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Rede social de apoio do homem sobrevivente ao câncer: estudo de caso etnográfico

Supportive social network to men who survived cancer: ethnographic case study

Red social de apoyo del hombre que sobrevivió al cáncer: estudio de caso etnográfico

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ABSTRACT

Objective: To present the supportive social network of men who survived prostate cancer. **Method:** It is an ethnographic case study, which was carried out with two men that survived prostate cancer and had high rates of resilience. Data was collected at the patient's home from April to May 2012, through semi-structured in-depth interviews, participant observation and ecomap. **Results:** For data analysis, three sense unities were elaborated: "The role of man in the family", "Religious belief as a form of support" and "Physician-patient relationship: implications in man's survival to cancer". **Conclusion:** The family and the spirituality of these men are important supportive social networks when building their survival, as well an enlightening communication offered by health professionals, which helped to experience this process with greater security and tranquility.

Descriptors: Social Support; Men's Health; Prostate Cancer.

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RESUMO

Objetivo: Apresentar a rede social de apoio do homem sobrevivente ao câncer de próstata. **Métodos:** Trata-se de um estudo de caso etnográfico realizado com dois homens sobreviventes ao câncer de próstata com alto grau de resiliência. Os dados foram coletados no domicílio, no período de abril a maio de 2012, por meio de entrevista semiestruturada em profundidade, de observação participante e do ecomapa. **Resultados:** Pela análise dos dados, construíram-se três unidades de sentido: “O papel do homem no âmbito familiar”, “A crença religiosa como forma de apoio” e “Relação médico-paciente: implicações na sobrevivência do homem ao câncer”. **Conclusão:** Apreende-se que a família e a espiritualidade destes homens foram importantes redes de apoio social na construção de sua sobrevivência, bem como uma comunicação esclarecedora prestada pelos profissionais de saúde auxiliou a vivenciar esse processo com maior segurança e tranquilidade.

Descritores: Apoio Social; Saúde do Homem; Neoplasias da Próstata.

RESUMEN

Objetivo: Presentar la red social de apoyo del hombre sobreviviente al cáncer de próstata. **Método:** Se trata de un estudio de caso etnográfico llevado a cabo con dos hombres sobrevivientes al cáncer de próstata con alto grado de resiliencia. Los datos fueron recolectados en el domicilio, de abril hasta mayo de 2012 por medio de entrevista semiestructurada en profundidad, observación participante y ecomapa. **Resultados:** En el análisis de los datos, se construyó tres unidades de sentido: “El papel del hombre en el ámbito familiar”, “La creencia religiosa como forma de apoyo” y “Relación médico-paciente: implicaciones en la sobrevivencia del hombre al cáncer”. **Conclusión:** La familia y la espiritualidad de estos hombres fueron importantes redes de apoyo social en la construcción de su sobrevivencia, así como una comunicación esclarecedora prestada por los profesionales de salud ayudó a vivenciar ese proceso con mayor seguridad y tranquilidad.

Descriptor: Apoyo Social; Salud del Hombre, Cáncer de Próstata

INTRODUCTION

When confronted with the diagnosis of an oncological disease, the man realizes its fragilities, limits and the need for care. In this way, a new life is established as a consequence of cancer.¹

When it is a prostate cancer the man is faced with biopsychosocial modifications starting in diagnosis, through therapy up until rehabilitation. Situations such as stigma of the disease, fear of death, conflicts related to sexuality, difficulties during treatment and sequelae must be faced.²

And in this context, social networks are considered extremely important. These constitute webs of relations and exchanges of obligations established by social and cultural organization, not just a link that unites people from bonds and affection. However, it is in this network that social support is constituted, considered an aid, based on obligations, patterns of reciprocity between people, groups, families and institutions, typifying meanings for those involved in this process, based on daily experiences.³

To that end, the social network can provide the social and emotional support that cancer survivors need.⁴ This support

must be individual, integral and dynamic, in order to meet the needs of the person with the disease, whether it is social, emotional or physical.⁵

The family is considered the main support network for men at the time of illness,⁶ especially for people with cancer.⁵ In such circumstances, they initially seek family members; however, co-workers, pharmacy professionals, and health professionals are also active part of the support sources.⁶

Health professionals have a relevant role in guiding and in finding support networks, aiming at health promotion and recovery for both the sick person and its family.⁵

Taking the presented contextualization into account, it is noted that both nurses and other health professionals should know about the social network and the supportive associations, in order to intensify the care.⁷

In view of the above, the present study aims to present the social support network for man survivors of prostate cancer.

