

# Experience of Young Women in face of Breast Neoplasia

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## *Vivência de Mulheres Jovens diante da Neoplasia Mamária* Experiencia de Mujeres Jóvenes frente al Cáncer de Mama

Ana Paula Alonso Reis Mairink<sup>1</sup>; Clícia Valim Côrtes Gradim<sup>2</sup>; Maria Antonieta Spinoso Prado<sup>3</sup>; Marislei Sanches Panobianco<sup>4</sup>

### ABSTRACT

**Introduction:** Breast cancer requires treatments that change a woman's self-image and self-esteem. Body changes have an impact on the physical, emotional and social spheres, especially in young women. **Objective:** To understand the experience of young women (18 to 40 years old) in treatment of breast cancer. **Method:** Qualitative study, with theoretical and methodological references: symbolic interactionism and grounded theory. Thirteen women participated in the research. Data were collected in two High Complexity Assistance Centers in Oncology, between October/2017 and August/2019, with the guiding question: "Tell me about your experience of living with breast cancer". **Results:** The methodology led to the generation of the category "Breast cancer and its repercussions for young women" and the subcategory "Emotional and physical aspects modifying social relationships". **Conclusion:** The loss of self-esteem in this young group was the most striking point and was associated with alopecia, mastectomy and autonomy deficit in with impairment of work activities. **Key words:** Breast Neoplasms; Mastectomy; Body Image; Alopecia/drug therapy; Self Concept.

### RESUMO

**Introdução:** A neoplasia mamária requer tratamentos que alteram a autoimagem e autoestima da mulher. As modificações corporais ocasionam impacto na esfera física, emocional e social, especialmente nas mulheres jovens. **Objetivo:** Compreender a vivência de mulheres jovens (18 a 40 anos) em tratamento da neoplasia mamária. **Método:** Estudo qualitativo, com referenciais teórico e metodológico: interacionismo simbólico e teoria fundamentada nos dados. Participaram da pesquisa 13 mulheres. Os dados foram coletados em dois Centros de Assistência de Alta Complexidade em Oncologia, entre outubro/2017 e agosto/2019, com a pergunta norteadora: "Conte-me sobre sua experiência de vivenciar o câncer de mama". **Resultados:** A metodologia propiciou a geração da categoria "O câncer de mama e suas repercussões para a mulher jovem" e da subcategoria "Aspectos emocionais e físicos modificando as relações sociais". **Conclusão:** Destaca-se que a perda da vaidade nesse grupo jovem foi o ponto mais marcante e veio associado à alopecia, à mastectomia e ao déficit de autonomia, com prejuízo de atividades laborais. **Palavras-chave:** Neoplasias da Mama; Mastectomia; Imagem Corporal; Alopecia/tratamento farmacológico; Autoimagem.

### RESUMEN

**Introducción:** El cáncer de mama requiere tratamientos que alteren la autoimagen y la autoestima de una mujer. Los cambios corporales tienen un impacto en las esferas física, emocional y social, especialmente en las mujeres jóvenes. **Objetivo:** Comprender la experiencia de las mujeres jóvenes (18 a 40 años) en el tratamiento del cáncer de mama. **Método:** Estudio cualitativo, con referencias teóricas y metodológicas: interaccionismo simbólico y teoría fundamentada. Trece mujeres participaron en la investigación. Los datos fueron recolectados en dos Centros de Asistencia de Alta Complejidad en Oncología, entre octubre/2017 y agosto/2019, con la pregunta guía: "Cuénteme sobre su experiencia de experimentar cáncer de seno". **Resultados:** La metodología condujo a la generación de la categoría "Cáncer de mama y sus repercusiones para las mujeres jóvenes" y la subcategoría "Aspectos emocionales y físicos que modifican las relaciones sociales". **Conclusión:** La pérdida de la vanidad en este grupo joven fue el punto más llamativo y se asoció con alopecia, mastectomía y un déficit de autonomía con deterioro de las actividades laborales. **Palabras clave:** Neoplasias de la mama; Mastectomía; Imagen Corporal; Alopecia/tratamiento farmacológico; Autoimagen.

