

Breast cancer and the psychosocial impacts on women's lives

Ana Beatriz Saragossa Guerreiro¹, Bianca Gabriela Tavares Castiglioni¹, Gabriela Barszcz Parisotto¹, Giseli da Silveira¹, Gustavo Salvadego Moia¹, Julia Barszcz Parisotto¹, Leonardo Futigami¹, Maria Júlia Cesco Valemdolf¹, Mariana de Paula Simoni¹, Natália Ferronato¹

1. Centro Universitário de Várzea Grande, Várzea Grande/MT, Brasil.

Abstract

Breast cancer, caused by uncontrolled growth of abnormal cells, represents the most common form of malignant neoplasm among women. The challenges found in diagnosis, during treatment and after remission involve both decreased quality of life and physical and emotional transformations, which cause psychological stress and mainly affect women's self-esteem. The difficulties faced after the diagnosis can be alleviated with spirituality, family network and support groups, regardless of the woman's age group. Thus, this study has the objective of understanding the breast cancer-related psychosocial impacts on women's lives. This is an integrated literature review with analysis of articles published between 2014 and 2024 available at the databases: Scientific Electronic Library Online, National Center for Biotechnology Information at the National Library of Medicine, and Virtual Health Library Brasil.

Keywords: Breast neoplasms. Quality of life. Stress, psychological.

Resumo

Neoplasias mamárias e os impactos psicossociais na vida da mulher

O câncer de mama, causado pelo aumento descontrolado de células anormais, representa a forma mais comum de neoplasia maligna entre mulheres. Os desafios encontrados no diagnóstico, durante o tratamento e após a remissão envolvem tanto a queda da qualidade de vida quanto transformações físicas e emocionais, as quais geram estresse psicológico e afetam principalmente a autoestima feminina. As dificuldades enfrentadas diante do diagnóstico podem ser amenizadas com a tríade espiritualidade, rede familiar e grupos de apoio, independentemente da faixa etária da mulher. Assim, este estudo tem como objetivo compreender os impactos psicossociais da neoplasia de mama na vida das mulheres. Trata-se de revisão integrada da literatura com análise de artigos publicados entre 2014 e 2024, disponíveis nas bases de dados Scientific Electronic Library Online, National Center for Biotechnology Information da National Library of Medicine e Biblioteca Virtual em Saúde Brasil.

Palavras-chave: Neoplasias da mama. Qualidade de vida. Estresse psicológico.

Resumen

Neoplasias mamarias y los impactos psicossociales en la vida de la mujer

El cáncer de mama, causado por el aumento descontrolado de células anormales, representa la forma más común de neoplasia maligna entre las mujeres. Los desafíos encontrados en el diagnóstico, durante el tratamiento y tras la remisión implican tanto la disminución de la calidad de vida como transformaciones físicas y emocionales, las cuales generan estrés psicológico y afectan principalmente la autoestima femenina. Las dificultades enfrentadas ante el diagnóstico pueden ser mitigadas con la tríada de espiritualidad, red familiar y grupos de apoyo, independentemente del grupo de edad de la mujer. Así, este estudio tiene como objetivo comprender los impactos psicossociales de la neoplasia de mama en la vida de las mujeres. Se trata de una revisión integrativa de la literatura con análisis de artículos publicados entre 2014 y 2024, disponibles en las bases de datos Scientific Electronic Library Online, National Center for Biotechnology Information de la National Library of Medicine y Biblioteca Virtual en Salud Brasil.

Palabras clave: Neoplasias de la mama. Calidad de vida. Estrés psicológico.

The authors declare no conflict of interest.

Breast neoplasm is fundamentally defined by uncontrolled growth of cells that have undergone a complex process of anomalous transformations and can progress by local expansion or metastatic spread. The main local symptoms include palpable nodules and changes in breast conformation—especially retractions, bulging, wrinkled appearance, inverted nipple—which may occasionally concur with bloody nipple discharge, appearance of nodules in the axillary region and hyperemia. Additionally, constitutional symptoms such as asthenia and fever may be present, contributing to the clinical condition of the disease¹.