METHOD

This is an ethnographic, qualitative, exploratory descriptive case study, being a cutout of the research entitled “Resilience as a coping strategy for the cancer survivor”. This quantitative and qualitative research was approved by the Research Ethics Committee of the Nursing Faculty/UFPEL, under Resolution No 31/2009 and funded by the Foundation for Research Support of the State of Rio Grande do Sul (FAPERGS), case number 0902702.

The quantitative data collection, which characterized the population and the degree of resilience (on this scale⁸ the scores range from 25 to 175 points, scores ranging from 25 to 120 indicating low resilience, from 125 to 145 indicating moderately low to moderate resilience and scores greater than 145 indicating moderate to high resilience) occurred in the period from March to June 2010, in the city of Pelotas/RS, and had a sample of 264 adults who survived cancer, and were attended at the Oncology Unit of UFPEL's Teaching Hospital. The qualitative part of the research continues in development, this study being originated from this phase of the research.

The selection of participants occurred in two stages. First, only men surviving cancer with a high degree of resilience were selected from the quantitative database, which resulted in the assortment of 40 individuals. Subsequently, only men with a history of prostate cancer were selected, which resulted in 11 individuals. Of these 11, six were residents of neighboring municipalities, which prevented their participation by virtue of the inclusion criteria. Were selected the first two men who were contacted and informed about the objectives of this study and accepted to participate in it.

The data collection carried out in the period of April and May of 2012, it occurred in the domicile of the informants. On average, three meetings previously scheduled were held with each informant, in which the data were collected through the ecomapa, the semi-structured interview in depth, recorded

and transcribed in full and through participant observation, aiming to know in depth the context of these men.

This study is in accordance with the ethical and legal principles established by the CNS Resolution No 196/969 and the Resolution No 311/200710 of the Code of Ethics of Nursing Professionals. Anonymity was guaranteed to the informants, through their identification by the initials of their name and the age (eg: A.B.C., 69 years), and also the right to leave the research at any moment and free access to the information when they are interested. In addition, the informants signed the Free and Informed Consent Term (TCLE) in two ways.

Data analysis was performed according to the operational proposal, which is developed in three stages: data sorting, data classification and final analysis.¹¹

RESULTS AND DISCUSSION

The analysis of the data allowed the identification of family, religious belief and the doctor-patient relationship as factors of promotion of resilience. Thus, the results were grouped into three themes: “The role of man in the family”, “Religious belief as a form of support” and “Physician-patient relationship: implications in man’s survival to cancer”.

Presentation of the subjects

E.S.M.: 69 years old, caucasian, married, has a daughter and a granddaughter. He is a non-practicing Catholic. No education. He lives in a neighborhood near downtown, in a large masonry house. He owns the property. He is retired, resides only with his wife. He was diagnosed with prostate cancer at an advanced stage on 10/10/2002. Performed two