<sup>1</sup>Federal Institute of Education, Science and Technology of South of Minas Gerais – Campus Muzambinho. Muzambinho (MG), Brazil. Orcid iD: <http://orcid.org/0000-0001-9812-9344>

<sup>2</sup>Federal University of Paraíba. João Pessoa (PB), Brazil. Orcid iD: <http://orcid.org/0000-0002-1852-2446>

<sup>3</sup>University of São Paulo (USP). Nursing School of Ribeirão Preto (EERP). Ribeirão Preto (SP), Brazil. Orcid iD: <http://orcid.org/0000-0002-9326-5109>

<sup>4</sup>USP/EERP. Department of Maternal and Childhood Nursing and Public Health. Ribeirão Preto (SP), Brazil. Orcid iD: <http://orcid.org/0000-0003-2619-8740>

**Corresponding author:** Ana Paula Alonso Reis Mairink. Instituto Federal do Sul de Minas Gerais - Campus Muzambinho. Estrada de Muzambinho, Km 35 - Morro Preto. Muzambinho (MG), Brazil. CEP 37890-000. Email: [ana.reis@muz.ifsuldeminas.edu.br](mailto:ana.reis@muz.ifsuldeminas.edu.br)



## INTRODUCTION

In the Western, breast symbolize sexuality and femininity. Breast neoplasm can be a stigma for women, especially for the young woman because they are going through a stage of important construction of social, personal and affective relations.

It is inarguable the overvaluation of the body in modern society, used as tool to obtain power and social inclusion. The beauty industry encourages the ceaseless pursue of the svelte and lovely body and everything is valid to succeed in matching the preestablished patterns as silicon prosthetics, plastic surgeries, anabolic agents, among others. Those who fail to match the esthetic profile end up as victims of marginalization and prejudice exacerbated when body changes result from medical procedures associated to infirmities as breast cancer<sup>1</sup>.

Therefore, breast neoplasm, it is noticeable, demands treatments that change the self-image and self-esteem of the woman, especially surgery<sup>2</sup> and chemotherapy modalities<sup>3</sup> because they may lead to total or partial loss of the breast and hair fall, factors that can interfere in the sexuality and difficulty of sexual intercourse with its spouse<sup>4</sup>.

The term image is not related only to the specific sense of sight, but also social, physiological and affective experiences that influence how the individual sees itself. The figure of the body comes not only from the imaginary, but also of the symbolic, an enigmatic idea that needs to be coded<sup>1</sup>.

Thus, body changes caused by breast neoplasms treatments are expected to impact especially young women physically, but also emotionally and socially.

These patients are challenged with the necessity of changing their vision of life, overcome mental disabilities and stress of the disease and need help to do this because they can't do by their own<sup>5</sup>. The diagnosis of breast cancer in a young woman brings unexpected changes in their trajectory of life<sup>5</sup>, in special, in the issues related to the appearance and relationship with their spouse<sup>6</sup>.

The studies tend to be conducted with women older than 50 years since the incidence of the diagnosis of breast cancer increases with age. Few are the studies with younger population. Women under 40 years old<sup>8</sup> were the object of this study.

Despite the large interest in the psychological impact of the diagnosis and treatment of breast neoplasm, the findings are not fully conclusive because great part of the investigations is conducted in women older than 50 years. The objective of this study, therefore, was to understand the experience of young women (18 to 40) years in treatment of breast neoplasm.

## METHOD

Qualitative study with symbolic interactionism (SI) as theoretical reference and grounded theory (GT) as methodological reference.

SI allows to understand and interpret the human conduct through the comprehension of concepts as symbols, self, mind, social interaction and society portrayed by Mead<sup>9</sup> and clarified by Blumer<sup>10</sup> in 1937.

According to SI, symbols are gestures, facial and body expressions, objects and speeches, that is, what permits the human beings the verbal or non-verbal communication resulting from social interaction. Self, defined as ego/the person itself is the element with which persons act, being divided in phases I (my acts are involuntary) and me (my acts correspond to my interpretation of what I do of what persons think about me). Mind is the place where symbols assimilated during social communication are interpreted, in society human interactions occur and can define and/or modify our acts<sup>9,10</sup>.

