



CORPOREITY IN CANCER ILLNESS AMONG CANCER PATIENTS UNDER CHEMOTHERAPY: A QUALITATIVE STUDY¹

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ABSTRACT

Introduction: the diagnosis of cancer is already full of social stigmas, and chemotherapy has the potential to influence this experience further negatively, because when experiencing adverse reactions, feelings such as anxiety arise, anxiety and fear that awaken a recent look at one's own bodily existence. **Objective:** analyzing the relationships of the body with illness among cancer patients undergoing chemotherapy. **Method:** a qualitative study with the theoretical framework of culture and corporeity, conducted between May 2018 and June 2019 in a reference hospital for oncological care in the southern region of Brazil. Sixty-three patients with cancer undergoing chemotherapy were selected according to intentional sampling. The interviews were conducted individually and analyzed according to the inductive thematic analysis. **Results:** after the analysis, four categories emerged: "The body signals cancer", "The body reacts to chemotherapy" and "The careless body" and "The religious/spiritual body". **Conclusion:** the diagnosis of cancer became a connector between the self and illness. The beginning of the treatment directs attention to a careless body that awakens vigilance of a sick body of multiple representations, and that interprets its existence and the impacts of treatment on the social, spiritual, and cultural self.

Keywords: Body Image. Neoplasm. Antineoplastic Agents. Cultural Anthropology. Qualitative Research.

INTRODUCTION

Increasingly, cancer illness has gained prominence in the world public health for its incidence and prevalence in an aging population, which is increasingly exposed to risk factors for the development of this disease⁽¹⁾. Despite attempts to social demystification of cancer, the diagnosis is still linked to various stigmas, including death, pain, and impotence in the face of treatment. These factors impact on other social dimensions that, besides the physical body, generate psychic, spiritual and sociocultural discomforts⁽²⁾.

The way of experiencing the disease and its treatments can trigger new senses and meanings for the life of the sick. Therefore, the course of the disease influences the ideals and objectives

of life, either by the recurrent return to the health service for cancer treatment or the change in the performance of social roles, as well as coping with the change in body image resulting from the treatment and the need to (re)learn to deal with their basic human functions, such as the continuous use of medical-hospital devices⁽²⁻⁵⁾.

To understand the experience of living with cancer, it is essential to consider culture as part of this process, since the sick learn to deal with the disease and interpret its representations in their daily lives, according to the elements shared by their group⁽⁶⁾. Thus, in the relationship between body, culture and health, coexists an exchange of physical and social experiences that relate and complement each other in the face of illness and rehabilitation⁽⁷⁾, that is, the body is not an object to be studied in relation to culture,

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but it is the subject of culture and its existential basis⁽⁸⁾.

For people with cancer, illness gives new meaning to the body, self, and social life, being this a primary condition of the human being, which is to transform the way of relating and becoming aware of the way of experiencing the world^(4,9). In this sense, the biological body sickens next to the social body, because the biological is deprived of physiological and identity functions expected, thus assuming a moral process in search of the functional body, culturally valued, which can transpose its existence⁽⁷⁾.

In this scenario, changes in the body because of treatment affect the way a person builds his self-esteem and manifests his emotions. These factors trigger estrangement with their own image, and, for this, we opted for strategies of body restoration, in the justification of return to a normal life and to regain control over their body and their identity⁽¹⁰⁾.

Meanwhile, living with the effects of chemotherapy enhances the loss of personal identity. This new representation is not consistent with its existence prior to treatment but becomes a complex and singular stage that impacts on self-esteem and autonomy, that is, there is a reduction in the pace of the world that was perceived and, consequently, the feeling of personal devaluation^(6,9).

As a strategy to approach the theme under study, systematic searches were performed in the databases PubMed, CINAHL and Latin American and Caribbean Literature in Health Sciences (LILACS), using the terms standardized by the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH): "Body Image", "Neoplasm", and the keyword "Chemotherapy" associated with the Boolean operator AND. Among the results, was found a recent review study⁽¹¹⁾, in which researchers show gaps in research that address the theme corporeity from a holistic perspective in the context of illness, and also highlight the need for new perspectives to understand, in fact, all the nuances linked to body image that permeates the diagnosis of cancer and include the psychological and sociocultural constraints that exert a notable influence on the perception of body image during treatment due to social

stigmas and expectations family members, which significantly shape the way individuals see their bodies after receiving the diagnosis of cancer⁽¹¹⁾.

