

Going through the storm: body image and sexuality of women after breast cancer**Atravessando a tormenta: imagem corporal e sexualidade da mulher após o câncer de mama****Pasando la tormenta: imagem corporal y sexualidad de las mujeres después del cáncer de mama****Received: 18/10/2019****Approved: 15/04/2020****Published: 01/08/2020****Lilian Cláudia Ulian Junqueira¹****Manoel Antônio dos Santos²**

This is a qualitative descriptive-exploratory study, supported by the theoretical-methodological framework of Phenomenological Psychology, carried out in a mastectomized outpatient clinic, in 2014, in the city of Ribeirão Preto, with the goal of understanding experiences of body image and sexuality of women with breast cancer. Data were collected during a workshop with the construction of images and collages. There were 36 women participating and six thematic categories were elaborated, referring to the guiding question "How do others see me?": *Cancer as a metaphor for death, losses, mutilation and body deformity; Unveiling the disease and revealing health; Cancer as a way of being reborn for life; Silenced feminine*. And the guiding question "How do I see myself?" two categories were built: body image idealized by the media, and discovering the beauty of beating cancer. The knowledge generated focuses on the need to sensitize health professionals in relation to body image and sexuality disorders, contradicting the logic disseminated by the biomedical discourse of survival.

Descriptors: Breast neoplasms; Body image; Sexuality; Interpersonal relations; Comprehensive health care.

Trata-se de um estudo descritivo-exploratório qualitativo, apoiado no referencial teórico-metodológico da Psicologia Fenomenológica, realizado em um ambulatório de mastectomizadas, no ano 2014, na cidade de Ribeirão Preto, com o objetivo de compreender as vivências da imagem corporal e sexualidade de mulheres com câncer de mama. Os dados foram coletados durante uma oficina com a construção de imagens e colagens. Houve a participação de 36 mulheres e, foram elaboradas seis categorias temáticas, referentes à questão norteadora "Como os outros me veem?": *Câncer como metáfora da morte, perdas, mutilação e deformidade corporal; Desvelar a doença e revelar a saúde; Câncer como forma de renascer para a vida; Feminino silenciado*. E a questão norteadora "Como eu me vejo?" construiu-se duas categorias: *Imagem corporal idealizada pela mídia e, Descobrimo a beleza de vencer o câncer*. O conhecimento gerado enfoca a necessidade de sensibilização dos profissionais da saúde em relação às perturbações da imagem corporal e da sexualidade, contrariando a lógica disseminada pelo discurso biomédico da sobrevivência.

Descritores: Neoplasias da mama; Imagem corporal; Sexualidade; Relações interpessoais; Assistência integral à saúde.

Se trata de un estudio descriptivo-exploratorio cualitativo, apoyado en la referencia teórico-metodológica de la Psicología Fenomenológica, realizado en una clínica ambulatoria de mastectomizadas en 2014 en la ciudad de Ribeirão Preto, con el objetivo de comprender las experiencias de imagen corporal y sexualidad de las mujeres con cáncer de mama. Los datos fueron recogidos durante un taller con la construcción de imágenes y collages. Participaron 36 mujeres y se elaboraron seis categorías temáticas, en referencia a la pregunta orientadora "¿Cómo me ven los demás?": *El cáncer como metáfora de la muerte, las pérdidas, la mutilación y la deformación del cuerpo; Develar la enfermedad y revelar la salud; El cáncer como una forma de renacer para la vida; Femenino silenciado*. Y la pregunta orientadora "¿Cómo me veo?" se construyó en dos categorías: *Imagen corporal idealizada por los medios de comunicación y, Descubriendo la belleza de superar el cáncer*. Los conocimientos generados se centran en la necesidad de sensibilizar a los profesionales de la salud acerca de los trastornos de la imagen corporal y la sexualidad, en contra de la lógica difundida por el discurso biomédico de la supervivencia.

Descriptores: Neoplasias de la mama; Imagen corporal; Sexualidad; Relaciones interpersonales; Atención integral de salud.

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INTRODUCTION

Cancer is a disease in which there is a disorderly manifestation of cells, affecting organs and tissues of the human body. Among the most varied types of cancer, breast cancer stands out among women; according to the National Cancer Institute José Alencar Gomes da Silva (*Instituto Nacional de Câncer José Alencar Gomes da Silva - INCA*) this is the most common type prevalent in women after fifty years of age, although it has already been found in younger women. Currently, in Brazil, there are 596 thousand cases of cancer in the country, of which 300,870 are women, with breast cancer corresponding to about 57,960 of these. Breast cancer can be considered a public health issue due to the considerable increase in the number of cases¹.