GT is a methodological reference that ensures the knowledge, understanding and interpretation of phenomena that occur in the present or in the past. It was developed by Barney and Strauss in the beginning of the decade of 1960<sup>11</sup>, and later, in contrast with the methodological precepts, these authors split, and Strauss partnered with Corbin<sup>11-14</sup>. In the current article, for that reason, it was followed the methodological precepts addressed in the work of Strauss and Corbin<sup>11</sup> published in 2008.

In two High Complexity Treatment Centers (CACON) data were collected. One of them in the southeast region of the State of São Paulo (CACON A) and the other, in the southern region of the State of Minas Gerais (CACON B).

The inclusion criteria were women diagnosed with breast cancer for one year at the most who were in treatment, aged between 18 and 40 years old since the diagnosis with spouses for sexual relations. The exclusion criteria were women in end of life care.

A pilot test was conducted in October 2017. Data were collected between October 2017 and August 2019 through recorded interview (audio), for 28 minutes in average and log of field diary with the guiding question: "Tell me about your experience of living with breast cancer. The interviews, the manual transcript and data analysis were conducted by one of the authors. The validation of the theory occurred through one study participant (E8) and two experts, one for methodology and the other for the thematic.

Thirteen social players participated of the study; there were no withdrawals or repetition of the interviews, which ended when the phenomenon and repetition of

information were understood without adding new aspects of significance to understand the object of the study.

The sample was selected intentionally through survey of the charts. Women were invited to join the study in the days and time they were submitting to some modality of cancer treatment in the referenced CACON where the study took place, the investigator has gradually entered in CACON B in the beginning of data collection; and in CACON A, there was previous bond with the service when data of her Master's degree were collected. After clarifications about the study, doubts, guarantee of secrecy, freedom to decline to participate at any moment the women signed the Informed Consent Form (ICF) and the interview occurred in a secure place to ensure the privacy.

The Institutional Review Board approved the study, numbers 69123517,2,0000,5393 and 69123517,2.3002,8043. All the guidelines of the Resolution 466 dated December 12, 2012<sup>15</sup> of the National Health Council (CNS) were complied with.

GT<sup>11</sup> consists of three stages of data analysis. In the first stage, open coding, the interviews transcribed focused to identify open codes (similar) to which phrases/expressions are attributed in order to limit and visualize data that are appearing were read. In the second stage, axial coding, these open codes identified in the first stage must be grouped in subcategories and categories allowing to visualize the phenomenon being disclosed and approach the investigator to its object of study, in addition to the reflection about the study data (theoretical sensitivity) and search in the literature for elements that help this understanding.

The third stage of data analysis, the selective, ensures the construction of a theory through the refinement and integration of categories and subcategories elaborated previously, allowing the results of the study to take the form of GT, which is endorsed through the study participants and experts validation of the study. GT favors a continuous circularity among the data making it admissible to return to one of the stages of data analysis at any moment and redo it in order to identify missing information that needs to be filled until the complete understanding of the study object and the conclusion of the data collection (elaboration of hypothesis to fill in the category and subcategory along its properties, dimensions and variations).

All these stages of the methodology made possible the construction of the diagram (Figure 1), the graphic representation of the study categories and subcategories.

## RESULTS

The mean age range of the social players was 37.1 years, concentrated in 39 to 40 years. Of these women, 53.84%

are evangelic and 61.55% completed high school. 15.8% were housewives and 84.62% were working in several jobs. 46.15% claimed they were Brown and 84.62%, married or in stable union; 15.38% claimed there were single and with boyfriend. Breast right was the most affected with 53.85%. All presented infiltrating ductal carcinoma in stages IIB and IIIA, common in young women. When data were collected it was found that 53.85% had not submitted to surgical procedure to remove the breast lump. 92.30% of these women were in chemotherapy, 30.77%, radiotherapy and 15.38%, hormone therapy with tamoxifen. And 53.85% reported amenorrhea resulting from systemic treatments.

According to the precepts of Strauss and Corbin<sup>11</sup>, the two first stages of data analysis (open and axial coding) led to the construction of open codes and their grouping in subcategory and category denominated "Emotional and physical aspects modifying social relations" and "Breast cancer and its repercussions for the young woman", respectively.

Pursuant to the methodology, the integration of the coded elements in the two previous stages was performed (Figure 1).

