

ORIGINAL ARTICLE

Perceptions of Young Women Undergoing Cancer Treatment

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Highlights:

1. Importance of positive thinking to face the peculiarities inherent in CT.
2. Report of feeling of weakness/inability to perform daily activities.
3. Need to redefine your own concepts about the future and its perspectives.

ABSTRACT

Objective: to describe the perceptions of young women undergoing cancer treatment. **Method:** descriptive and qualitative study carried out in the chemotherapy and radiotherapy outpatient clinics of a university hospital using semi-structured interviews. A total of 20 young women undergoing cancer treatment in the aforementioned sectors participated in the study. Data were collected between July and September 2021. These data were submitted to Inductive Thematic Content Analysis. **Results:** the participants were aged between 20 and 40. Most had been diagnosed with breast cancer, Hodgkin's lymphoma or moderately differentiated squamous cell carcinoma of the uterine cervix and were experiencing cancer treatment for the first time. Three thematic categories emerged from the analysis of the interviews: "The strength and courage to think positively"; "Feeling like a burden: introspection as an alternative" and "The experience of treating cancer: reframing concepts and future perspectives". **Final considerations:** it was concluded that young women undergoing cancer treatment value positive thinking to face the peculiarities inherent in this process, but they feel unable to carry out their daily activities and have had to deal with and redefine their own concepts regarding the future and their perspectives, paying attention to the value of small things.

Keywords: Women's Health; Young Adult; Neoplasms; Therapeutics; Nursing.

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INTRODUCTION

Also known as a neoplasm or malignant tumor, cancer is characterized by the presence of an abnormal mass with autonomous and persistent growth even after the stimuli that formed it have ceased, which can remain localized or spread to other regions of the body, configuring the process of cell metastasis.⁽¹⁾ The possible causes of this pathology can be internal, defined by hormonal actions, immunological conditions, genetic mutations and heredity⁽²⁾.

In this context, women undergoing cancer treatment face everything from anxiety, physical discomfort, depression, changes in routine, fear of treatment, to uncertainty and fear of death⁽³⁾. From this perspective, many women go through the phase of denying the illness, caused by trying to neutralize reality and use defense mechanisms to ward off the stigmatized ideas of a painful illness with great suffering, as well as the possibility of mutilation of some part of the body^(4,5).

Thus, cancer treatment can result in significant changes in women's physical appearance, and this fact has been proved to be an important cause of physical and psychological pain, since the visualization of loss of body parts aggravates feelings of uncertainty about the future and fear of death⁽⁶⁾. Despite technological advances and medical practices to treat cancer, this disease is still strongly linked to the inability to cure or to the finiteness of life. Faced with this context, people end up looking for alternatives to gain strength to face the challenges imposed by therapy, and new paths are followed, strengthened or stimulated⁽⁷⁾.

A study on the association between social relationships and affective symptoms in women with breast cancer, for example, found that family support, relationship quality and family functioning are considered functional relations that directly affect the manifestation of affective symptoms in this population. It also shows that, in addition to the amount of support, the type of support offered also matters, that is, emotional/subjective support is considered more useful during the discovery and treatment of cancer⁽⁸⁾.

During cancer treatment, there is a need for the health team, especially the nursing staff, to go beyond transmitting information about the progress of the disease, in order to observe non-verbal expressions and listen to what and how feelings are explained⁽⁹⁾. The difficulties manifested by the women are mainly related to pain and the feeling of finiteness in the face of the reality of experiencing cancer treatment, requiring the approach of nursing professionals to be aimed at minimizing feelings of helplessness and suffering, both on the part of the affected individual and also the caregivers and/or close people who accompany and assist in this process⁽⁹⁾.

In this sense, there is a great diversity of studies that present behavioral situations, addressing coping strategies and the quality or otherwise of life of people affected by cancer and/or undergoing cancer treatment that correspond to the extremes of age, such as children, adolescents and older people. This enables us to observe an important gap in scientific evidence when it comes to the young adult population, especially young women⁽¹⁰⁾.

According to the above, the object of study was chosen: the perceptions of young women undergoing cancer treatment, which resulted in the following research question: what aspects permeate cancer treatment for young women? Therefore, the objective of this study was to describe the perceptions of young women undergoing cancer treatment.

METHODOLOGY

This is a qualitative and descriptive study. The Consolidated Criteria for Reporting Qualitative Studies (COREQ) guide was used to prepare the research report. The setting for the study was the

chemotherapy and radiotherapy outpatient clinics, which are part of the Hemato-Oncology Sector of a university hospital in the state of Rio Grande do Sul, which is a reference for the macro-region and is recognized as a specialized center in oncology in situations of medium and high complexity, covering 45 municipalities in the Mid-West Region of the state of Rio Grande do Sul. It has 403 inpatient beds, 45 of which are oncology beds, as well as seats available for patients undergoing outpatient chemotherapy.