In this scenario, this study can contribute to the understanding of body representations in the face of cancer and thus becomes a useful tool for health professionals to rethink their care practice. From this, nursing practice can transcend the body-object and the technical doing to establish measures that consider the influence of subjectivity on illness and its representations in the daily life of patients so that better adapt to the new existential condition. Thus, the present study has as a guiding question: What are the relationships between the body and illness from the perspective of people diagnosed with cancer undergoing chemotherapy? And, as objective: to analyze the relationships of the body with the illness among cancer patients undergoing chemotherapy.

METHODS

A qualitative study with the use of the theoretical framework of culture, which recognizes the human being as a being aware of their attitudes and practices⁽¹²⁾. The research is also based on the concept of corporeity, defined as a process of objectification built historically and culturally, where culture is embodied and not given externally to the experience of the individual, that is, the body is the existential soil of the subject in culture⁽⁸⁾. The report of this investigation was structured according to the recommendations of the Consolidated Criteria for Reporting Qualitative Research^(13,14).

The study participants were selected in an oncology unit in southern Brazil, a reference in the treatment of cancer patients from the public health network. The selection was intentional, according to the following eligibility criteria: being diagnosed with cancer, being in chemotherapy treatment, being admitted to the oncology unit during the development of the research and being over 18 years old. Patients who self-declared in poor physical and mental conditions to provide their experiences were not included.

The responsible researcher (first author) male, nurse, conducted the interviews, being the

same trained and guided by PhD researchers and with expertise in qualitative studies (members of the research team). The contact with the participants occurred only at the time of the research, where 73 patients in chemotherapy treatment were approached during hospitalization, however, only 63 showed interest in the investigation, to these was presented the term of free and informed consent for manifestation of science and agreement with the research. The ten refusals were related to the lack of interest in participating in the investigation. The interview took place in a reserved room, provided by the local study institution, from May 2018 to June 2019.

Sociodemographic data (age group, marital status, schooling, and current occupation) were obtained from the participants' medical records and are arranged in the results session to characterize the study group. The nurse recruited the participants responsible for the chemotherapy unit. To capture their experience, individual interviews were conducted in person in a reserved room in the hospital. The interview was guided with the aid of a research script, without using pilot test, with the following questions: 1) How did you realize that you were sick? Why? 2) Did your life change after your cancer diagnosis? How? Why? 3) Tell me about your experience with chemotherapy. In addition to these questions, other questions were asked to elucidate topics mentioned by the sick.

Only the principal investigator and the participant participated in the interview, except for the first eight, which another member of the research team accompanied the principal investigator, with expertise in data collection technique. There were two moments of interviews with each participant, with an average duration of 30 minutes each, and the interviews were recorded in audio through digital media. However, for nine participants the second meeting was not possible due to the following reasons: lack of availability and impairment of health status. For these cases, we chose to respect the situation and use for the analysis of the data only the information captured in the first meeting, their reports being socialized (without identification of the participant) with the others, during their respective individual meetings, for the crossing of experiences and deepening of the

data, thus the researchers could obtain, indirectly, the validation of the reports.

Data collection was interrupted when the corpus of data produced met the proposed objectives, accusing saturation. The impressions of interviewers during data collection were recorded in a field diary, at a time after the interview, as well as other situations experienced during the investigation.

The analysis and data collection occurred simultaneously. Each interview was analyzed according to the inductive thematic analysis⁽¹⁵⁾ from the manual transcription and familiarization with the data. Subsequently, there was the codification and recoding of the data, and elaboration of the representative themes for the universe of the participants, which were strengthened in the second meeting with them, when the researchers presented a synthesis of the transcription, so that participants could validate if the impressions about their experiences were consistent with the interpretation of the research team. Thus, the analysis process culminated in six codes, being grouped differently into four themes, as shown in figure 1.