Brazil cannot implement mammographic screening throughout its territory, due to the lack of economic resources and infrastructure for the investigational continuity of non-palpable injuries. Most states, including the southeastern region, only provide the exam for the diagnosis. Therefore, the priority must be to invest in training programs for the medical team, to prioritize and ensure quick access to secondary and tertiary centers, as in multidisciplinary assistance programs for resolving care, which will result in conditions of effective flow for screening. disease, aiming in the medium term an effective reduction of cancer mortality².

Breast cancer is not exclusive to women, it can happen in men with a lower incidence. When faced with the diagnosis of a chronic disease, men are led to face their weaknesses, limitations and needs for care, hitherto neglected and commonly associated with the feminine sphere. Such experiences contribute to the idea of loss of masculinity, as they are socially guided by different standards from those imposed by illness and cancer treatment³.

The phenomenological investigation of prostate cancer, exclusively male, showed that the search for health services only occurred after the manifestation and worsening of the first symptoms, which limited daily actions and change daily life. The disease caused by prostate cancer was highlighted by the participants as a remarkable experience and one that produces great physical and psychological discomfort. After cancer, men began to represent their bodies as fragile, sick and debilitated. There is also a concern with body image for men, with a focus on sexual and urological disorders, in the ways of thinking, feeling and acting, in relation to their own masculinity. In this sense, the limitations imposed by the illness and cancer treatment are opposed to the hegemonic masculinity model⁴.

Getting sick with cancer historically points to a malignant disease that is difficult to control, and it is considered to narrate its name as a synonym for mortality. Knowledge brought proximity to the biopsychosocial and spiritual dimensions of illness. It is necessary for treatments to consider the specificities of the spiritual dimension in the interface with the care unit (patient, family and team) and what can be improved from this approach is humanization and comprehensive care practices offered to patients affected by a disease that seriously threatens continuity of life. It is recalled the need to provide training and qualification of health professionals that transcend technical limits established by protocols of the oncology specialty⁵.

The breast is an ancient symbol of femininity, sexuality, eroticism, motherhood and female identity⁶⁻⁹. Thus, in a scenario of great changes, it is natural that treatment raises concerns such as fear of death, breast mutilation and, consequently, changes in body image, which impact the way of unconsciously experiencing one's own body and sexuality^{7, 10}.

The result of the interpretation that the sick woman gives to the experience of cancer and its treatment can trigger negative feelings and emotions, depending on the meaning attributed to living with a stigmatizing disease. The meanings attributed deeply affect the way the patient perceives their own body and the responses of other people in relation to the new condition of illness^{7,9,11}.

The experiences related to breast cancer acquire an individual meaning as they activate different representations for each woman who experience them¹². On the other hand, getting

sick activates many universal feelings, such as anticipated grief for the pain of losing one's full health condition, the anger at having their life abruptly interrupted to undergo a journey of invasive therapies, the successive losses faced during the long journey of treatment, the side effects of surgery and other forms of treatment, exposure to chronic fatigue, depression and others, regardless of the age and marital status of the affected woman¹³. That is why it is important to consider the context in which the patient lives, including her socioeconomic and occupational condition, as well as the psychosocial support network she has.

Throughout their existence, each woman develops and re-elaborates a mental representation of her own body, which is directly associated with her perception of herself in the world and of her interiority. This self-image is composed of a sum of physiological, psycho-affective, cognitive and relational aspects⁸.

The image that is made of the body is constructed, deconstructed and reconstructed throughout existence, based on lived experiences, especially the transition marks (the inevitable normative crises) and extraordinary events, such as the involvement by morbid processes that alter the relationship that maintains itself with the interiority, with the own body and with the surrounding world^{7,14}. Thus, bodily, emotional and social changes resulting from cancer treatment trigger changes in body image that directly imply impairment in self-image, which can negatively affect the experiences of patients' sexuality¹⁵⁻¹⁷.

From the perspective of mastectomized women, breast reconstruction is perceived as a possibility to recover femininity, sexuality and eroticism, but there is a clear influence on the temporality of treatment^{8,18,19}. At the time of diagnosis and in the later stages, maintaining life is considered more important than partial or total loss of the breast, regardless of the surgical procedure the woman underwent - conservative or radical surgery. Only after the possibility of imminent death is ruled out will the woman turn her attention to aspects such as mutilation of the breast and consequences for her self-esteem and sexuality⁸.

An investigation into the impact of surgery on patients' self-esteem and sexual life evaluated the satisfaction of 207 women in relation to the aesthetic result and the psychological impact of the intervention on self-esteem²⁰. Patients who had undergone conservative surgery were more satisfied with their body image, followed by those who underwent mastectomy with delayed reconstruction. The study showed that the type of surgery has a significant role in psychological aspects in the postoperative period, decisively influencing patients' self-esteem and sexual life²⁰.