Currently, breast cancer is the most common form of malignant neoplasm among women in several countries, excluding non-melanoma skin cancer. In the Brazilian context, the South and Southeast regions are particularly impacted by this condition. It is estimated that, during each year of the 2023-2025 triennium, approximately 73,610 new cases occur, reflecting an adjusted incidence rate of 41.89 cases per 100,000 women².

Breast cancer is one of the most feared by women, as it results in the disfigurement of an organ that has considerable importance for women's femininity, self-esteem and sexuality. The disease causes numerous physical, psychological and social transformations in the patient's life. The initial reaction to the diagnosis is usually marked by feelings of sadness, despair and denial, followed by concern about how to communicate the news to family members. At this time, they also resort to hope and faith in the possibility of cure, in order to face the diagnosis and continue with the care of the family, especially of the children. However, some women may adopt an initial posture of acceptance, facing the battle for survival with determination and optimism in achieving victory³.

Each individual copes with this condition in a unique manner, presenting different reactions and stances in relation to the diagnosis and treatment, which shows the importance of the health care team providing a favorable environment throughout this process. In this context, an analysis on participants of a support group in Paraíba, Brazil, who underwent mastectomies, showed three central ideas for coping with

cancer. The first idea is faith or spirituality, which provides a certain comfort and hope, improving the patient's response to therapeutic processes and also the acceptance of a still uncertain future. The second idea emphasizes family support, showing that the presence and support of loved ones during the process not only reduces the feeling of loneliness, but also reinforces the love and admiration of partners and family members. Finally, the third central idea refers to support groups, in which women find support from others who are living similar experiences and who provide a welcoming environment, thus contributing toward reducing negative feelings⁴.

This study aimed to identify the psychosocial impact of the diagnosis of breast cancer on women's lives, examining their varied reactions to this event, as well as the challenges they face. In addition, we sought to identify effective strategies to cope with this process and analyze the role played by the health care team throughout its evolution, since the patient-health care team contact is indispensable to achieve good outcomes with the treatment through better clarification of doubts and increased participation of patients, making them protagonists of their own treatment.

Method

The study consists in an integrative literature review, which adopted the following guiding question: how does breast cancer impact the mental and social health of women at the time of diagnosis, during treatment and after remission? Data collection was performed between March and May 2024, in the electronic databases: National Library of Medicine (PubMed), Scientific Electronic Library Online (SciELO) and Virtual Health Library Brasil (VHL). The keywords were selected and verified by the Descriptors in Health Sciences (DeCS) database, namely: "breast neoplasm," "quality of life," and "psychological stress."

Article selection adopted the following inclusion criteria: articles available in Portuguese, English or Spanish that addressed the topic under study, published up to ten years before

the study. We excluded all literature review and case report studies, as they presented a low level of evidence, as well as articles that could not be accessed in full.

First impact of the diagnosis on women's lives

Breast cancer diagnosis causes several impacts on a woman's life, and many need to stop working after the beginning of treatment; this situation that can affect their financial status and cause concerns related to their health and future^{5,6}. Other factors impacted include the demand for bearing children and the responsibility to take care of and perform domestic activities; with the diagnosis, women may not only have to stop doing these tasks, but may also start to consider themselves less women, which affects their mental health and self-confidence. In addition, breast changes due to treatment can cause the feeling of loss of femininity, leading to difficulty in acceptance and directly affecting women's sexuality and self-esteem⁵.

Coping with the challenges

From breast cancer diagnosis to remission, the affected person experiences several life transformations, which causes various negative feelings, such as anxiety, fear and skepticism, resulting from the wide possibilities opened by the treatment, which range from changes in the breast, compromising the patient's self-esteem and well-being, to death^{7,8}. From this perspective, there are several ways of coping, which depend on patient individuality, but the influence of certain factors during this process is described by women⁹.