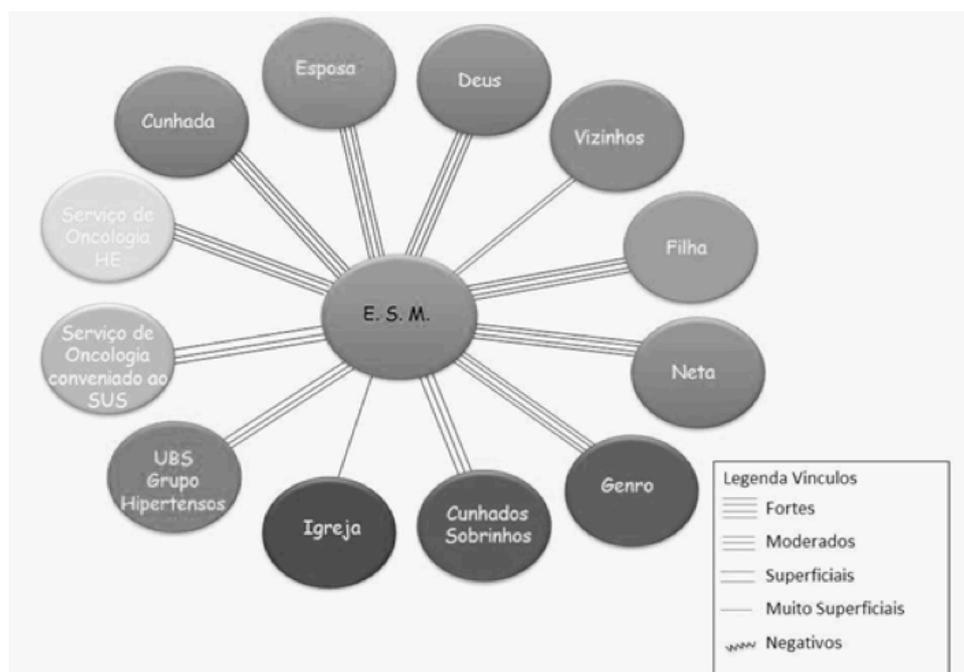
surgeries. The first surgery E. was not able to explain precisely the reason, only that it was performed in the abdomen. The second surgery was performed for total removal of the prostate. He performed seven weeks and one day of radiotherapy. He is still on hormone therapy. He follows up with an oncologist of the service, performing tests of PSA and Bone Densitometry periodically to discard metastasis.

The E.S.M. ecomap (Table 01) was collected on 04/18/12, at the interviewee’s home address. Through it, it can be identified that E.S.M. presents a vast network of social support, not mentioning conflicting links. He refers to his wife, daughter, granddaughter, son-in-law, sister-in-law (she lives next to his residence, usually visits them at least three times a day, since she lives alone, is a widow and has lost her only son recently). He also reports a very strong relationship with God and the Oncology Service of the Teaching Hospital (exclusively serves the SUS), in which he says he has been very well attended and respected in these almost ten years in which he is being accompanied.

He reports a strong bond with his brothers-in-law and nephews, who live near his home, also with the hypertension group of the neighborhood Health Unit and with neighbors who, although they don’t visit his home, he knows that they will be available in case of need. In addition, he refers to a strong link with the physicians and employees of an Oncology Care Service associated to SUS, as he considers the service excellent and the treatment humanized.

As a weak bond, he referred to the Church, which he attends only on special dates or in cases of death, because he believes that God is everywhere, not having to go to a specific place to be in tune with “Him”.