The population of this study was 20 young women with cancer who were undergoing oncology treatment in these sectors. During data collection, the Covid-19 pandemic was being experienced, which led to the need to carry out the research in person and remotely. Accordingly, the inclusion criteria for face-to-face participation included women aged between 20 and 40, diagnosed with cancer and undergoing cancer treatment at the aforementioned institution. For remote data collection, in addition to these criteria, it was also necessary to have electronic devices that would enable participation in the study. Women with medical conditions that would prevent them from taking part in the study and make it difficult to communicate during the interview, based on information provided by the healthcare team, were excluded.

The face-to-face data collection followed the biosafety measures in relation to Covid-19, in rooms made available by the services, without noise, with a quiet appearance and paying attention to the safety and privacy of the participants. Data was collected remotely through video and audio calls via WhatsApp and Google Meet, depending on the accessibility of the participants. The field research took place between July and September 2021. Of the 20 interviews, 17 were face-to-face and the other three were remote. The interviews lasted an average of one hour each. With a view to holding the data collection, the researcher carried out exhaustive studies on the topic, in addition to searches in national and international literature for theoretical basis. She also studied how to conduct an interview, received training in the research group in which she participates and, finally, carried out a pilot test in order to improve the data collection instrument.

A semi-structured interview technique was used to collect data, the script of which included questions related to the characteristics that permeate the experience of cancer treatment at this stage of life, as well as information on age, marital status, race, religion and education, plus variables of the clinical condition of each participant, in order to characterize the profile of this population⁽¹¹⁾.

The testimonies were recorded with authorization and transcribed in full, ensuring the veracity of the data. The participants signed the Free and Informed Consent Form (FICF). In order to preserve the anonymity of the participants, they were identified with the letter "W" for woman, followed by a numeral (01 [...] 10 [...] 20), according to the order in which the interviews were conducted.

Data were analyzed using Inductive Thematic Content Analysis⁽¹²⁾. This technique is based on not establishing themes beforehand, that is, the categories are constructed based on the findings of the field research. This type of analysis consists of six stages to be followed: 1) familiarization with the data; 2) generation of codes; 3) search for themes; 4) review of themes; 5) definition and naming of themes; 6) production of the report.

The research was approved by the Research Ethics Committee of the educational institution to which it was submitted, under opinion nº 5.131.947 and CAAE nº 47529521.4.0000.5346.

RESULTS

The study participants were 20 young women with cancer who were undergoing cancer treatment. Their age ranged from 20 to 40 years old. With regard to race, 16 of them declared themselves to be white, two black and two brown. As for religion, nine were Catholic, six Evangelical,

two non-practicing, one Spiritist, one Umbandist and one considered herself Catholic, Anglican and Spiritist. Concerning their origin, most were from Rio Grande do Sul, encompassing the Mid-West Region of the state, and one was from Manaus/AM.

With respect to the clinical profile of the participants, there was a predominance of diagnoses of breast cancer, Hodgkin's lymphoma and moderately differentiated squamous cell carcinoma of the uterine cervix. Most of them were experiencing cancer for the first time. As for therapy, nine were undergoing some form of curative chemotherapy, three were undergoing curative radiotherapy and one interspersed curative radiotherapy with chemotherapy. The others had other therapeutic modalities, such as surgery and immunotherapy, with maintenance and palliative objectives.

In the thematic content analysis, three categories emerged: "The strength and courage to think positively"; "Feeling like a burden: introspection as an alternative" and "The experience of treating cancer: reframing concepts and future perspectives".

The strength and courage to think positively

The first category reports the reactions and positive thoughts expressed by the participants to maintain optimism in the face of cancer treatment. Throughout their treatment, the women experienced ups and downs, but some managed to develop ways to help them to find the courage to face the obstacles, as follows:

During the treatment, there were peaks like "why is this happening?". It's a hard phase, but I never focused on the disease, I always focused on my cure, so much so that when they said to me "why are you sick?", "no, I'm not sick, I'm doing my treatment to help me to cure and be well" [...] I always believed that everything would work out, I had positive thoughts. (W01)

I always tried to stay on top of things, especially because I had my little son. I said "I'm not going to lie in the house with him, crying there, in the state we are in now". So, I tried not to think about it too much, because we want to be right. (W03)

I feel very strong, you know, I can't believe that I went through and will still go through a lot, because it was very quick, and I managed to get through it. (W09)