For the presentation of the results, we opted for the strategy of constructing narratives structured from the plot, the characters, the space where the actions occurred, and the environment that contain the sociocultural characteristics of the participants⁽¹⁶⁾. For this investigation, the objective is to understand how a group of cancer patients in chemotherapy establishes its relationship with the body, in this perspective we consider that the narrative to be produced should represent the collective, with the association of their and all the elements necessary for structuring a narrative of a group. This methodological proposition is already identified in the scientific literature, as in studies conducted to understand the experience of men with prostate cancer, penectomized adults with cancer in chemotherapy^(7,17-18). Subsidized by the literature mentioned, the process of analysis was as follows: possession of transcriptions of the interviews sought common and unusual themes between the stories narrated, and from this identification elaborated the collective narrative for each theme, according to the adopted reference. It is worth mentioning that, for the guiding referential, the narrative represents a

collective field in which the actions take place and allow the identification of a cultural pattern produced by a group of people.

This research was approved by the Ethics Committee in Research with Human Beings of the Federal University of the Southern Frontier, under Protocol N. 2,847,541 and Certificate of Presentation of Ethical Assessment (CAAE) N. 90370818.1.0000.5564 of August 27, 2018. The ethical precepts of Resolutions 466/12 and 510/2016 of the National Health Council were respected, and the names of the participants were replaced by pseudonyms for the maintenance of anonymity.

RESULTS

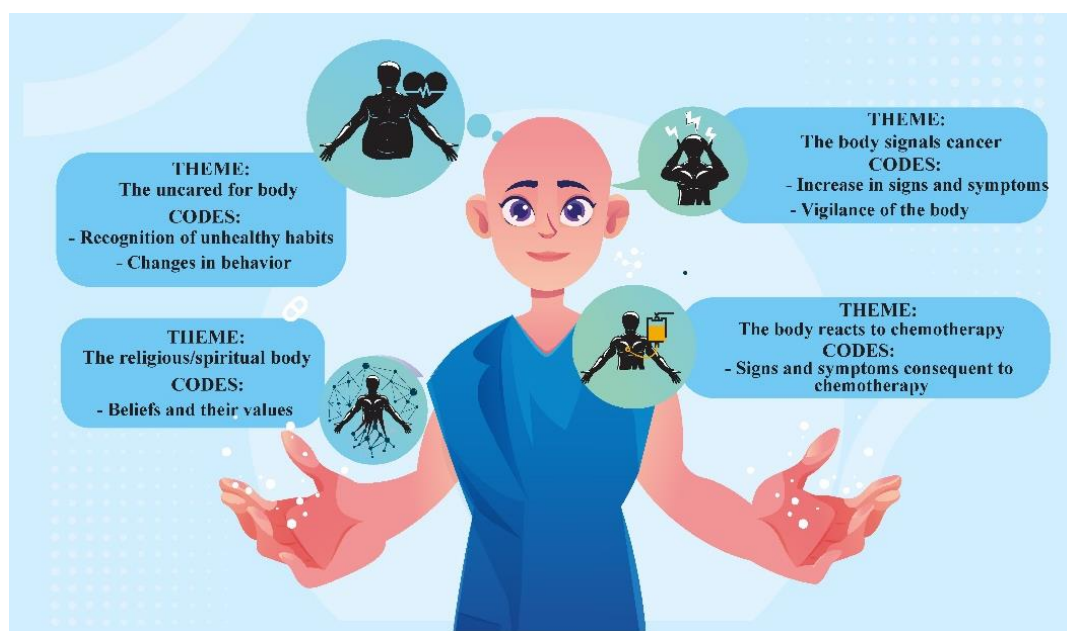


Figure 1. Representation of the process of analysis and production of the themes for the narratives.

As for the sociodemographic characteristics of the 63 participants, a heterogeneous age distribution was observed. Three individuals were in the 20-29 age group, while five participants were in the 30-39 age group. Three participants were in the range of 40-49, and ten participants in the range of 50-59. The age group of 60-69 was the most representative, with 25 participants, followed by 12 participants in the range of 70-79 and five participants aged 80-89.