In another study, issues related to sexuality were found in the patients' reports, alongside other concerns, which were categorized as follows: need to obtain information about the disease, reaction to the diagnosis, doctor-patient relationship, me and my body, me and the other's gaze, self-perception and loving relationships⁸. After surgery, women had limitations and constraints regarding public exposure of their bodies. Despite the prevailing fears, some interviewees produced ways of expressing and re-signifying their sexuality in a positive way in their daily relationships, which suggests that the experience may have a potential to enhance constructive changes⁸.

A review study on the sexuality of women with cancer revealed that most research highlighted the experience of patients who were undergoing treatment for breast cancer²¹. The main focus of the symptoms reported by women was the side effects triggered by radiotherapy and chemotherapy, and its consequences such as sexual dysfunction experienced after diagnosis and treatment²¹.

In a phenomenological study, the testimonies of seven women with breast cancer who were undergoing chemotherapy were heard, in which they reported the experiences of the impact of cancer on their daily lives²². In the relationship with their partner, the patients demonstrated that, after receiving the diagnosis of breast cancer, the spouses became closer, highlighting their attitudes of solicitude towards them. Also, there was an affective approach of

the partners in the care of the mastectomized woman, and it was observed that the focus of the love relationship linked to sexual desire can be removed²².

Some psychological care strategies can be used to approach therapeutically issues related to sexual health, either individually or in groups. Group psychotherapy started to constitute itself as a field of psychological intervention from 1905 and since then it has moved towards expanding the field of action and application to medical and psychosocial conditions²³. The experience of a group composed of people who share similar health problems provides the experience of a climate of proven therapeutic value, as it helps participants learn to deal with their feelings of loneliness and isolation²⁴.

By potentiating interactions and the exchange of resources based on the exposure and analysis of individual experiences, the group can function as a conducive space for the exploration of subjectivity, a kind of social laboratory in which members relive the roles they occupy in their daily relationships²⁵.

The effectiveness of groups focused on the treatment of breast cancer is verified, with a reduction in pain and an increase in psychological coping in women with primary and metastatic tumors²⁶. The positive psychosocial effects of group therapy in cancer patients are recognized, which includes improved mood, readiness to cope, level of adjustment and reduced emotional distress. These benefits are seen after confirmation of the diagnosis and during the subsequent period.

A study shows that, for patients, support groups function as a support for the continuity of the process of recovery and adaptation to the new condition of mastectomized women, as well as an environment of transformation in the psychophysical and psychosocial aspects. Participating in support groups for women with breast cancer improves intensity of symptoms related to stress and anxiety aroused by contact with friends and family during treatment²⁷.

Thus, there is a need to deepen the knowledge about the senses produced in groups in relation to changes experienced in self-image and female identity, involving especially the dimensions of sexuality, in order to inquire about the impact of the experiences related to the disease and the treatment in women's sexuality experiences. Considering these assumptions, this study aimed to understand the experiences of body image and sexuality of women with breast cancer.

METHOD

It is a descriptive and exploratory study, conducted under the focus of qualitative research supported by the theoretical-methodological framework of Phenomenological Psychology. In the national context, this framework had its bases expanded from scholars in the field^{28,29}. We opted for the adoption of this theoretical-methodological strategy because it allows a particular understanding of the object of study, based on the perception of the person who experiences a given situation or phenomenon.

The study scenario was the Center for Teaching, Assistance and Research in Rehabilitation of Mastectomized Patients (*Reabilitação de Mastectomizadas - REMA*), linked to the Escola de Engenheiros de Ribeirão Preto at the Universidade de São Paulo. REMA provides assistance to mastectomized women, aged between 24 and 86 years. It is a free public service, maintained since 1997. The study was carried out in an outpatient clinic for mastectomized women, in the period from March to June 2014.

The groups are open and take place on Mondays, Wednesdays and Fridays, from 08:00 am to 10:00 am. For the development of activities, the nucleus has an interdisciplinary team composed of nurses, physical therapists, psychologists and occupational therapists. Due to its insertion in the academic environment, the service acts as a training field for undergraduates, interns and health professionals, in addition to housing students from various graduate and undergraduate programs, who develop their research projects with the assisted population.

Preliminarily to the beginning of the workshop, the participants were informed about the objectives of the study, and all agreed to participate and acquiesced with the registration of the meeting. The activity lasted 60 minutes and was registered with the authorization of the participants.

The dialogues woven during the meeting were recorded in full and literally at the time of the activity, constituting the research corpus. This in site record allowed greater freedom to analyze, later, the verbal material produced.

As the participants already knew each other, it only took a few minutes to warm up, during which they all spelled out their names. Then the objective of the activity was explained, which would occur in two moments: first they would do the group activity using magazine clippings, seeking to highlight images and phrases that could illustrate what they thought and felt after hearing the guiding questions that would be announced. Then they would talk freely among themselves and make a brief explanation of the material (collage) produced collectively. Then, a discussion opened with the whole group about the lived and shared experience.