We also become stronger to face anything, it seems like everything is easy after you have a disease like that, any day-to-day challenge [...] I think I was sure I was going to be fine, it stopped me from feeling too scared, you know, because we know a lot of people here, it's different with them. We lose a lot of people along the way, you know, there are days when you think that it might not give you the results you hope. (W13)

I started to expose myself more, to talk about this matter, which seemed taboo to me. I used to think that people would feel sorry for me, that they would only like me out of pity, but that wasn't true, it was my imagination, it was my feeling. I think this is a very strong point for me, you know, you see, and you overcome many things that you thought you wouldn't be able to do. Because I thought that one day, if I had cancer, I wouldn't be able to bear it, and then I saw that I have more strength than I imagined, more motivation. (W14)

Maintaining the thought that "everything will work out" was a strategy used to find the strength to overcome the difficulties entailed by their treatment. The focus on curing and that better days were ahead were also present. Moreover, by reflecting on what they went through during this period, the participants consider themselves stronger to face future problems that may occur in their lives.

Feeling like a burden: introspection as an alternative

The second category shows the particularities of each difficulty faced by these women, which culminated in significant emotional distress for young women undergoing cancer treatment.

The change in personality resulting from the side effects of the treatment, when perceived by the women, caused a feeling of helplessness, as they felt extremely tired and depressed to try to change this view of themselves.

It was harder to deal with my feelings, with how I felt about it, cancer, many ups and downs. Before, my life was not affected by the disease, you know, after the treatment started, my life was completely affected. Therefore, the reality of the disease breaks you like this. I remember that I felt my body, my psychology, my emotions went into a defense mechanism. (W02)

I was always cheerful, joyful, even down here, when we were waiting to undergo a consultation, the women said there "how does she have that spirit?", because I made people laugh, jokes, stories. Thus, after I had all the treatment, it seemed like I fell apart, it shook me, I don't know if it was because of the whole process or what else, but that's what shook me the most. (W07)

You become more withdrawn, you know, because it's a more sensitive thing, but it's just us, because we become more down like that. Therefore, we become a little more sensitive, irritated too. I think people need to better understand what you are going through, what that really is, which is not just in relation to "the person has cancer", but it turns out that the person's emotional state is even more damaging than the disease itself. (W17)

It's difficult at first because it's your self-esteem. Your self-esteem actually goes way down. I hid in the early days. Therefore, I cried a lot because I felt bad, people look at you differently, you know. People look at you in a way that makes it seem like you're going to die, with pity [...] however, before I hid, I didn't show up, I didn't even leave the house, I didn't want to go anywhere. (W19)

Women who experienced a relapse, while being more prepared to face treatment, were also fearful of having to go through it all again, especially because of the difficulties. The fact that treatment intensely debilitates people's bodies and means that they need third parties to help with most of their activities makes the process of accepting reality even more difficult. This is intensified as physical and mood conditions fluctuate throughout the day, with feelings of joy and courage quickly replaced by sadness, depression, as well as a sense of helplessness.

Emotional issues are also altered when women report dependency in order to carry out simple daily activities, as they see their physical incapacity caused by the treatment, which reflects in demotivation and personal dissatisfaction.

I think it's more in the sense of recovery, it's more difficult, you can't get dressed, you can't dry yourself properly, you need help from a second person to comb your hair. Simple things, like that, that you were used to doing but now you realize that you can't do it alone, you know. (W17)

What I found most difficult is the part when you sometimes need someone, and you don't have one. I cried and told my husband that the worst thing is that you depend on others, you know, that was the hardest part. So, there were times when I was alone, and then I felt like crap, it really shook me. I couldn't prepare anything for myself to eat, I couldn't make a simple juice. That part was the worst part for me, the part of depending on others, do you understand? (W19)

In order to reduce the feeling of heaviness and burden that they felt in front of the people around them, the women made use of introspection, where they chose not to expose their complaints, feelings, thoughts, discomforts and insecurities.