Among these factors, spirituality is essential, as it contributes toward strengthening patients, relieving suffering and providing more hope and positivity at this time of vulnerability¹⁰. In addition, emotional support and family support help while reducing stress and affording women the feeling of appreciation and closeness, reinforcing the

idea that they are not going through adversity alone, which increases motivation to fight against the disease¹¹⁻¹³.

In addition, the participation of a support group contributes significantly to the emotional aspect, since it enables open dialog between people facing similar situations with breast cancer, covering both physical and mental aspects, providing a feeling of care, the externalization of feelings and the exchange of experiences and information, which reduces hopelessness and fear¹¹. Equally essential is the role of health care professionals in following the evolution of the case and proposing actions to reduce the possible negative effects of the treatment, as well as to provide more comfort and quality of life for patients¹³.

Psychosocial challenges in dealing with breast cancer in different age groups

In today's society, which associates breasts with femininity, sexuality and motherhood, breast cancer has repercussions on personal, familial and social lives, in addition to negative impacts on women's psychological health, especially in terms of anxiety and depression. Additionally, there is the impact on body image¹⁴.

According to a descriptive study with a group of ten women of different ages from 18 years submitted to mastectomy for breast cancer, participants in the breast cancer patient support group at the University Hospital of Santa Maria (HUSM), Grupo Renascer, the support and encouragement received from friends and family were essential to deal with the diagnosis and treatment. In addition, the participants reported that the process strengthened the bonds in their relationships, as well as their appreciation in the social environment, which is important for reintegration into social life¹³.

Breast cancer diagnosis in adolescence is a factor that increases the disturbance of a young woman's life, as the disease process coincides with the physiological changes of this phase. Cancer in this age group is an aggravating and modifying factor in the life of individuals,

since, in addition to the disease itself, there are symptoms resulting from the treatment, which disrupt the routine and daily life of patients. Adjuvant and neoadjuvant treatments, such as radiotherapy and chemotherapy, cause various symptomatic changes and side effects, ranging from physical to emotional and psychological. This process is a source of stress and suffering for the adolescent and their entire network of connections, especially the family¹⁵.

Among diagnosed women aged over 60 years, there is a need to try to explain why the disease appeared in their body. Some women adopt reasonable explanations, while others associate the appearance of cancer with events in their lives, mainly due to psychological disorders. These attempts to understand emerge as a response to the fear and anxiety that result from the diagnosis, since cancer is still seen as a certainty of death in today's society¹⁶. Thus, the vast majority of patients suffer disruption in areas of life resulting from the degradation of self-image, fear of rejection and problems related to sexuality.

Effective strategies to cope with concerns

A qualitative descriptive study with ten women provided insights into three effective strategies to cope with the anxieties and concerns of patients diagnosed with breast cancer, namely: faith or spirituality, the family network as support, and support groups with other people facing the same situation¹⁷.

Spirituality does not necessarily involve a specific religion or belief, but the feeling that life has a meaning, which contributes toward patients producing a behavior of hope and faith. Belief in healing can influence the patient's self-care, tranquility and confidence in the professionals and even in themselves^{17,18}.

In the face of breast cancer diagnosis, family support is essential to comfort the patient and increase their confidence in the possibility of curing the disease. Patients usually feel psychologically ill and insecure with the diagnosis, and having the family close can alleviate this suffering and contribute toward more effective treatment outcomes¹⁹.

Support groups are also fundamental instruments for improving patient mental health, as they contribute with different experiences of the disease, since women of different ages and at different stages of the disease can participate in the same group. Sharing anxieties can help transform them into hope and strength to cope with breast cancer, also contributing as psychological support for patients¹⁷.

Role of health care professionals in diagnostic acceptance

When cancer is diagnosed, the patient and their family begin to see the disease as a threat in all aspects, which even changes familial dynamics²⁰. Diagnosed women begin to experience feelings of anguish, fear, concern and insecurity regarding the prognosis, side effects and survival of the disease²¹. In this context, support networks are determining factors for better coping with difficulties related to living with breast cancer, enabling support in biopsychosocial aspects²².