Divided into two thematic groups, the workshop's guiding questions were: "*How do I see myself?*" and "*How do others see me?*" the participants were invited to choose a volunteer, who lay down on a sheet of paper spread on the floor, allowing another to outline her body in natural size. The other participants should examine the available magazines and cut out the images that, in their understanding, would serve to answer the guiding questions. The cutout images should be pasted on the body silhouette drawn on paper. Concomitantly, they should select the place of the body silhouette in which they would paste the cutout and name each chosen image.

It was decided to interfere as little as possible and not record audio dialogues, understanding that this procedure could compromise the participants' spontaneity. Records of images of the participants and productions were made during the activity and there was no hesitation or interference of these records in the progress of the productions.

The two silhouettes produced were fixed on the wall, so that they could remain in the field of view of all participants, who at that moment sat down to discuss the themes in chairs arranged in a "U" shape.

In order to unveil and understand the experience, one must seek information provided by the subject herself, since the situations do not contain meanings in themselves, but acquire meanings for those who experience them, related to their own way of existing^{28,30}. The phenomenological researcher must listen to the subjects themselves who went through the experience that they propose to investigate from the formulation of a guiding question.

In this way, in the transposition of Phenomenology from the philosophical plane, in which it originated, for the scientific investigation in Psychology, the consideration of intersubjectivity is highlighted. The researcher uses the knowledge extracted from concepts based on philosophy to undertake the understanding and analysis of the phenomenon to be investigated, by valuing the experiences lived by the subject in her singularity, starting from the meaning she attributes to the experience and the interrelationship and mutual construction of a continuous process of attribution of meanings permeated by the subjectivity of both: subject and researcher.

The analysis was performed by examining the records of the participants' speeches and behaviors, which were analyzed in their convergences and divergences. It is pertinent to explain the methodological steps of the comprehensive analysis undertaken, namely^{29,31,32}:

- Exhaustive readings of the reports and notes, abstaining from any and all interpretations, seeking the meaning of the whole, in order to become familiar with the description of the experience;
- Rereading the material, seeking to apprehend units of meaning, focusing on the researched phenomenon. A unit of meaning is part of the description that is related to the research objective. The units of meaning are noted down whenever a psychologically sensitive change in the sense given to the situation by the subject is perceived. This change amounts to a transition

of meaning. The interaction with the researched context becomes something unique in the qualitative study and the categorization process involves not only logical, intellectual and objective knowledge, but also personal, intuitive, subjective and experiential³¹;

- Focusing on units of meaning in descriptions; then, the subject's daily expressions are transformed into a psychological language, including the insights obtained. The frequency criterion is implicit, but it is not unique;

- Synthesis of the units of meaning to arrive at the structure of the phenomenon, commonly called "category", understood as a theme that emerges from the speeches. Thematizing means taking seriously and studying a subject in a systematic way^{29,31}.

In ethical terms, with respect to Resolution No. 466/12, of 12/12/2012 of the National Health Council³³, this study was approved by the Research Ethics Committee of the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto at the Universidade de São Paulo (FFCLRP-USP), according to the CEP-FFCLRP process No. 612/2011 - 2011.1.2377.59.7.

RESULTS

The activity involved 36 mastectomized women, with ages ranging from 32 to 72 years. From the phenomenological analysis of the research corpus, six thematic categories were elaborated, being that in the guiding question "*How do others see me?*" (Figure 1) four categories were constructed: *Cancer as a metaphor for death, loss, mutilation and body deformity*; *Unveiling the disease and revealing health*; *Cancer as a way of being reborn for life*; and, *Silenced feminine*.



Figure 1. Collage "*How do others see me?*". Ribeirão Preto, 2014.

Cancer as a metaphor for death, losses, mutilation and body deformity

This category was the first to be unveiled for mobilizing the intense participation of women. Cancer is still perceived as a metaphor for death. Being considered synonymous with death, it ends up generating in the woman's imagination abandonment, failure and shame of herself for getting sick. The following are excerpts from statements that illustrate this character of fearful and feared experience by most women with cancer:

"Death is their first image of us, anyone who looks at us."

"Half."

"Cancer, pneumonia and my fat also kill! Everyone says ... but, I'm already taking care to improve this part of the fat ..."

Unveiling the disease and revealing health

This category shows the desire to hide the visibility of the disease, either due to total or partial lack of the breast or when the woman is forced to use an armband or to deal with the lack of hair or other signs that denounce the devitalization of the body by cancer.

This makes the woman feel different and stigmatized, which can lead her to seek subterfuge to mask the reality that bothers her, in an attempt to believe that she is healthy. Getting sick has to do with fragility, dependence, feeling of worthlessness, signs so marked in a capitalist society that seeks a healthy and productive body:

"I want to pass on the image of life and health to others."