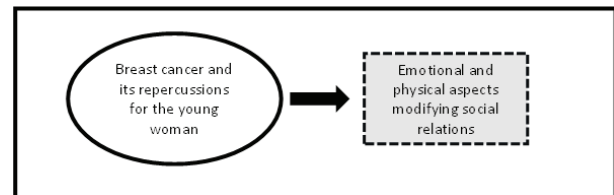


Figure 1. Living the disease

The discovery of the disease causes fear of death and unsettles the woman emotionally making her rethink her way of living redefining her priorities and focusing her attention to herself.

When you are in a hospital, you begin to live [the disease], persons start to talk: I was cured for seven years! Now it's back again! Someone has in the liver, in the head, came back more aggressive; we are kind of [afraid to die] (E11).

Your vision changes with the disease, you start to worry more about you! Begins to put yourself in first place! Because before, it is my mother, son, husband and then you think, wait a moment, now it's my turn! You begin to put yourself first (E7)!

In addition to the consequences of the diagnosis, the neoplasm treatments modify the daily living of the woman damaging her work and the impossibility or inability to

perform them, makes her feel astray, intimidated and depressed and can influence its quality of life.

Our life does not swirl around the treatment itself. There is the professional, financial life. [I] always worked, the routine of staying home is boring for someone who was used to work (E11).

The disease and the treatments affect still her interpersonal relationship and make her avoid social contact.

I waived everything, I used to have fun, had some drinks, barbecue parties, slowly I pulled away. If my mother spoke with anyone, I discussed, didn't want anyone to ask me, I was felt if anyone talked with me that I was sick, or what happened with me (E1)!

Nowadays, I met a friend, she said: I texted you many times, you never replied! I answered: It wasn't only you! It was you and all the others! I didn't want to talk! Because they feel sorry for me, I did not want persons to think this about me because I didn't want to be in that condition (E4).

The chemotherapy treatment interfered in the physical aspect of the young woman making her gain weight and lose her self-esteem.

I always cared for my looks, then I quit everything, didn't put lipstick, do my eyebrows, I wasn't in the mood for it, you see? Then, things moved on and improved, put back my make-up, no clothes fit anymore (laughs) not even one! (E1)!

The interviewees reported still that their alopecia, a physical change resulting from chemotherapy treatment, made them avoid public places and indiscreet glances bothered them.

I'm ashamed of going to a bar, everybody glancing, the hair, it is kind of tough! I used to go out frequently, had friends! Very outgoing! When hair fell, I gave up going out! Didn't want to go out, exposing myself! I stayed home (E4)!

Persons glancing at you is awful, your pants may be torn but they look at your hair [laughs]! It seems you are dying, the look of the others is what kills you (E10)!

The unwanted effects of chemotherapy are unquestionable, but breast cancer, it needs to be reminded, is strongly feared by women because is associated with the loss of an organ which in our society is related to

femininity. Having to live with the lack of this symbol and reveal to your spouse there is no breast is a tough moment for them.

(...) I didn't want to lay in bed with my husband, didn't want to be near him, I was ashamed. I said: I don't want this, I don't have to live this with him [sexual activity], go through this moment [sexual intercourse]. I was afraid of going through this moment, having to accept my body as it is now. Accept something missing in my body, because it misses something, I was born with breast, then it grew, became a young woman, had this thing and suddenly, you look and nothing more is there? (E2)

In addition to the loss of the breast, the difficulties in relation to physical changes also occur in the homolateral arm to the surgery because of the removal of the lymphatic network, restraining the movements and impacting her daily activities.

I don't clean the house, I don't iron, if something is heavy and I feel I can't carry it, have to ask anyone to do it, this is complicated (E6)!

So, some treatment related adversities and other difficulties of living with breast cancer occurred with these women. However, as times went by, they felt they needed to change how they coped with the problem, of socializing and move on with their lives.

I kept on trying to have a normal, social life with my friends, their friends, with my family (E1)!

Yes, there are restrictions, but what I can do, I will live as natural and normally as possible (E3)!

I always tried to show I was well to everyone, didn't want they felt sorry for me! I have been always strong, and I will continue to be [laughs] (E4)!

The first [chemo], because I was afraid, everybody said my platelets would drop and that I could get ill more easily! [...] but, later, after having done a few [chemo] I continued feeling well [...]. I work, go out, talk about the disease because they ask about it, not that I need to talk (E7)!