Table 01 - E.S.M.’s ecomap

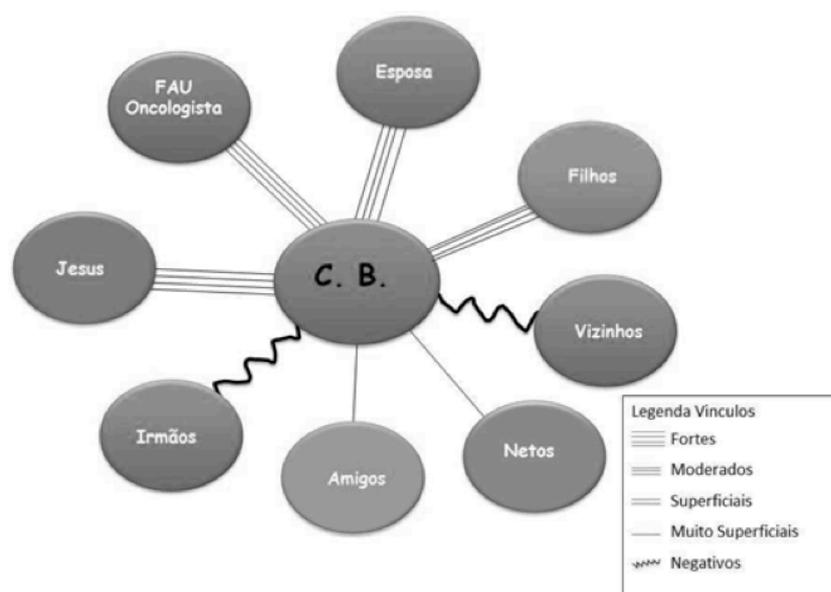


C.B.: 69 years, black, married, three children, three grandchildren. He is a non-practicing Catholic. He studied until the 5th grade of Elementary School. He lives in a neighborhood near downtown, in his own apartment, in a popular housing complex. He is retired, he lives with his wife. He was diagnosed with prostate cancer at the initial stage approximately three years ago. He did not perform surgical procedures, only radiotherapy sessions. At the time of the study, he underwent bi-annual medical follow-up, in which he underwent PSA examination.

The ecomap of C.B. (Table 2) was collected on 04/19/12 at the interviewee's home. From the first contact with C., one can perceive that he is a reserved and of little conversation kind of man, which is supposed to reflect in his social relations. Through his ecomap, it is clear that he has a very strong bond with his wife, his children, Jesus and the

oncologist at the Teaching Hospital. C.B. reports that he does not have close friends, because he has difficulties trusting people, characterizing these relationships as weak links. He says he has a weak relationship with the grandchildren (of his eldest son) because they do not live with their father and because they are from different mothers. In addition, he says not to agree with his son's attitudes, related to the way he deals with his children, which does not help in an approximation between them. Declares not to have any ties with neighbors, because he says he does not need them "for nothing". C.B. reports that his father had other children out of wedlock, with whom he has no close relationship with because they are addicted to alcohol and tobacco, emphasizing that he wants, close to him, people who do not harm him, morally and socially.

Table 2 - C.B. Ecomap



The role of the man in the Family environment

The family represents itself as a system that is composed of affective, social and economic bonds, which compose a dynamic, and this dynamics can change at different moments of life, requiring strategies to balance momentary situations.¹²

The family constitution takes form through a man and a woman who relate and love each other, perpetuating this love through the descendants, offering to them, besides the sustenance, an environment of affection so that the children can develop themselves with quality.⁴

Historically, man has been considered superior to woman, which favors men to maintain a situation of prestige, privileges and power. Unfortunately, in the family sphere, in most cases, relationships are hierarchical, where men and women relate in unequal ways, reinforcing the ideas of domination over one another. In Brazil, this is no different, since women are still assigned an identity associated with the private scope and subordination.¹⁵

In this sense, C.B. states the following:

"She (wife) supports me. She is everything a man wants from a woman. Oh, but she (wife) doesn't understand anything. Of course, she is distressed, but many things I didn't tell her, didn't even have anything to tell, tchê!" (C.B., 69 years)

"In this meeting, C.B. reports for the first time that he had a daughter out of wedlock with a woman he met at a ball. He explains that he decided to raise her for not finding it fair to have to pay the other woman a pension. I question how his wife reacted. He says that she accepted and helped to raise the child, emphasizing that he is lucky she is very religious." (C.B. Field Journal, number 02)

By the words of C.B., one can see how the symbols of power and domination, related to the masculine identity, permeates the relation that he has with his wife. He says he

little explained and shared his feelings about cancer with his wife, because he did not think she would understand. In addition, one perceives the subordination of the wife in what concerns the creation of C.B.'s daughter conceived out of wedlock.