"They see me as a clown!" (in a jesting, playful tone).

"I am happy, others see, but I am not happy."

Cancer as a way of being reborn in life

This category involves the perception that breast cancer can provide some women with new purposes in life, knowing that they can change their daily life in a productive and healthy way.

Cancer confronts women with the concrete possibility of their finitude, which makes them face the possibility of death, leading them to rethink their temporality, endowing it with an existential sense. This makes her reflect on how she has used her days of life with meaning and not just a time that is being fulfilled. Paradoxical experiences, such as life-death, strong-weak, sometimes warrior, sometimes crushed, are present in the reports and denounce the transience that inhabits human existence:

"Someone happy and who today does what she likes!"

"A roller coaster, strong and weak, but going up there."

"Now a warrior and now a crushed person."

Silenced feminine

This question arose almost like a buzz in the silence of the group and was immediately drowned out by a censorious voice, full of a chorus of more female voices present. In the scene, a group participant cut out the image that contained some colored condoms (condoms) and chose it to compose the body image of the activity. Soon a shout of "No!" And they were all dismayed, keeping the silence and the feminine silenced:

You can't put that image! Sex is something young people do, we don't do that anymore, leave that image out.

Another gender stereotype appears in the role of cook, so tied to the feminine, linked to an activity historically associated with women, since she herself cannot communicate her own limits to the family and keeps the feminine suffocated and without the right to make choices:

"Family cook!" "I can't stand cooking anymore like they used to and they don't realize..."

From the guiding question "How do I see myself?" (Figure 2) two other categories were elaborated: *Body image idealized by the media*; and, *Discovering the beauty of beating cancer*.

Body image idealized by the media

The group unanimously referred to the longing for a young, beautiful body, the long hair of youth. The participants made reference to some media figures, supposed icons of female beauty, and the magazine clippings always represented images of young and idealized women. This reveals the way they manage to perceive their bodies modified by the life they led, by the experiences they went through. Cancer does not seem to be solely responsible for the loss of body image:

"I miss the body I had before, when I was young, with a sense of loss ..."

"I feel and see myself with a lot of losses: hair and body".

"I miss the body I had before, I was very beautiful at the age of 20, I had a beautiful body."

family members, reverberating in the partner and in children, changing dynamics of relationships and family life itself^{6,7}.

Participation in support groups for women with breast cancer proved to be effective, in that it favored the permission to communicate and exchange experiences, allowing them to benefit from receiving and offering social support, and to envision possibilities of getting out of the situation of isolation and social exclusion, in addition to receiving significant information to face the stressful experiences inherent to cancer treatment.

The individual is encouraged, when supported by her peers in a group, in which the strength of the group field favors the sharing of experiences, as protection of the group becomes present. In this sense, the group constitutes itself as a therapeutic space for speech and listening, by enabling activation of certain therapeutic factors that help the individual to become aware of her social being²⁵.

In the category about silenced feminine, patients even managed to perceive sexuality dissociated from reproduction, but the normative collective cultural discourse is about permitted sexuality linked to procreation and not to obtain pleasure, as this would violate the moral norms of the group of "*older ladies*" who had their bodies educated to confine sexuality under the cover of marriage, within norms strongly present at the time³⁴.

A study conducted with women in a group after mastectomy on their experiences related to sexuality brings that issues related to sexual life were a further concern in the treatment trajectory, as there were other needs to be prioritized, such as: rest, dressings, having a good diet and attending medical appointments³⁵.

The patients' sexuality was re-experienced after some time of treatment, since, even after returning home, women had concerns similar to those they had in the hospital environment. After satisfying such demands that they considered priority, they gradually adapted to the new reality and recovered the feeling of well-being and satisfaction with their body image.

Suffering and uncertainty permeated the trajectory of the experience of falling ill with cancer. This is related to the woman's perception of herself as a cancer patient and to the formulation and reconstruction of a new identity for the woman¹⁷.

Even though she is well, without signs and imminent symptoms of the disease, the woman is faced with the fear of death and uncertainty about the future. This is built from the new image of herself as a woman living with cancer. Even with all the information she has about treatments and technologies involved, the woman reveals difficulty in elaborating and accepting the new illness situation¹¹.

However, what is verified in practice and with the data collected in this investigation, through the phenomenological method, is that it was possible to access the particular essence of each woman who experienced the facticity of getting sick with cancer and its possible representations about body image and sexuality.

There is a peculiar way of coping with breast cancer, which will depend on the patient's life history, the rooting of her personal values, her beliefs and concepts of health-disease in the face of her own sexuality and body image, and her collection of interpersonal relationships, which includes the marital relationship and sexuality itself, whether lived or not within normative standards of society and established during their life trajectory, which could be reviewed and updated in groups.