Regarding marital status, seven participants were single, 39 were married, three were in a stable union, five were divorced and nine were

The analysis of the reports allowed the researchers to interpret the experiences of the participants and how they represent their experience with the body during the illness due to cancer, and in the chemotherapy treatment. These experiences were synthesized into four themes, and for each theme, a narrative was elaborated based on the speech's representative of the participants. For visual understanding of the data analysis process and production of the themes for the narratives, Figure 1 was elaborated. The analysis process culminated in the production of four themes: The careless body; The body signals cancer; The religious/spiritual body and the body reacts to chemotherapy.

widowed. As for schooling, three participants were illiterate, 34 had incomplete elementary school, seven have completed elementary school, one has incomplete high school, 14 have completed high school, one has incomplete higher education and three have completed higher education. As for the current occupation, 23 participants were active and 40 were inactive.

The Body Signals Cancer

For patients, cancer signaling occurs by the progressive manifestation of signs and symptoms, accompanied by the emergence of infarcted lymph nodes in different anatomical

regions. The time lapse in the search for appropriate medical care demonstrates the understanding of more favorable outcomes if there was an early referral. In this context, patients express their commitment to continue the fight for improvement, aiming at the recovery of their health, while recognizing the need for constant vigilance to avoid tumor metastasis.

I know I have cancer, but I cannot tell you how it forms, came out of nowhere and had a lot of problems. It started with some signs and symptoms, and it started to increase, it started to appear some steeps {Note of field: infarcted lymph node} and I started to notice in other places of my body. Later, I went to the doctor, did tests, and after the result of the biopsy I was diagnosed with cancer, and I cannot tell if this disease has a cure, but the treatment I am doing, because it started in one place and then went to another. What I can say is that I waited too long to seek help, and if I had looked before I would be better, now is to continue fighting to improve successfully and health return, because if I neglect myself, it may appear elsewhere. (Participants of this narrative: Abílio, Amilton, André, Angelina, Nelci, Rita, Wilson).

The body reacts to chemotherapy

Chemotherapy triggers a few responses in the human body, often manifested through significant side effects. Thus, the reports reveal a set of adverse symptoms experienced that are interconnected in body perception.

After the start of chemotherapy began diarrhea, and my belly became swollen, I felt stewed even with half a glass of water. I felt low blood pressure, weakness, and dizziness, I could not even climb the stairs. There were canker sores in my mouth that did not heal or improve, when eating I had the burning sensation in my esophagus, shortly after I began to vomit, I noticed that there was blood in the stool, and I even vomited blood. I had pains in my whole body, especially in my back, legs, and head, in the last few days I began to feel difficulty in breathing and fatigue, and it knocked me down. I did not feel like eating, because I did not taste anything, nor salt or sugar, and so I ended up losing weight. (Participants in this narrative: Alvidio, Augusto, Elfo, Ezelir, Genir, Geraldo, Gilberto, Ilda, Patrícia, Realdina, Salete, Wilson).

The Careless Body

For the participants, eating experiences before and after treatment were fundamental for the connection between illness and previous habits. Before the disease, many of them admitted to having an unbalanced diet and poor in essential nutrients, a factor that, in their words, were triggers of cancer, thus, upon realizing the habit of previous life harmful to health, consider food change a positive aspect in the readjustment of lifestyle.

Before the disease I did not eat vegetables and fruits, I came home from work and then left for my other job, only had coffee with milk and a skirt, or ate, sometimes, instant noodles. I know that vegetables and fruits are good for the body because of iron, this is one of the factors for the development of cancer. Food makes the difference right?! The basis of my diet was meat, lots of meat, lots of animal fat, even fish had fat, and I ate a lot of fish, spit {Field note: food popularly known as "hot dogs"}. I believe that the disease did not come from fish, because the fish does not have cancer, but other animals have, like beef, it has diseases like ours. In general, I did not take care of food. After treatment, my diet changed completely, which was a good thing, because when I discovered the disease I did not eat. I stopped drinking beer, smoking, and then I stopped eating this and that, I even stopped taking mate (Field note: hot drink, which is based on yerba mate, typical in southern Brazil). (Participants of this narrative: Alice, Angelina, Augusto, Emanuel, Genir, Gilberto, Gilmar, Hilário, Jovino, Maria, Patrícia, Wilson).