Usually in the weekends, there was a ball and I used to go with my husband, then I quit going because there are many persons there! He [doctor] explained that the immunity is lower [in chemotherapy] (E8). (...) although I can't go out all the time, I go to the church. In chemotherapy, we have to avoid contact with the persons, this is what changed (E9)!

She [doctor] said I couldn't go where there were many persons together, but I go to church! I go to anniversaries! No, I keep moving on! This is what I think, if I stop, I myself am coming to terms with it, a disease will not finish me up, it will not let me down! Sometimes, my sister invites me to lunch with her or go out to have an ice-cream, I say yes, sure and we go (E13)!

Not placing the disease in first place of their lives was another way of relief and circumventing the illness.

I think that perhaps it is because I don't live the disease, because if you start living the disease, it will certainly get to you as strong as ever before (E7)!

It was necessary to build patience and resilience to go through this period with less anguish and suffering.

Because sometimes, anyone thinks that you are going through a treatment and believes you are done, giving up life, paralyzed. But no, I'm going out, talk, say hello [to people]! Even in this situation, we have to do as best as you can, don't have to be sad, down, staying home, because they will find out that this is not the end of the world (E3)!

It is a tiny difficult word, patience. This is a tiny world we have to beg God for it, because without it, you get nowhere! Call the patient and it needs a lot of patience, who is ill, needs much patience (E6)!

They understood the importance of support to cope with the disease and the treatments and this support happened through believing in God, in religion, family support and acquaintances, which was proved to be fundamental to face the situation brought to them and succeed in overcoming the obstacles they experienced in that moment.

I always pray for God to help me, I'm in treatment and God held me until now (E1).

Now, I came back to church! From the day the treatment started, I went to church on Sunday (E10)!

Regarding family, it helped me a lot, we got even closer. It is in these moments we see who we can count on! My siblings have been calling, they always call me. Someone comes along and are there [to help], family or not! I've seen persons I could ever guess that were willing to help, family or not! Other persons I was befriended to talk have shown interest, if you need anything, to help. Because of this I want

to help too when this moment ends, because I've been given positive help, therefore, in the future, I want to show this too to anyone who needs (E3)!

(...) Besides trastuzumab I had to take another very expensive medication because chemotherapy was not working. I had no cash, then the folks from the church said, no way, we are going to make a list and ask the coffee manufacturers because they sponsor the hospital. And it went on, a general mobilization, eventually, anyone was helping me! So, I made many friends, many persons who liked me and I didn't know, they helped me, they took me in [...] (E9).

We come along, get experienced, seeing younger persons. You learn and talk with whom went through this and the treatment ended and is only with the medication that has to be taken for five years. Then, I believe God knows anything at the right time, He puts the right persons in our way (E5)!

## DISCUSSION

Women presented the expected stage for the age range below 40 years – infiltrating ductal carcinoma – as most of them were in chemotherapy treatment before the surgery. Despite the study has been carried out in the Southeast region where diagnosis happens earlier<sup>16</sup>, more advanced stages IIIA and IIB predominate<sup>17</sup>. These results corroborate the findings of the literature that report that the diagnosis of these patients happen belatedly<sup>2</sup>.

It is tough to be diagnosed with breast cancer because usually the woman is unprepared to sicken and much less by a so feared disease that regardless of the chances of cure with the treatments, these are still scary and frightening because change the identity and provoke modifications to the body, bringing sadness, anguish, pain and suffering<sup>17,18</sup>.

Neoplasm makes this woman see life with other eyes. She begins to prioritize herself because as a spouse, daughter, friend, mother and professional, she ends up letting herself behind.

Breast cancer provokes functioning alterations in the daily life of the woman with cancer, especially the younger who is in professional growth. Quite often, labor activities are damaged because of the nature of the disease itself or treatment and physical recovery, being difficult to reconcile both.

This brings impacts also to finances, family, emotional and personal issues. Studies with young women indicate that most of them work and face difficulties in their financial lives and career after breast cancer diagnosis, which is related to the time of their leave of absence<sup>19,8</sup>.