E.S.M. Reports having a relationship of respect and companionship with his family:

"[...] we always walked the three of us together, she [daughter] studied, right, and when she got home from school, we would go out ... on Sunday, the three of us would go out together, we would go out ... if we had to go somewhere it was always the three of us together." (E.S.M., 69 years)

"While speaking, E.S.M. looks fondly at his wife, emphasizing that she has always accompanied him in these 45 years of marriage. [...] Then, he shows me with great affection the portrait of his only daughter and granddaughter, saying that his daughter is very worried about his health, even calling him several times during the day." (E.S.M. Field Journal, number 01)

Faced with a pathology such as cancer, it is known that family involvement is inevitable. In this sense, the disease can interfere in the affective bonds, distancing or bringing together the familiar members. The family, in the psychic point of view, is a structuring place that gives continuity to the culture and has an intersubjective link of its own, but this family can undergo changes due to the alterations that occur.¹⁶⁻⁷

In the family sphere, the masculine identity is also expressed by the senses related to being a father. It is from this relationship established with the children that, through the speech of E.S.M., one of the supports to face cancer is constituted:

"My family when it was me and my brothers, we were a lot, right? But my family, the one I constituted is this one, right? It is a daughter and a granddaughter, that's all. She [daughter] calls me from her service and from the house about ten times each day, every day about ten times she calls. [...] Now the boss is my girl. My girl is ... whether or not she can make it happen! She gets it! She does whatever it takes." (E.S.M., 69 years)

"I do not know anyone who ... can say 'my children were born perfect', there is no such thing! If you do not teach, give education in what is born, it does not help. And that is what I did. And it's difficult for poor people to do that, it's difficult, even more so in Village X. It's a village ... you know what it's like? In popular parlance, "just whipping." And none of them [children] ever smoked, dealt with

drugs, with alcohol, with nothing, right?! Even if I get along with them, doing this demagoguery of a good neighbor, of friendship, you know? I always kept my children occupied. If the children of the neighbors were doing something wrong, I said, 'I do not want you to walk with my children' and that's it, that's all. I've always been in their favor! I was able to, for example, put his one through college [points to a photo], they all have a high school degree, do you know what I mean? They have no addiction, I never let them. I fought with God and everyone to defend them. So if you ask if I'm happy ... I am!" (C.B., 69 years)

Notions of paternity are intrinsically linked to masculinity. In this sense, paternity would be related not only to "making children", but also to the capacity to support and educate them. In this way, "making children" would prove the physical attribute of paternity (attests to the aspect of heterosexual virility attributed to masculinity) and to be able to provide for them and to educate them proves its moral attribute.¹⁸

In this sense, it is not enough to just transmit the genes. According to C.B., it is important to educate, to guide the children so that they have a decent and honest future. Thus, it is expected that, in case of need, the children will be aware of and apt to assist the sick family member.

Through E.S.M.'s testimony one can see the close bond between him and his daughter, who does "whatever it takes" to help him at all times, which proves that, more and more, men seek to dialogue and to maintain greater intimacy with their children, tend to care more about their paternal responsibilities and criticize the paternal models they had, although they often feel uncomfortable in the face of this situation. Because of that, the father seeks to assume a paternity connected to affection and to new attitudes of care.

As stated earlier, being a father always relates to experiences lived with their own parents and relatives, such as C.B.'s statement:

"[...] My father wasn't much either. A father, a womanizer father, you know what it's like? A woman in every neighborhood, a son over there... a man who never...you know... father anyone can be, right? In my view, father is the one who educates, the one who teaches, the one who kills hunger, you know? That guy who's anxious... if you need something, you know? Making a child... anyone does! Right? [...] If the guy is a troublemaker, if the guy is drunk, if the guy has vices, I, I want distance, you know? If I know it has any relation with my kids, I'll break it down, you know?" (C.B., 69 years)

In this sense, there is no definition of a successful paternity which can be universally replied, given the great cultural and ethnic differences that exist. Thus, paternal practices have to be seen in the family context, within a

particular community, with specific culture and history.²⁰ Thus, according to what CB refers to regarding his father, paternity is a fundamental reference for all men, but there is the possibility of being equal or different from that father, that is, there is the possibility of choosing, to change that behavior considered inappropriate, of becoming a positive reference for the children.