The Religious/Spiritual Body

In the perception of a religious/spiritual body, participants shared their perspectives on diseases and the relationship with spirituality, given that many believe that facing these challenges is a form of proof or consequence of sins committed. Faith and the search for spiritual forces are highlighted as means of facing cancer. For these individuals, caring for the physical body is only part of the process, and it is equally important to nourish and strengthen the spirit.

We do not know if it is of God these diseases, but he only challenges those who can carry, because, who knows, may even be a test in life for the sins

committed. We must be strong, cling to God since cancer is a serious and complicated problem. It may be that God is letting me take care of some things down here, and if everything goes well, will give me one more chance, because if you read in the Bible it is written: "you plant the good, to reap the good". I pray every morning, now that I do not go to church much, because I cannot leave the house, but sometimes the pastor comes to my house to say a prayer. It is not enough to take care of the body, it is necessary to take care of the spirit (Participants in this narrative: Alice, Alvidio, Amilton, Antoninha, Ari, Emanuel, Ezelir, Gilmar, Hebert, Rita, Realdina).

DISCUSSION

From the perspective of the sick, the search for the health service occurred only after the identification of abnormalities that signal the image of a sick body and, since cancer is a silent disease, the delay to recognize these manifestations contribute to non-favoring prognoses⁽⁹⁾. In this context, the culture of ignorance or denial of illness alienates the population from health care services and influences the non-adherence of health prevention measures. This occurs by trying to validate the identity values of the figure of the individual who does not give himself the right to get sick and does not need preventive medicine⁽⁶⁾.

Despite the individual and singular experience with illness, the return of attention to oneself after diagnosis demonstrated how the process of surveillance and body perception arises in the face of physical, psychological, and social changes in the search for remission of cancer. Researchers report that at the beginning of cancer treatment, patients are faced with a new context of life generating anxiety, fear, and vigilance and, the attitudes previously considered normal, no longer make sense by changing perspectives and/or understandings about the current state of health^(6,19). Thus, in the perception of a body that now no longer represents normal, the change of behavior expresses the attempt to redeem outdated health care and prevent further damage to their bodies^(7,20).

In this scenario, when starting the chemotherapy treatment, the perception of side

effects demonstrated how the surveillance of the body (now ill) makes it possible to find a meaning and meaning to the new condition of life. Therefore, the objectification of the cure is not only about the elimination of the disease, problem, or symptom, but in the transformation of a person, who is a corporeal being⁽⁸⁾. In this way, the way these subjects perceive every detail of their body in the process of becoming ill has made vigilance a connector between self, body, and treatment. The body being, therefore, is an original subject to constitute a situational spatiality that covers not only the things of the external environment, but also internal experiences produced in the interaction between subject and object^(8,21) in this case, the sick and chemotherapy.

The body of those who face chemotherapy represents a portal to significant experiences and challenges in relation to quality of life. Chemotherapy acts in a systemic and gradual manner. Unlike other types of therapeutic interventions, their effects are only perceived throughout the treatment. Therefore, the body submitted to chemotherapy manifests itself in a singular way due to the physical, emotional, and social challenges associated with treatment⁽²²⁾.

The uniqueness of the body that reacts to chemotherapy is often related to physical appearance, a factor that influences not only body image, as in the case of alopecia, but also the individual's perception of himself. Thus, it becomes evident that the side effects of chemotherapy can cause changes beyond body perception and can impact the way the individual feels and relates to the body itself, and to the world⁽²²⁾.

Thus, understanding the body as an embodied experience, that is, as a living entity that actively participates in the construction of meanings and in the interaction with the world⁽⁸⁾, is essential to experience the chemotherapy treatment. A review study⁽²³⁾ revealed that during the treatment period, patients faced stigma and avoided social environments due to the negative impact of alopecia on their body image, making their health condition more evident. This demonstrates how the body becomes a means by which cultural and social norms are internalized and expressed, affecting the way the individual feels and relates to the body itself, as well as

connects socially⁽⁸⁾.