Among other components, these networks include health care professionals, who are indispensable during the period of coping with cancer, as they are able to provide these women with the necessary care and support at this delicate time of their lives. These professionals play a fundamental role in the women's adaptation process, from diagnosis to the most aggravated phase of breast cancer, as they are responsible for redefining the perspective of life, strengthening the self-esteem of each patient, providing better quality of life and assisting in coping with adversities and outlining appropriate strategies^{22,23}. In addition, health care network professionals have the function of perceiving the social issues that patients are experiencing in order to trace possible barriers and provide resources to facilitate adherence to and continuity of treatment.

Final considerations

Based on the analysis conducted in this study, we observed that there are several factors that

negatively impact the psychological health of women with breast cancer. Since the diagnosis causes concerns about death and femininity, it is important that patients have support for this difficult phase of life.

It was observed that breasts are a major symbol of femininity for women, and cancer, as well as the treatment of choice, can lead to several aesthetic changes for which most women are not prepared. Thus, family, hope, support groups, psychological care, and person-centered medical care become fundamental so they not only cope with the treatment, but have their self-esteem restored.

The feelings experienced by patients are not only focused on themselves, but also on their families, since the risk of death leads to concern about who would take care of the children, about the impact of the diagnosis on the most loved ones, and about whether they will be able to bear the burden of their suffering and possible passing.

Each woman faces the diagnosis in a dissimilar manner, so each patient should also be approached in a diverse manner; however, all approaches should focus on a single objective, which is providing the necessary comfort and empowerment for coping with the diagnosis, treatment, and the consequences after remission.

References

1. Liao A, Urbanetz AA. Ginecologia e obstetrícia Febrasgo para o médico residente. 2ª ed. Barueri: Manole; 2021.
2. Instituto Nacional de Câncer. Dados e números sobre câncer de mama: relatório anual 2023 [Internet]. Rio de Janeiro: Inca; 2023 [acesso 17 jan 2025]. Disponível: <https://tinyurl.com/y3c6b99e>
3. Lima MMG, Leite KNS, Caldas MLLS, César ESR, Souza TA, Nascimento BB, Barboza JP *et al.* Feelings lived by women with mastectomy. *Rev enferm UFPE* [Internet]. 2018 [acesso 17 jan 2025];12(5):1216-24. DOI: 10.5205/1981-8963-v12i5a231094p1216-1224-2018
4. Brito PKH, Carneiro AF, Silva RJR, Barbalho ILA, Lima MAG, Fernandes MC. Formas de enfrentamento do câncer de mama: discurso de mulheres mastectomizadas. *Enferm actual Costa Rica* [Internet]. 2023 [acesso 17 jan 2025];80(697):117-24. DOI: 10.15517/enferm.actual.cr.i45.49862
5. Pimentel NBL, Modesto FC, Lima VCGS, Oliveira AM, Andrade KBS, Fuly PSC, Santos MSC. Repercussões psicossociais do tratamento radioterápico para o câncer do colo uterino: uma abordagem qualitativa. *Cogitare Enferm* [Internet]. 2023 [acesso 17 jan 2025];28:e83874. DOI: 10.1590/ce.v28i0.83874
6. Furlan VLA, Sabino Neto M, Ablá LEF, Oliveira CJR, Lima AC, Ruiz BFO. Qualidade de vida e autoestima de pacientes mastectomizadas submetidas ou não a reconstrução de mama. *Rev bras cir plást* [Internet]. 2013 [acesso 17 jan 2025];28(2):264-9. DOI: 10.1590/S1983-51752013000200016
7. Lima MMG, Leite KNS, Caldas MLLS, César ESR, Souza TA, Nascimento BB, Barboza JP, Dantas TM. Sentimentos vivenciados pelas mulheres mastectomizadas. *Rev enferm UFPE* [Internet]. 2018 [acesso 17 jan 2025];12(5):1216-24. DOI: 10.5205/1981-8963-v12i5a231094p1216-1224-2018
8. Lopes JV, Bergerot CD, Barbosa LR, Calux NMCT, Elias S, Ashing KT, Domenico EBL. Impact of breast cancer and quality of life of women survivors. *Rev bras enferm* [Internet]. 2018 [acesso 17 jan 2025];71(6):2916-21. DOI: 10.1590/0034-7167-2018-0081
9. Carvalho C, Amorim F, Silva RT, Alves VF, Oliveira AD, Monte NS. Sentimentos de mulheres com diagnóstico de câncer de mama. *Rev enferm UFPE* [Internet]. 2016 [acesso 17 jan 2025];10(11):3942-50. DOI: 10.5205/1981-8963-v10i11a231094p3942-3950-2016
10. Gall TL, Bilodeau C. "Why me?" – women's use of spiritual causal attributions in making sense of breast cancer. *Psychol Health* [Internet]. 2017 [acesso 17 jan 2025];32(6):709-27. DOI: 10.1080/08870446.2017.1293270
11. Cavalcante MLF, Chaves F, Ayala ALM. Câncer de mama: sentimentos e percepções das mulheres mastectomizadas. *Rev Aten Saúde* [Internet]. 2016 [acesso 17 jan 2025];14(48):41-52. DOI: 10.13037/ras.vol14n49.3736