Thus, to understand the family as a reality constituted by the view that the subjects internalize about it, allows us to think about how each family is constructed and the notion that it has of itself, within a cultural system that orients the relations of kinship and its structure.²¹

Thus, through the discourses of the men in this study, it is noticed that in CB personal construction as a man and a father is based on the experiences he had with his family of origin, which comes to reflect in the way on how he survives cancer. Having as a paternal figure, for example, an absent and unruly father, in his view, has made him into a strong and independent man in dealing with difficult situations (like cancer) and with his own life. This is also reflected in the relationship with his children because he tries to protect them and give them opportunities (especially to study), which he could not experience. In regards to the woman, there is still a certain kind of domination or even sexism, for although she supports him in every way, he shows little of his feelings and seldom shares fears and anguishes with her.

In the case of E.S.M., what is most evident - regarding his personal construction as a man and father - is the strong relationship that the actual family, especially the wife and the daughter, have in this process. Despite little study and a hard working life, E.S.M. seems to share and talk openly about his problems with the family and receives from it support to overcome any difficulty. In the process of surviving cancer, the family of E.S.M. was essential for this man to transpose this trajectory (which still continues) with safety and peace of mind, especially since the cancer of E.S.M. was discovered at an advanced stage.

Religious belief as a support system

Religiousness and/or spirituality have also been referred to as an important support found by men to survive cancer. Although they do not consider themselves religious, both men refer to belief in something superior:

"I'm a Catholic, but I've never attended. I went to church a few times when you have to do something like that [...] but I believe in myself. And God, of course. Because people says like this: oh, I'm going there to ask of God... I do not need to leave my house, come back here at midnight to go ask someone, to ask of God to help me... I ask it myself here at home. Oh, that is because it's God's house... God does not have a house. Everywhere is God's house. God is everywhere. So I do not need to ask others to ask God to help me, I ask it myself! My religion is like this. I believe

in God, I have always believed and I will die believing. Because it's going to be 70 years that I'm here and if I'm here it's because of him, right? The time he wants to take me, he can take! He's the boss!" (E.S.M., 69 years)

"I'm Catholic but I've never been a fanatic about religion. Ah, well, I believe in Jesus, right, I was raised [Minor's Institute]. I think everything that happened in my life, if I'm in this good situation today, He must have done something for me, besides medicine, of course, or it doesn't work right! It's what I do, I've done it until today, I did it for my children, right. I learned because of my children right! Man, to love life and love oneself, especially, to not expect mercy from others, you have to love yourself, you have to cherish yourself, you have to like to live, to like yourself, that's what I always do. Because here on earth who has to take care of us is ourselves, you know? We have to respect Him as supreme father, that whole thing, creator of this and that and ... but, here, seriously, here it is with the person, come on, there is no use believing in God alone, and blah, blah, blah, and cross the red lights! Surely He will not get you... right?" (C.B., 69 years)

Although they are often used synonymously and are in fact related, the terms "spirituality" and "religiosity" do not mean the same thing.

Spirituality, broader and more personal, relates to one's inner values, it is not a monopoly of religions or of some spiritual movement, it is inherent to the human being. Through it, individuals become capable of withstanding various debilitating feelings, giving new meaning to one's life and consequently improving one's quality of life. On the other hand, religiosity is the believer's expression or practice that may be related to a religious institution.²²⁻³

Although they refer to a certain religion in their speech, it is perceived that the men in this study used spirituality as a source of support in surviving cancer. In this context, for E.S.M., the belief in God was important for his survival to cancer, in that he states that if he is still alive, it is because God so willed it. In addition, his speech, referring to the fact that he finds it unnecessary to go to a certain place to ask for protection and support can mean fear of exposing his fragilities (about the disease and its effects) to society, which would show feelings considered female. Another important point is the self-sufficiency demonstrated by this man, a typical characteristic of masculine identity when he says that he does not need prayers or help from others to ask for spiritual help.