Being vigilant in this path alerted to lifestyle changes from the reflection of behaviors considered determinants for the development of cancer and now inserted in new habits within their cultural context. Thus, the recognition of this reality and the changes on the part of the patient became the product of self-reflection and the understanding that is being lived during the treatment. Regarding this, a study conducted with esophageal cancer patients⁽²⁴⁾ demonstrated that they develop new body perceptions and self-care skills. In the hospital, the recommendations received during the nursing guidelines are fulfilled and, when at home, they establish a routine of reinterpretation of the advice to adapt them to their daily life based on their personal frame of reference. Thus, the act of acting according to their customs, beliefs, and values agency the decision-making process of the subjects in front of their self-care. These consider what is most appropriate to their personal needs from their culture and the experience acquired⁽²⁵⁾.

This awareness of the participants and the vigilance of their practical life made them gradually contemplate beyond the physical body, the spiritual. Thus, the relationship between cancer and the sacred arises to understand its illness and alleviate suffering by approaching the immaterial plane and the nutrition of the spiritual body in the face of the limitations and concerns imposed by the disease.

In the concept of corporeity⁽⁸⁾, religious healing acts as a culturally essential element in the face of the specificities of the experience of becoming ill and, therefore, requires rethinking the dichotomies between cause and symptom, between body and spirit. In this sense, researchers²⁴ describe that feelings of despair and anguish tend to foster hope and resilience in religious power and, thus, seek a resignification of the good to be spiritual and hope to understand the confrontation of the disease in an experimental and natural way with the religiosity of haven, shelter, and potentiating of healing.

The body, as a symbology, represented the way to connect the self and the world. This symbol has physical, social, and spiritual nuances and all its representations suffer impacts the sick person deals with chemotherapy

treatment. In this scenario, the representative spheres that the body has, demonstrate the state of living in the world. When the body is penetrated with a kind of new meaning, it needs to understand this new situation and continue to operate in the process of sociability, that is, it is based on its cultural and spiritual context to seek meanings for the situation of illness in which it is⁽⁴⁾.

In this way, the body is a natural self and, as such, subject of perception. The domination of the body itself depends on the interaction with the world and the way of experiencing the disease. Thus, only in the real interaction between healing, the physical world and the immaterial, the individual can know and dominate himself^(8,21). In this sense, the perception of the body and the state of self-existence is manifested through interactions and reflections that denote the state of ambiguity of the search to understand the impacts on the physical, social, and spiritual bodies⁽²⁷⁻²⁸⁾.

The illness of the biological and social bodies are inseparable, and the difference cannot be seen as a mere cultural coverage on a biological basis, but that biology and culture influence each other in the construction of this experience. This perspective makes it possible to understand how the experiences of the body and disease are shaped by both biological and cultural and social factors, and how these dimensions are integrated into the perception and experience of the disease^(8,28-29).

In this study, the body was represented as the way of dealing with and connecting with the world and with itself. The experience of becoming ill and undergoing chemotherapy reveals how the sick understand their bodies in the social, physical, and spiritual spheres that, before the diagnosis were little valued. Thus, the awareness and vigilance of the participants with cancer and chemotherapy caused the sick to gradually contemplate the self and life that, in the face of the uncertainty of disease and treatment, illustrates bodily experience as a stimulus for personal and spiritual growth by trust, resilience, and reflection on the self in the world.

The limitations of this study are related to observation performed exclusively in the health institution, which may influence the participants'

apprehension of culture. It is noteworthy that this limitation occurred due to the hospital being a reference for oncological care for the three states of southern Brazil, serving patients from different and distant cities, which made it impossible to collect data at home. On the other hand, the deepening in data collection with the use of the second interview, for most participants, helped in the composition of a body of knowledge that supports the experiences presented.

FINAL THOUGHTS

In this study, the act of monitoring one's own body awakens reintegration with the self and illustrates how it is to experience each stage of illness and treatment. Thus, having cancer enabled the return of attention to the careless body and became the way to understand the factors that triggered illness to assimilate to abusive life practices to health, sometimes overlooked.

After diagnosis, chemotherapy begins and, from there, a new bodily experience. In this scenario, its adverse effects impact on the

physical body and social spheres that go beyond the hospital care service and reformulate the entire context of life by physical changes, spiritual behaviors that adapt to the new routine from their own culture. Therefore, it is from the sick body that individuals reinterpret their living and reformulate practices to perform attitudes and behaviors that bring comfort to this new life scenario, always sustained in their values and beliefs, that is, in their culture.