Breast cancer modifies the space the woman has in the society. Before the disease, the young women enrolled in this study reported they had an active social life, they often went to bars, parties, barbecues, movies among other entertainment activities; but from the onset of the disease, they segregated themselves in their household environment. It is social interaction happening and the woman's self being affected by the glances expressing negative feelings because of the physical changes resulting from surgery and chemotherapy treatment.

In a study about breast cancer in older women the participants reported often they want to use any possible means to feel more attractive and beautiful<sup>20</sup>, mainly during treatment when breast mutilation and alopecia occur, factors that contribute to diminish their self-esteem.

In this study, nonetheless, this did not occur. The participants reported the loss of self-esteem and indifference with their physical appearance, focusing only in the cure of the neoplasm (fight for survival). This fact is also reported in another study with young women indicating the loss of self-esteem because of alopecia and mastectomy as negative interferences in their female identity and self-worth<sup>21</sup>.

Hair loss for the study participants affected the interpersonal relationship, which corroborates the affirmation of some studies reporting hair loss is tougher to overcome than mastectomy as it is visible and hard to disguise or hide<sup>1,3</sup>. The women report they quit going out to avoid exposing their unrecognizable face. Living with hair loss is seen as a difficult physical alteration during the treatment<sup>3</sup>, especially for young women because the society determines that they should have long and beautiful hair in this phase of life and suffering sets in when hair falls during chemotherapy.

For some women, hair loss is the worst moment than when they were diagnosed with cancer, loss of the breast and living the disease itself<sup>22</sup>.

Studies<sup>3</sup> addressing alopecia in breast cancer as a result of the chemotherapy treatment had the same findings and indicated that society can influence positively or negatively on how the woman will respond to their alopecia, depending on how the other sees her and relates to her during the timing of this event.

It is observed that society influences how the woman responds to the disease and to the changes of her body resulting from the treatment. The woman tends to segregate herself or disguise her body changes if society sees her with disapproval and curiosity, using artifices to hide alopecia and breast loss, as well. It is understandable that society can either encourage the woman to cope with this moment with less suffering or make it a period of deprivation and anguish<sup>3</sup>.

Great part of the women of the present study understood that for the others, the image she expressed was of a sick person, needing care, who would possibly die and had a face and body unrecognizable and disfigured. Based in this reading, they did not like what they saw in other's glances and the final product of this interaction and interpretation of symbols was pulling away from social living because the glances made them feel bad, increased the suffering and made them remind they were doomed to a disease that could lead them to the finitude, regardless of the fight for survival.

As the results of a recent study with young women affected by breast cancer show<sup>4</sup>, the narratives of the participants revealed that in the intimate relation of the couple, sexual practice also suffered because of the breast loss and sexual intercourse was eventually interrupted because the woman failed to show to the spouse the body modified by the disease. In this situation, they chose to withdraw, living a moment of seclusion with its own self to not expose to the spouse her body changes.

After mastectomy, the woman, especially the young, needs more time to accept its new body image and the spouse is the key-element for actually resuming the couple<sup>4</sup> sexual practice.

In the modalities of treatment for mastectomy, axillary dissection and radiotherapy, there were damages to the axillary region with increased risk to the upper limb. Axillary dissection can cause pain and reduction of the range of motion, diminishing of the muscle strength and lymphedema implying in changes of the daily and labor activities and quality of life. When associated to radiotherapy, damages can be even bigger because of muscle atrophy and fibrosis, which, belatedly, can cause reduction of strength and range of motion, in addition to pain and lymphedema<sup>22</sup>.

Chemotherapy also causes side effects as fatigue, sleep disorders, loss of energy, increase of body weight, psychological issues, reduction of muscle strength and impairment of cognitive function, which can intensify when associated to radiotherapy<sup>23</sup>. Therefore, the referenced treatment modalities end up compromising the daily activities that demand repetitive movements and strength, causing suffering to the young woman when she realizes she is unable to perform the activities that meant financial support or social status<sup>24</sup>, damaging even more their labor activities.

The restrictions of the movements of this arm impede the performance of tasks that then were simple and were part of her daily life. It is known that domestic tasks are inherent to the female figure, even after conquering her space in the labor market. Activities as washing and ironing clothes, clean the house and cook, which

are taken for granted as daily tasks in her daily life, are compromised with the disease and consequently the woman feels herself constrained, impotent and useless, with autonomy impairment, according to a narrative presented in this study.