It's very hard to see the people you love suffer, too. Everyone suffers together, even though we are the ones who are going through it, other people also suffer. Frequently, I think I couldn't talk about what I was feeling or what I was thinking in my head because I thought it would make the whole situation worse, that everyone would suffer a lot more. So, for me, it was very hard to open up to them and I ended up processing a lot alone. You don't want to throw that extra weight on people. You think you're sparing someone from this. Once you start treatment, your life changes, so that's when I realized that things were changing in my life with cancer. That's when cancer really affected my life, and then I was like, "Guy, I'm not going to manage it". (W02)

I think “first, I’ll be quieter”, but then I’m really down, because people get a bit tearful for whatever reason, so I ended up talking. But maybe we close ourselves off a bit and let ourselves talk when we’re on the edge, with that fear. Don’t talk every day, because there are several changes and things you don’t even know how to describe. (W10)

I don’t talk, I pray, because I think I make my mother nervous and I try to stay strong, so I don’t make others nervous, did you understand? Accordingly, I see that the mother gets nervous, she hides to cry. Therefore, sometimes, I try not to talk. (W12)

I knew I was going to be fine, that I was going to donate 100%, you know, but I didn’t want my mother to suffer from this, with the chemotherapy and everything [...] and my family, I was the one who supported them, you know, so I had to be okay for them to be okay. In a way, my fragility wasn’t with them, it was with people here, who were going through this. Therefore, it was with this disease too, I literally got it for myself and for me to coexist with it alone. (W13)

It was observed that they would prefer not to talk so as not to see feelings of pity in people’s expressions and so as not to receive words that would make them even more depressed.

The experience of treating cancer: reframing concepts and future perspectives

The cancer treatment experienced by these women can change concepts related to worldview and behavior as a whole. The testimonies show that, as a result of cancer treatment, the women started to “look at life through different eyes”, so that they started to value simple things and re-signify the priorities in their lives.

Everyone says that having cancer is something that changes your life, so I thought it was very “cliché”. But it’s really impossible for you to go through something like that and not have it affect you, and also not change your opinion about various things like that [...] I’ve changed a lot, in all this time, we’ve changed a lot [...] I don’t think I’ve changed who I was, you know, but I think my view of some things has changed a lot.. This was actually a process, because, even though you knew that there was no explanation and that things just happen in the beginning, whether you want it or not, you’re looking for an explanation as to why it happened. (W02)

I think you start to value some things more, stop worrying, sometimes, about nonsense [...] a lot of things change, when you stop, before you work, you do things, you run there, run here, you don’t even look at a tree, something like that. Now, you give more value to the things of nature, to the smallest things, your concerns seem to change. (W03)

I already see myself with different eyes like “is it worth it? Is it worth stressing out? It’s not worth it” [...] it made me more reflective, realizing that I need to love and take care of myself, you know, because there’s no point in taking care of everyone, the house, the children, the husband, and doing everything for everyone and forgetting about myself. (W11)

If we think about it a lot, it’s very painful, you know, thinking that you went through all of this. Nevertheless, I see it as a great life lesson because today I’m totally different from what I used to be, small things have become more important, things invisible to the eye, you know. We value this kind of things more. (W13)

As much as they wanted to allow themselves to experience their fragility and make the people around them understand this stance, they emphasized that having and treating cancer caused permanent changes in their ways of thinking and acting.

Issues related to making long-term plans were highlighted. Based on their experiences during cancer treatment and the impact of cancer on these women’s lives, most of them said that future plans would be made in the short term. The need to face the possibility of a recurrence of the disease and the finiteness of life has made them value “today” and the things that are about to happen.

I think we experience life as if we we're going to live forever and discovering that you are sick at a very young age, you say "my God, we don't live forever, and all my plans? All my dreams? And if I can't accomplish this, you know". It's difficult for you to feel sick, it's difficult for what's going on in your head about what could happen, what's the meaning of my life? What if I die young? What will I leave for the world? I think the whole thing is very difficult, you know, to deal with, to face. (W02)

I don't worry about the future as much as I used to, because I had to work to retire, but now I don't even know if I'm going to retire one day, so I don't worry about so many things anymore, I worry more with "do you want to go for a walk? We're going today" because we don't know anything about what's going to happen next year. Accordingly, there's no point in making long-term plans, I'll make short-term plans now. My work is one of the biggest concerns, I work in hemodialysis, it's a closed sector, full of suffering. I'd never imagined myself working in another sector before and now the sector I'm working in makes me afraid of how I'm going to react. (W03)

I don't like to talk about it because a movie comes into my head, and I start thinking "will it happen again? I don't know if it's just me who's like this or if everyone is. Because then I start thinking to myself, "Could it be that I'm not having anything?" (W20)

Returning to work activities is also one of the factors that instigate women's thoughts, as they claim that the changes that they have experienced may not have space within work environments, where they often manifest a rigid and verticalized behavior. Future relationships were also questionable, as many of them felt insecure about making themselves available to meet new people and share the difficulties that they had experienced and the reality that one day cancer could be present in their lives again.