The understanding of being sick leads the woman to the particular understanding of her experience of falling ill, with her unique characteristics and personal values in facing adversity and redefining losses throughout her existence, making it impossible to divide the experience into cycles marked by stages specific. This information is important to the health professional, in access to the patient, bond and communication about the available treatments, in which they respect their conditions of adherence and coping with the treatments in each case and not

imposing a script of protocols based on positive science, without considering the human variables that are beyond replicable models.

Each person elaborates their mental representation of their own body, which is directly linked to the perception of themselves in the world and their relationships of existential opening or closing. The body's image is constructed and deconstructed throughout our lives, especially when we have to face traumatic events, such as a life-threatening illness.

The health professional must be aware that it is necessary to value the affective aspects that make up the body image and the experience of sexuality in women who face the treatment of breast cancer^{14,36}. The body image is not an ornament, but an essential ingredient for the functioning of the woman's identity and for the regulation of her affections and emotions.

CONCLUSION

Post-surgical mastectomized women undergoing breast cancer treatment showed that they re-elaborate their body image and the meanings they attribute to their sexual experiences in the face of health problems that they face daily.

There was a demystification of the taboo that sexuality is clearly addressed during interventions and rehabilitation programs aimed at women with breast cancer. The workshop proved to be an arena for reflection around innumerable subjects provoked by the discussion about the image of the body and sexuality, from the most complex and everyday to those of an existential nature.

The findings emerged with the strength of the paradoxical experiences of oncological disease. If, on the one hand, they touched difficulties of the affected woman to accept that her scenario has changed, bringing to the foreground her condition of finitude as a possibility, on the other hand they give birth to the beauty of seeing herself victorious and willing to reconstruct her sexuality beyond the prescriptive limits historical-cultural values recommended by society. Despite the adversities experienced in the treatment and its possible sequelae, the vitality was updated in the new identity project: being-woman-with-breast cancer.

Concerns and care with body image, self-esteem and sexuality were present in the reports of women who experience different stages of breast cancer treatment and not only in the rehabilitation phase.

This is a situational study, which characterizes a limitation when it comes to practices in comprehensive health, so it is important that other research can be developed using the replication or innovation of methodologies in patient care and checking if there is an incidence of practices groups in other services, which can expand the work methodology. In turn, this research contributes to a greater awareness of health professionals regarding both body image and sexuality issues, contradicting the logic marked in the discourse of the binomial health-disease, which sometimes values survival more to the detriment of the totality and the particularities of each woman who experiences cancer.

REFERENCES

1. Instituto Nacional de Câncer. O que é câncer? O que causa o câncer? Como surge o câncer? [Internet]. Brasília, DF: INCA; 2019 [cited in 25 Feb 2018]. Available from: <http://www.inca.gov.br/o-que-e-cancer>
2. Nascimento FB, Pitta MGR, Rêgo MJB. Análise dos principais métodos de diagnóstico de câncer de mama como propulsores no processo inovativo. *Arq Med.* [Internet]. 2015 [cited in 25 Feb 2020]; 29(6):153-9. Available from: <http://www.scielo.mec.pt/pdf/am/v29n6/v29n6a03.pdf>
3. Modena CM, Martins AM, Gazzinelli AP, Almeida SSL, Schall VT. Câncer e masculinidades: sentidos atribuídos ao adoecimento e ao tratamento oncológico. *Temas Psicol.* [Internet]. 2014