Thus, from this study, nurses can help patients to better adapt to the new existential condition, providing a more humane and integrated care. This can occur through support groups and promotion of positive body image, emphasizing the importance of self-acceptance, self-care, and appreciation of other aspects besides physical appearance. Thus, by helping the patient observe and understand the adverse effects of chemotherapy on his body, the nurse helps him develop a broader understanding of his physical and mental condition and connect with his own culture and values. This awareness can help patients reformulate their life practices, adopt healthy behaviors and maintain a cheerful outlook during treatment.

A CORPOREIDADE NO ADOECIMENTO POR CÂNCER ENTRE PACIENTES ONCOLÓGICOS EM QUIMIOTERAPIA: UM ESTUDO QUALITATIVO

RESUMO

Introdução: O diagnóstico do câncer já é repleto de estigmas sociais, e o tratamento quimioterápico tem potencial para influenciar negativamente ainda mais essa experiência, pois ao vivenciar as reações adversas, surgem sentimentos como ansiedade, angústia e medo que despertam um novo olhar para a própria existência corporal. **Objetivo:** Analisar as relações do corpo com o adoecimento entre pacientes oncológicos submetidos à quimioterapia. **Método:** Estudo qualitativo com o referencial teórico da cultura e da corporeidade, realizado entre o período de maio de 2018 a junho de 2019 em um hospital de referência em atenção oncológica na região Sul do Brasil. Foram selecionados conforme amostragem intencional, 63 pacientes com câncer em tratamento quimioterápico. As entrevistas foram realizadas individualmente e analisadas conforme a análise temática indutiva. **Resultados:** Após a análise, emergiram quatro categorias denominadas: "O corpo sinaliza o câncer", "O corpo reage à quimioterapia" e "O corpo descuidado" e o "Corpo religioso/espiritual". **Conclusão:** o diagnóstico de câncer tornou-se um conector entre o eu e o adoecimento. O início do tratamento direciona a atenção para um corpo descuidado que desperta vigilância de um corpo adoecido de múltiplas representações, e que interpreta sua existência e os impactos do tratamento no eu social, espiritual e cultural.

Palavras-chave: Imagem Corporal. Neoplasias. Antineoplásicos. Antropologia Cultural. Pesquisa Qualitativa.

LA CORPOREIDAD EN LA ENFERMEDAD POR CÁNCER ENTRE PACIENTES ONCOLÓGICOS EN QUIMIOTERAPIA: UN ESTUDIO CUALITATIVO

RESUMEN

Introducción: el diagnóstico del cáncer ya está lleno de estigmas sociales y el tratamiento quimioterápico tiene potencial para influenciar negativamente aún más esa experiencia, pues al vivir las reacciones adversas, surgen sentimientos como ansiedad, angustia y miedo que despiertan una nueva mirada a la propia existencia corporal. **Objetivo:** analizar las relaciones del cuerpo con la enfermedad entre pacientes oncológicos sometidos a

quimioterapia. **Método:** estudo qualitativo com el referencial teórico de la cultura y de la corporeidad, realizado entre el período de mayo de 2018 a junio de 2019 en un hospital de referencia en atención oncológica en la región Sur de Brasil. Fueron seleccionados según muestreo intencional, 63 pacientes con cáncer en tratamiento quimioterápico. Las entrevistas fueron realizadas individualmente y analizadas conforme al análisis temático inductivo. **Resultados:** después del análisis, surgieron cuatro categorías denominadas: "El cuerpo señala el cáncer"; "El cuerpo reacciona a la quimioterapia" y "El cuerpo descuidado" y el "Cuerpo religioso/espiritual". **Conclusión:** el diagnóstico de cáncer se ha convertido en un conector entre el yo y la enfermedad. El inicio del tratamiento dirige la atención hacia un cuerpo descuidado que despierta vigilancia de un cuerpo enfermo de múltiples representaciones, y que interpreta su existencia y los impactos del tratamiento en el yo social, espiritual y cultural.

Palabras clave: Imagen Corporal. Neoplasias. Antineoplásicos. Antropología Cultural. Investigación Cualitativa.

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