For C.B., the belief in Jesus helped this man to face difficulties in a positive way, believing that through Jesus and medicine all problems can be overcome. In this context, it is believed that believing in Jesus enabled him to experience cancer with less suffering, with the certainty of maintaining life and survival. It is also interesting to note that for this

man, believing in something superior occurred in virtue of his children and he seeks to pass on the importance of this belief to his descendants, emphasizing the importance of each one to fight adversities and to not wait for “miracles”.

One of the main ways for the elderly to confront difficult situations, such as cancer, is the feeling of faith in God, which is a deeply rooted feeling in our culture, occupying a prominent place in people’s lives, as it provides individuals with a sense of meaning and understanding, which can improve the sense of well-being, satisfaction and happiness.²⁴⁻⁵

In this sense, patients with religious beliefs are rehabilitated with more hope and with lower rates of depression. Thus, faith can be understood as a strategy for surviving cancer, since it tends to satisfy those needs that cannot be controlled by the human being.²⁶

Physician-patient relationship: implications for cancer survival

Regarding the social relations of support for cancer survivors in this study, the relationship between these men and the health services, and especially the physician, has proved to be of great relevance in overcoming cancer:

“[...] When they discovered the disease and said what I had to do, at first the doctor explained everything I had, everything I had to do, how I was going to stay, how I wasn’t going to end up. The doctor explained to me [...] Because Dr S. was a father to me. If it was not for him, I think I would have died! Because I was not able to operate, or pay, or anything, and he operated for free. Dr. S. did the two surgeries and passed me to C. to do the radiotherapy, I did there with Dr. D., that doctor is not a doctor, he’s a father, that to me is a father! He is a doctor, but that I consider as a father, kindness in person, and it was not just with me but with all people!” (E.S.M., 69 years)

“I had it, there are worse cancers, there is lung cancer, there are so many things, I had prostate cancer, it was a scare, and I was fast, you know, I had assistance from a guy [doctor], you know, he gave me all the support, if I needed money, It wouldn’t be a problem, he would cover for me, he did, he has influence, he is the one, you know, I had the advantage and I got lucky! I’m still lucky, right! [Laughs].” (C.B., 69 years old)

Through the report of E.S.M., one can perceive one of the fundamental principles of the good relationship between doctor and patient: communication. In the process of surviving cancer, being aware of the possible side effects and how the treatment would be performed enabled this man to experience the disease in a more relaxed way, as he received information that made it possible to cure his doubts and fears. In addition, this relationship was strengthened, as the physician, in an act of generosity, performed surgery

on E.S.M. without any cost, demonstrating that there are still professionals who work for the love of the profession and help the ones with less financial conditions every time it is possible.

For C.B., having quick assistance from a prestige physician was one of the factors that contributed most to his survival. The relationship of this man with the doctor is ancient since he is C.B.’s wife’s boss, which facilitated that the diagnosis was carried out quickly. In addition, through this physician, this man had all the necessary information about the disease and was able to perform the exams and treatment without having to wait in queues or waiting lists.

The meeting between doctor and patient is always a dramatic moment, since it is necessary to take into account the patient’s opinion, to avoid distancing and little information, in short, to make him aware of his health condition. In addition, this encounter brings to the scene the patient and its family, people from various social groups and members of a particular profession, with specific codes.²⁷⁻⁸

In this context, when an individual becomes ill, they usually present difficulties to perform their normal functions, such as working and caring for the family. Add to this the condition of being sick, which represents an axis of financial vulnerability, especially when it affects a member responsible for the family’s livelihood. So, in addition to medical care, the individual also needs to fulfill certain obligations. Thus he regards illness as a bad thing and seeks to improve by cooperating with the one who has responsibility for his care and cares about his well-being before anything else.²⁹⁻³⁰

E.S.M. made the following report of his “obligations” as a patient:

“E. speaks spontaneously and naturally about the moment of his diagnosis, makes it very clear that he has always tried to face his treatment in a positive way, taking the medication at the right time, following everything that the doctor told him to.” (E.S.M. Field Journal, number 01)

Before looking for a health service, the individual prepares for the meeting, thinks about the symptoms that led him to the doctor, how he will describe what he feels, what clothes he will wear, among others things. In this way, one can understand the importance of communication in this interpersonal relationship, which, at all times, is permeated by cultural meanings.³¹

In this sense, there is the importance of visualizing the patient in its totality and as a unique being, sensitizing oneself to its suffering, perceiving its emotions and understanding that each one is loaded with cultural nuances that determine one’s actions and thoughts.