- [cited in 24 Feb 2020]; 22(1):67-78. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-389X2014000100006
4. Martins AM, Nascimento ARA. Representações sociais de corpo após o adoecimento por câncer na próstata. *Psicol Estud.* [Internet]. 2017 [cited in 25 Feb 2020]; 22(3):371-8. Available from: <http://periodicos.uem.br/ojs/index.php/PsicolEstud/article/view/31728>
5. Benites AC, Neme CMB, Santos MA. Significados da espiritualidade para pacientes com câncer em cuidados paliativos. *Estud Psicol. (Campinas)* [Internet]. 2017 [cited in 24 Feb 2020]; 34(2):269-79. Available from: <https://www.redalyc.org/articulo.oa?id=395354222008>
6. Ambrosio DCM, Santos, MA. Vivências de familiares de mulheres com câncer de mama: uma compreensão fenomenológica. *Psic Teor Pesq.* [Internet]. 2011 [cited in 24 Feb 2020]; 27(4):475-84. Available from: <http://www.scielo.br/pdf/ptp/v27n4/11.pdf>
7. Santos DB, Santos MA, Vieira EM. Sexualidade e câncer de mama: uma revisão sistemática da literatura. *Saúde Soc.* [Internet]. 2014 [cited in 02 Jan 2020]; 23(4):1342-55. Available from: <http://www.scielo.br/pdf/sausoc/v23n4/0104-1290-sausoc-23-4-1342.pdf>
8. Duarte TP, Andrade AN. Enfrentando a mastectomia: análise dos relatos de mulheres mastectomizadas sobre questões ligadas à sexualidade. *Estud Psicol. (Natal)* [Internet]. 2003 [cited in 24 Jan 2020]; 8(1):155-63. Available from: <http://www.scielo.br/pdf/epsic/v8n1/17245.pdf>
9. Vidotti JF, Scorsolini-Comin F, Santos MA. Qualidade de vida em sobreviventes de longo prazo ao câncer de mama: análise da produção científica. *Psicol Teor Prat.* [Internet]. 2013 [cited in 24 Jan 2020]; 15(3):49-68. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-36872013000300004
10. Santos MA, Peres RS, Ferreira SMA, Gozzo TO, Panobianco MS, Almeida AM. A (in)sustentável leveza dos vínculos afetivos: investigando a sexualidade em mulheres que enfrentam o tratamento do câncer de mama. *Vínculo* [Internet]. 2013 [cited in 24 Jan 2020]; 10(1):1-8. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-24902013000100002
11. Bergamasco RB, Ângelo M. O sofrimento de descobrir-se com câncer de mama: como o diagnóstico é experienciado pela mulher. *Rev Bras Cancerol.* [Internet]. 2001 [cited in 24 Jan 2020]; 47(3):277-82. Available from: http://www1.inca.gov.br/rbc/n_47/v03/pdf/artigo4.pdf
12. Vieira CP, Lopes MHB, Shimo AKK. Sentimentos e experiências na vida das mulheres com câncer de mama. *Rev Escola Enferm USP* [Internet]. 2007 [cited in 24 Jan 2020]; 41(2):311-16. Available from: <http://www.scielo.br/pdf/reeusp/v41n2/19.pdf>
13. Souza BF, Moraes JAM, Inocenti A, Santos MA, Silva AEBC, Miasso AI. Women with breast cancer taking chemotherapy: depression symptoms and treatment adherence. *Rev Latinoam Enferm.* [Internet]. 2014 [cited in 24 Jan 2020]; 22(5):866-73. Available from: <http://www.scielo.br/pdf/rlae/v22n5/0104-1169-rlae-22-05-00866.pdf>
14. Junqueira LCU, Vieira EM, Giami A, Santos MA. Análise da comunicação acerca da sexualidade, estabelecida pelas enfermeiras, com pacientes no contexto assistencial do câncer de mama. *Interface: Comunic Saúde Educ.* [Internet]. 2013 [cited in 02 Jan 2020]; 17(44):89-101. Available from: <http://www.scielo.br/pdf/icse/v17n44/a08v17n44.pdf>
15. Cesnik VM, Santos MA. Mastectomia e sexualidade: uma revisão integrativa. *Psicol Reflex Crít.* [Internet]. 2012 [cited in 24 Jan 2020]; 25(2):339-49. Available from: <http://www.scielo.br/pdf/prc/v25n2/a16v25n2.pdf>
16. Cesnik VM, Vieira EMV, Giami A, Almeida AM, Santos DB, Santos MA. The sexual life of women with breast cancer: meanings attributed to the diagnosis and its impact on sexuality. *Estud Psicol. (Campinas)* [Internet]. 2013 [cited in 24 Jan 2020]; 30(2):187-97. Available from: <http://www.scielo.br/pdf/estpsi/v30n2/05.pdf>
17. Vieira EM, Ford NJ, Santos, MA, Junqueira LCU, Giami A. Representations of nurses regarding sexuality of women treated for breast cancer in Brazil. *Cad Saúde Públ.* [Internet]. 2013 [cited