DISCUSSION

The process of becoming ill imposes an imbalance in the vital functions of the human being, which instigates the adoption of behaviors related to the re-evaluation of actions, attitudes and values, in such a way as to influence the way of relating to oneself and others^(13,5). Corroborating this, a study shows that, during and after the cancer illness phase, women undergo a transformation in their philosophy of life, that is, they start to see life through different eyes, where they start to value the little things that were not even observed before, in such a way as to prioritize peaceful and satisfying ways of living life⁽¹⁴⁾.

When they change the perception of women's physical appearance, therapeutic interventions also affect subjective behavior, since self-perception is developed throughout life through experiences, representations and investments, which is why the "feminine ideal" is interrupted when this is changed⁽¹⁵⁾. As a result, women can trigger a process of mourning, where they look to reframe what it means to be a woman and, consequently, these reflections are extended to different situations in their life context⁽¹³⁾.

It can be seen that the effects of chemotherapy, in particular, can be even more impactful for young women, because they are at a stage in their lives when they are faced with various demands and have to take on different roles, whether in their personal or professional lives⁽¹⁶⁾. When a woman is unable to do so, she feels powerless because she is naturally hostage to less vital energy, affecting her psychological state by generating high levels of anxiety⁽¹⁶⁾.

As cancer treatment progressed and the aforementioned daily difficulties arose, these women had to resort to strategies that would enable them to concentrate on other aspects of life that were not purely related to the disease itself. These difficulties often lead to psychological suffering, such as anguish, episodes of anxiety and depression, thus worsening mental health in the face of the nuances that permeate therapy⁽¹⁷⁾.

Among these difficulties, one can mention aspects related to the diagnosis and treatment of cancer, which has an intense social stigma that is faithfully linked to the finiteness of life. This cultural burden makes young women undergoing cancer treatment experience contradictory feelings, which can compromise their lives and their physical and emotional integrity, as they go through a journey accompanied by the fear of death⁽¹⁸⁾.

The confirmation of a cancer diagnosis is a difficult moment in the lives of women and their families, because, when they receive the news, they are faced with an illness that carries a negative emotional burden for both of them. Therefore, feelings of helplessness, anxiety, hopelessness and difficulty in acceptance are triggered, entailing the constant need to use strategies to cope with their current life condition, through acquiring information about the phases of treatment and developing mechanisms that favor minimization of depressive symptoms⁽¹⁹⁾. Facing cancer is not easy for women, as it involves making new choices about care, taking a new look at their lives and their way of living, thus requiring daily adaptations driven by the fight for survival⁽²⁰⁾.

For diagnosed patients, social and family support needs to be strengthened, constituting a factor in the protection and recovery of women's health. Accordingly, they can find reasons to cope with the disease, making it easier to overcome. This support has positive effects on the immune system, making self-confidence stronger and improving the ability to succeed in treatment^(21,22). In this context, in order to improve negative feelings about the disease, women need to receive support from relatives, friends and professionals, so that they can gradually return to their active role in society. These relationships help women to understand that the reasons for being alive are greater than the adverse effects of cancer and treatment^(21,22).

The pertinent literature confirms that a cancer diagnosis is not expected for young adults; however, when it happens, the journey becomes even more painful as it is accompanied by anguish and fear about whether or not their lives will continue. In view of this, it is up to nurses, as health educators, to develop actions focused on preventing problems and promoting health for young adults who are often unaware of the factors and possibilities of being affected by cancer. To this end, in addition to scientific guidance, listening, touching and allowing people to express their concerns should be part of nursing care, with a view to ensuring that the whole phenomenon is covered⁽¹⁸⁾.

One of the limitations of this study was that it was carried out during the Covid-19 pandemic, which made it difficult to reach these women. In addition, talking openly about the nuances that permeate the therapeutic process of young women with cancer is also a challenge for them, often causing discomfort and/or different feelings in terms of exposing their reality.

FINAL CONSIDERATIONS

The young women undergoing cancer treatment highlighted the value and importance of positive thinking in terms of coping with the peculiarities inherent in cancer. This has given them the strength and courage to follow the proposed therapy in order to cure the disease and maintain the desire to return to their previous lives.

Conversely, they also reported feeling weak and, consequently, unable to carry out their daily activities, sometimes seeing themselves as a burden to their family members and friends. In this way, various feelings emerged and were based on the painful context of the disease.

In addition to all the impacts entailed by a neoplasm, the women have had to deal with and redefine their own concepts of the future and their perspectives, paying attention to the value of the little things. In this context, they believe in the importance of living in the present moment, valuing all aspects, without making long-term plans.

For nursing, recognizing the particularities of each woman during cancer treatment makes it possible to carry out actions based effectively on the specific horizon of each patient. This process enables us to prioritize comprehensive care in order to promote a better quality of life for these women.

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