Nowadays, the importance of maintaining an upright relationship between doctors and patients, based mainly on the humanization of relationships, is increasingly being discussed. It is believed that a better doctor-patient relationship

would have positive effects on user satisfaction and on the quality of health services since in this context of interpersonal relationships, the quality of the meeting would determine its efficiency. Therefore, empathy between physician and patient would be a key ingredient for quality care.³²⁻³

Although they have different therapeutic trajectories, the reports of these men converge when referring to the good care received in the health services:

"I've never seen a hospital like C. From the most graduated to the least one, loads of education and proper way of dealing with the people. I've never seen! Any day, because I went there for seven weeks and one day, there wasn't a day different from the other. I got there, ah ... everyone is so polite, really attentive ... I don't even know what it's like... I don't think, even at home, it's very difficult to have a family that treats each other so well like that. In my time it was like that. I even thought that with me until... wow! What they did, that was ... and the time! No one was nobody's clown there." (E.S.M., 69 years)

"Oh they treat me very well, very well indeed, by what we see on the television, everyone complaining... Everything was proper, very nice, I got on well there. No, no, I have no complaints, no I do not." (C.B., 69 years)

Through the statements, it can be seen how health professionals have been attentive to the importance of welcoming patients, attending them in a humanized way and respecting them in their multidimensionality. It should be noted that the service referred to by ESM meets privately and through SUS, which shows that, even in a public service, it is possible to organize the work so that the service offered to the population is of a quality, without distinguishing between those who can pay and those that are taken care of for free.

It is undeniable that the family and the other components of the social support network of these men were important in building their survival. In addition, counting on health professionals who understand them and clarify their doubts and fears helped them to transpose this path with greater security.

CONCLUSION

In this study, it can be seen that even men with different perspectives of life and culture, that had been living with cancer for a significant time, used a social support network to help in an integral way to face the disease situation. This can be characterized by having a historical and cultural construction regarding their way of acting and dealing with such situation, presenting important symbologies and experiences for the construction of a man with a high degree of resilience.

Thus, different discourses were identified before a personal construction of the roles of man and father, since one of the men, when reflecting on his family of origin, based on little bond and structure, was able to become stronger to deal with complex situations such as cancer and to establish a closer relationship with his children, based on education and protection. The other man, however, has a strong and respectful relationship with his family, considering it as fundamental to overcome the whole trajectory of cancer with greater security and tranquility, it being his main source of support.

When thinking of spirituality as a support network, the men in this study identified belief in God as an important factor in surviving cancer and living with less suffering. However, this prayer/belief is not related to the need to attend any specific place, which evidences male self-sufficiency and avoids female fragility behaviors.

In addition, when discussing the relationship with the health professional recognized as a support network for men with prostate cancer, the doctor-patient relationship was pointed out as fundamental, especially through the communication used that made it possible for a more tranquil treatment, with fewer doubts and fears. In addition, the generosity of the physicians in offering surgery without cost or rapidly starting the treatment was also pointed out by men with prostate cancer, as well as the warm and respectful care provided by health professionals, thus highlighting the importance of a verticalized and humanized relationship between health professionals and patients in the services used.

However, it is believed that the limitation of this study is related to the limited number of participants, but qualitative studies, especially the ethnographic ones, have the purpose of apprehending the phenomenon in depth, and this was accomplished in this research. In addition, it was noticed the inexistence of any specific mention to the nursing professional by the informants, evidencing the need for greater participation of this professional's performance in the oncology services or else it will be considered invisible in the cultural view of the patients and before the society facing the current biomedical model

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