- in 24 Jan 2020]; 29(10):2049-56. Available form: <http://www.scielo.br/pdf/csp/v29n10/a21v29n10.pdf>
18. Inocenti A, Santos MA, Loyola EAC, Magalhães PAP, Sanches Panobianco M. Impact of the effects of the reconstructive surgery in the life of women with breast câncer. *Texto Contexto Enferm.* [Internet]. 2016 [cited in 25 Feb 2020]; 25(2):e4520014. Available from: <http://www.scielo.br/pdf/tce/v25n2/0104-0707-tce-25-02-2016004520014.pdf>
19. Caetano JA, Soares E. Mulheres mastectomizadas diante do processo de adaptação do self-físico e self pessoal. *Rev Enferm UERJ* [Internet]. 2005 [cited in 24 Jan 2020]; 13(2):210-6. Available from: <http://www.facenf.uerj.br/v13n2/v13n2a11.pdf>
20. Markopoulos C, Tsaroucha AK, Kouskos E, Mantas D, Antonopoulou Z, Karvelis S. Impact of breast cancer surgery on the self-esteem and sexual life of female patients. *J Int Dent Med Res.* [Internet]. 2009 [cited in 02 Jan 2020]; 37:182-88. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/19215689>
21. Barthón-Burke M, Gustason CJ. Sexuality in women with cancer. *Nurs Clin North America* [Internet]. 2007 [cited in 13 Dec 2019]; 42(4):507-704. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0029646507000394>
22. Sales CA, Molina MAS. O significado do câncer no cotidiano de mulheres em tratamento quimioterápico. *Rev Bras Enferm.* [Internet]. 2004 [cited in 24 Jan 2020]; 57(6):720-3. Available from: <http://www.scielo.br/pdf/reben/v57n6/a18.pdf>
23. Bechelli LPC, Santos MA. Psicoterapia de grupo: como surgiu e evoluiu. *Rev Latinoam Enferm.* [Internet]. 2004 [cited in 24 Jan 2020]; 12(2):242-9. Available from: <http://www.scielo.br/pdf/rlae/v12n2/v12n2a14.pdf>
24. Gomes FA, Panobianco MS, Ferreira CB, Kebbe LM, Meirelles MCCC. A utilização de grupos na reabilitação de mulheres com câncer de mama. *Rev. Enferm UERJ* [Internet]. 2003 [cited in 24 Jan 2020]; 11(3):292-5. Available from: <http://www.facenf.uerj.br/v11n3/v11n3a09.pdf>
25. Guanaes C, Japur M. Grupos de apoio com pacientes psiquiátricos ambulatoriais em contexto institucional: análise do manejo terapêutico. *Psicol Reflex Crít.* [Internet]. 2001 [cited in 24 July 2019]; 14(1):191-9. Available from: <http://www.scielo.br/pdf/prc/v14n1/5218.pdf>
26. Yalom ID, Leszcz M. *Psicoterapia de grupo.* Porto Alegre: Artmed; 2006.
27. Pinheiro CP, Silva RM, Mamede MV, Fernandes AF. Participação em grupo de apoio: experiência de mulheres com câncer de mama. *Rev Latinoam Enferm.* [Internet]. 2008 [cited in 24 July 2019]; 16(4):733-8. Available from: http://www.scielo.br/pdf/rlae/v16n4/pt_13.pdf
28. Forghieri YC. Enfoque fenomenológico da personalidade. In: Forghieri YC. *Psicologia fenomenológica: fundamentos, método e pesquisa.* 6reimpr. São Paulo: Pioneira, Thomson Learning; 2011. p. 23-55.
29. Martins J, Bicudo MAV. *A pesquisa qualitativa em Psicologia: fundamentos e recursos básicos.* 2. ed. São Paulo: Moraes; 1994. p.112.
30. Valle ERM. Um estudo das pesquisas psicológicas na abordagem fenomenológica sobre o câncer infantil. In: Valle ERM. *Câncer infantil: compreender e agir.* Campinas: Editorial Psy; 1997. p. 67-178
31. Boemer MR. A condução de estudos segundo a metodologia de investigação fenomenológica. *Rev Latinoam Enferm.* [Internet]. 1994 [cited in 02 Jan 2020]; 2(1):83-94. Available form: <http://www.scielo.br/pdf/rlae/v2n1/v2n1a08.pdf>
32. Bruns MAT. A redução fenomenológica em Husserl e a possibilidade de superar impasses da dicotomia subjetividade-objetividade. In: Bruns MAT, Holanda AF. *Psicologia e fenomenologia: reflexões e perspectivas.* Campinas, SP: Alínea; 2003.
33. Ministério da Saúde (Br). Resolução n°510/16 sobre pesquisa envolvendo seres humanos. Brasília, DF: Conselho Nacional de Saúde; 2016.
34. Louro GL. *O corpo educado: pedagogias da sexualidade.* Silva TT, tradutor. 2ed. Belo Horizonte, MG: Autêntica; 2000.

35. Souto MD, Souza IEO. Sexualidade da mulher após a mastectomia. Esc Anna Nery Rev Enferm. 2004; 8(3):402-10.
36. Ferreira SMA, Gozzo TO, Sanches Panobianco M, Santos MA, Almeida AM. Barriers for the inclusion of sexuality in nursing care for women with gynecological and breast cancer: perspective of professionals. Rev Latinoam Enferm. [Internet]. 2015 [cited in 24 Jan 2020]; 23(1):82-9. Available from: <http://www.scielo.br/pdf/rlae/v23n1/0104-1169-rlae-23-01-00082.pdf>

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Lilian Cláudia Ulian Junqueira contributed on the outlining, collection, analysis and interpretation of data and revision. **Manoel Antônio dos Santos** participated on the analysis and interpretation of data and writing.

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