse can build an appropriate plan of care for the health needs of this target audience, providing a more efficient, effective and humane action, so that women with mastectomies is met in her entirety being considered multidimensional.

It is important to highlight that this research has limitations because participants were evaluated only women who underwent mastectomy of a support group, and cannot generalize the results. For best results, it is necessary also to observe how women who do not experience participation in support groups and exchange of experience perceive their life after mastectomy and how this affects the way they currently live.

Thus, the aim of this research has new views to be awakened to generate further discussions for the feelings of women who underwent a mastectomy. Awaken a look of nursing staff, family and society on women affected this disease, seeing not only the disease but all the effects that it causes in their daily lives, interfering with their way of living.

## REFERENCES

1. Ministério da Saúde (BR). Instituto Nacional do Câncer. Estimativas 2014: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2013.
2. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento de Análise da Situação de Saúde. **Sistema de informações sobre mortalidade (SIM)**. Brasília: Ministério da Saúde; 2012.
3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Controle dos cânceres do colo do útero e da mama. 2ª ed., n. 13, 124 p. Brasília: Ministério da Saúde; 2013.
4. Smeltzer SC, Bare BG. Brunner&Suddarth: tratado de enfermagem médico-cirúrgica. Histórico e Tratamento de Pacientes com Distúrbios da mama. 12ª ed. v. 2, Rio de Janeiro: Guanabara Koogan; 2011. Cap. 48, p. 1477-509.
5. Simeão SFAP, Landro ICR, De Conti MHS, Gatti MAN, Delgallo WD, De Vitta A. Qualidade de vida em grupos de mulheres acometidas de câncer de mama. *CiêncSaúde Coletiva*. 2013; 18 (3):779-88.
6. Lefevre F, Lefevre AC, Marques MCC. Discurso do sujeito coletivo, complexidade e auto-organização. *CiêncSaúde Coletiva*. 2009;14(4):1193-204.
7. Ministério da Saúde (BR). Instituto Nacional do Câncer. Ações de enfermagem para o controle do câncer. 3ª ed. Rio de Janeiro: INCA, 2008.
8. Gonçalves M, Giglio J, Ferraz M. Presença de companheiro como protetor de sintomas depressivos em pacientes com câncer de mama: o suporte emocional das relações afetivas em pacientes com câncer de mama. *Psiquiatria na Prática Médica*. 2009; 14(8).
9. Nicolussi AC, Sawada NO. Qualidade de vida de pacientes com câncer de mama em terapia adjuvante. *Rev Gaúcha Enferm*. 2011; 32 (4):759-66.
10. Amaral AV, Melo RMM, Santos NO, Lôbo RCMM, Benute GRG, Lucia MCS. Qualidade de vida em mulheres mastectomizadas: as marcas de uma nova identidade impressa no corpo. *Psicol hosp*. 2009; 7 (2):36-54.
11. Fernandes MMJ, Alves PC, Santos MCL, Mota EM, Fernandes AFC. Autoestima de mulheres mastectomizadas: aplicação da escala de rosenberg. *Rev RENE*. 2013; 14 (1):101-08.
12. Ministério da Saúde (BR). Instituto Nacional do Câncer. Estimativa 2012: incidência de câncer no Brasil. Rio de Janeiro: INCA, 2011.
13. Marcon SS, Salci MA. Itinerário percorrido pelas mulheres na descoberta do câncer. *Esc Anna Nery*. 2009; 13(3):558-66.
14. Albarello R, LaberACF, Dalegrave D, Franciscatto LHG, Argenta C. Percepções e enfrentamentos de mulheres que vivenciaram diagnóstico de câncer de mama. *RevEnferm*. 2012; 8 (8):31-41.
15. Scorsolini-Comin F, Santos MA, Souza LV. Vivências e discursos de mulheres mastectomizadas: negociações e desafios do câncer de mama. *EstudPsicol*. 2009; 14(1):41-50.
16. Moura FMJSP, Silva MG, Oliveira SC, Moura LJSP. Os sentimentos das mulheres pós-mastectomizadas. *Esc Anna Nery*. 2010; 14(3):477-84.
17. Caetano EA, Gradim CVC, Santos LES. Câncer de mama: reações e enfrentamento ao receber o diagnóstico. *Rev enferm UERJ*. 2009; 17(2):257-61.
18. Tavares JSC, Trad LAB. Famílias de mulheres com câncer de mama: desafios associados com o cuidado e os fatores de enfrentamento. *Interface*. 2009; 13(29):395-408.
19. Penha RM, Silva MJP. Significado de espiritualidade para a enfermagem em cuidados intensivos. *Texto Contexto Enferm*. 2012; 21(2):260-8.
20. Fornazari AS, Ferreira RER. Religiosidade/espiritualidade em pacientes oncológicos: qualidade de vida e saúde. *Psic Teor e Pesq*. 2010; 26(2):265-72.
21. Pereira CM, Pinto BK, Muniz RM, Cardoso DH, Wexel WP. O adoecer e sobreviver ao câncer de mama: a vivência da mulher mastectomizada. *R pesq cuid. fundam online*. 2013. 5(2):3837-46.
22. Guerrero GP, Zago MMF, Sawada NO, Pinto MH. Relação entre espiritualidade e câncer: perspectiva do paciente. *Rev Bras Enferm*. 2011; 64(1):53-9.
23. Alves PC, Américo CF, Fernandes AFC, Braga VAB. Identificação do estresse e sintomatologia presente em mulheres mastectomizadas. *Rev Rene*. 2011; 12(2):351-7.

Received on: 18/05/2015  
Reviews required: 17/09/2015  
Approved on: 08/10/2016  
Published on: 01/10/2016

---

**Mailing address:**

Marcelo Costa Fernandes  
Rua Sérgio Moreira de Figueiredo s/n - Casas Populares  
Cajazeiras - PB  
ZIP Code: 58900-000  
Tel.: (83) 3532-2000  
E-mail: celo\_cf@hotmail.com