12. Almeida TG, Comassetto I, Alves KMC, Santos AAP, Silva JMO, Trezza MCSF. Vivência da mulher jovem com câncer de mama e mastectomizada. *Esc Anna Nery Rev Enferm* [Internet]. 2015 [acesso 17 jan 2025];19(3):432-38. DOI: 10.5935/1414-8145.20150057
13. Adorna EL, Morari-Cassol EG, Ferraz NMS. A mastectomia e suas repercussões na vida afetiva, familiar e social da mulher. *Saúde* [Internet]. 2017 [acesso 17 jan 2025];43(1):163-8. DOI: 10.5902/2236583423332
14. Fernandes S, McIntyre T, Leite A. Ajustamento psicossocial ao cancro da mama em função do tipo de cirurgia. *Anál psicol* [Internet]. 2018 [acesso 17 jan 2025];36(2):199-217. DOI: 10.14417/ap.1205
15. Nascimento LC, Oliveira FCS, Moreno MF, Silva FM. Spiritual care: an essential component of the nurse practice in pediatric oncology. *Acta paul enferm* [Internet]. 2010 [acesso 17 jan 2025];23(3):437-40. DOI: 10.1590/0034-7167.2015680504i
16. Almeida AM, Mamede MV, Panobianco MS, Prado MAS, Clapis MJ. Construindo o significado da doença: a experiência de mulheres com câncer de mama. *Rev Latinoam Enferm* [Internet]. 2001 [acesso 17 jan 2025];9(5):63-9. DOI: 10.1590/S0104-11692001000500010
17. Holanda BPK, Farias CA, Silva RJR, Barbalho ILA, Lima MAG, Fernandes MC. Formas de enfrentamento do câncer de mama: discurso de mulheres mastectomizadas. *Enferm actual Costa Rica* [Internet]. 2023 [acesso 17 jan 2025];(45). DOI: 10.15517/enferm.actual.cr.i45.49862
18. Souza VM, Frizzo HCF, Paiva MHP, Bousso RS, Santos AS. Espiritualidade, religiosidade e crenças pessoais de adolescentes com câncer. *Rev bras enferm* [Internet]. 2015 [acesso 17 jan 2025];68(5):791-6. DOI: 10.1590/0034-7167.2015680504i
19. Araújo JS, Nascimento MAA. Atuação da família frente ao processo saúde-doença de um familiar com câncer de mama. *Rev bras enferm* [Internet]. 2004 [acesso 17 jan 2025];57(3):274-8. DOI: 10.1590/S0034-71672004000300003
20. Duarte TP, Andrade NA. Enfrentando a mastectomia: análise do relato de mulheres mastectomizadas sobre questões ligadas à sexualidade. *Estud psicol (Natal)* [Internet]. 2003 [acesso 17 jan 2025];8(1):155-63. DOI: 10.1590/S1413-294X2003000100017
21. Fabbro MRC, Montrone AVG, Santos S. Percepções, conhecimentos e vivências de mulheres com câncer de mama. *Rev enferm UERJ* [Internet]. 2008 [acesso 17 jan 2025];16(4):532-7. Disponível: <https://tinyurl.com/hcfphh7v>
22. Silva IT, Griep RH, Rotenberg L. Apoio social e rastreamento do câncer uterino e de mama entre trabalhadoras de enfermagem. *Rev Latinoam Enferm* [Internet]. 2009 [acesso 17 jan 2025];17(4):514-21. DOI: 10.1590/S0104-11692009000400013
23. Barbosa RCM, Ximenes LB, Pinheiro AKB. Mulher mastectomizada: desempenho de papéis e redes sociais de apoio. *Acta paul enferm* [Internet]. 2004 [acesso 17 jan 2025];17(1):18-24. Disponível: <https://tinyurl.com/p2afkd29>