The restriction of the movement affects also her hygiene and personal care as difficulty to dress and undress, shower, wash her back, eat, shopping and drive. The limitations arising from breast neoplasm influence the routine of the young women substantially as well as her job and social living<sup>25</sup>.

Usually, women older than the participants of this study have a wide family network (sons, daughters and grandchildren, closer relatives) which helps in post-operative care. Young women have more difficulties because of very young sons unable to help them and the spouse who cannot because of his job. In addition, many are concerned with her future sons because the treatment they submit to can affect their gestational capacity<sup>8</sup>.

A study indicates the importance of the spouse accompanying his wife during the visits and treatment of breast neoplasm because this is the right moment to clarify doubts and increases the possibilities for the couple to resume their relationship, specifically, in relation to sexual practice also affected because of the treatments<sup>4</sup>.

In the attempt to overcome the current adversities, the young women understood it was necessary to cope with the problem and live less the disease and gradually resumed their social life, developed patience and resilience during breast neoplasm, helping to mitigate the anguish and suffering during this period, which is a manner to face the difficulties.

While resuming the social living, they found encouragement and revealed that it happened through their belief in God, in religion and support from family and acquaintances. Studies indicate that the relation between the process health/disease and religiosity/spirituality help the individuals to manage as satisfactorily as possible the infirmity, acceptance of the disease, in cure and a future in despite of the suffering experienced. In this perspective, it is observed that religiosity/spirituality is a relevant support to reduce the suffering caused by the disease<sup>18,26</sup>, it becomes an alternative as support for coping with the treatment<sup>27</sup>, a fact the interviewees reinforced.

Further to religiosity/spirituality, family appeared as a strong pillar to cope with the disease. Similar to the positive support from religion and family, the narratives of the interviewees revealed the importance of acquaintances' encouragement people they befriended. Everyone is important during breast cancer because how the woman faces the disease can be influenced by how she is received and seen in the environment where she lives. It is social

interaction taking place and the woman expressing her positive or negative interpretation of this interaction.

In this context, the young women more empowered to face the "social uneasiness" started to show everyone that they were well and strong, even facing the fears and suffering the disease can cause to them, since this contributed to improve and encourage its self.

This is the moment where the self indicates it is necessary to review the perspective about the situation being lived and face it positively, which is also seen as a way to cope with the disease.

Considering this, for women with breast cancer, an important topic is to favor the strengthening of the bonds with persons who experienced cancer<sup>28</sup>, a fact encountered in the interviewees' narratives of this study that can also occur when health professionals refer these women to supporting groups.

## CONCLUSION

The most aggressive behavior of breast neoplasm in young women and late diagnosis contribute for the diagnostic classification of the lump at an advanced stage.

Living with breast cancer made the young woman to live in despair because of the changes the surgical and chemotherapeutic treatment caused in her body and in her life as a whole modifying their social relations.

The fact they turn the attention to their will, then left in second place, as the belief in God, religion and social support were positive factors to cope with the disease and adversities resulting from the treatment.

When comparing the findings of this study with the literature, it is noticed that some of the feelings expressed by the participants of this study pervade the life of the woman diagnosed with breast cancer, regardless of age, as fear of death, restriction of the movements of the homolateral arm to the surgery and difficulties with the daily life activities, especially at home. However, important findings deserving attention amidst the young public were alopecia, mastectomy and autonomy deficit with damage to job activities. These affected them more intensely when compared to older public and loss of female self-esteem stands out.

The different intensity each of these women felt result from how they occupy their social space and play their role in society. The young woman is a girlfriend, spouse, mother of still dependent children, professional, eventually in her professional, social and affective growth and while coping with the disease and its treatments needs to redefine her future and projects of life.

The issues related to sexuality and self-image are pivotal for the young woman, but poorly worked during healthcare

because the main focus happens around the disease, and it is important to guide them towards this concept.

More studies with women in this age range are recommended to obtain more contributions about the theme and also the most frequent use of GT in order to improve the method continuously.

### CONTRIBUTIONS

All the authors contributed substantially for the conception and/or study design, gathering, analysis and interpretation of the data, wording and critical review. They approved the final version to be published.

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### DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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