Ana Beatriz Saragossa Guerreiro – Undergraduate – anabeatrizsaragossa@gmail.com

 0009-0004-0603-4911

Bianca Gabriela Tavares Castiglioni – Undergraduate – tavares.biancagabriela@gmail.com

 0009-0005-2740-1490

Gabriela Barszcz Parissoto – Undergraduate – gabrielabparissoto@gmail.com

 0009-0004-6943-5595


Giseli da Silveira – Undergraduate – silveiragiseli2015@gmail.com

 0009-0007-3724-8498

Gustavo Salvadego Moia – Undergraduate – gustavosalvadegomoia@gmail.com

 0009-0009-4596-5846


Julia Barszcz Parissoto – Undergraduate – juliabparissoto@gmail.com

 0009-0002-1595-1143

Leonardo Futigami – Undergraduate – leonardofutigami@gmail.com

 0009-0009-7194-4942

Maria Júlia Cesco Valemldolf – Undergraduate – majuvalendolf@gmail.com

 0009-0000-5399-6380

Mariana de Paula Simoni – Undergraduate – marianadpsimoni@gmail.com

 0009-0006-7700-698X

Natália Ferronato – Undergraduate – natferronato@hotmail.com

 0009-0000-4783-4641

Correspondence

Ana Beatriz Saragossa Guerreiro – Rua Ary Coelho, 19, ap. 48, Cristo Rei, CEP 78118-055. Várzea Grande/MT, Brasil.

Participation of the authors

All authors participated in the choice of theme and the search in databases. After discussion, the writing was divided for pairs. Ana Beatriz Saragossa Guerreiro and Bianca Gabriela Tavares Castiglioni were responsible for the study abstract, methodology and organization. Giseli da Silveira and Mariana de Paula Simoni wrote the introduction and conclusion. Maria Júlia Cesco Valemldolf and Natália Ferronato structured the discussion on the item "First impact of the diagnosis on women's lives." Julia Barszcz Parissoto and Leonardo Futigami prepared the item "Facing the challenges." Gabriela Barszcz Parissoto and Gustavo Salvadego Moia were responsible for the items "Psychosocial challenges in dealing with breast cancer in different age groups" and "Effective strategies to cope with concerns." Finally, Julia Barszcz Parissoto and Maria Júlia Cesco Valemldolf wrote "Role of health care professionals in diagnostic acceptance." The references were analyzed by all authors.

Editor in charge: Dilza Teresinha Ambrós Ribeiro

Received: 7.30.2024

Revised: 1.17.2025

Approved: 2.11.2025