

---

---

## THE CONSTRUCTION OF PSYCHO-ONCOLOGY CARE IN A UNIVERSITY EXTENSION PROJECT

Cintia Bragheto Ferreira<sup>1</sup>  
Federal University of Goiás, *Regional Jataí-GO, Brazil.*

**ABSTRACT.** Cancer is a disease that increasingly affects the world's population, which logically increases the demand for health services, including the psychological support services. From this, the outreach Psycho-Oncology project was created, linked to a Psychology course at a public university located in Goiás. The project, anchored in the social constructionist perspective, aims to train students to work in the area of Psycho-Oncology order: a committed assistance with comprehensive care and the empowerment of participants as well as the health of construction even in the midst of illness. The demand is forwarded to the clinic school of the public university by two local organizations that assist users in travel and stay in the cities of achieving the accompaniments and treatments for cancer. Part of care is given at clinic school, and more debilitated patients are cared for in their homes. Psychological services are offered in individual and group modalities. The data from each performed service show that participants have built more positive possibilities for the disease experience with decreased fear of cancer, life senses, participation opportunities in self-care, reaffirmation of overcoming, and strengthening emotional ties. In addition to these results, the project has also contributed to the training of future health professionals committed to the humanization of care.

**Palavras-chave:** Health psychology; neoplasms; coping behavior.

## A CONSTRUÇÃO DO CUIDADO EM PSICO-ONCOLOGIA EM UM PROJETO DE EXTENSÃO UNIVERSITÁRIA

**RESUMO.** O câncer é uma doença que acomete de forma crescente a população mundial, o que logicamente aumenta a demanda por serviços de saúde, dentre eles, os serviços de apoio psicológico. A partir disso, foi criado o projeto de extensão em psico-oncologia, vinculado a um curso de psicologia de uma universidade pública, localizada em Goiás. O projeto, ancorado na perspectiva construcionista social, objetiva a capacitação de discentes para o trabalho na área da psico-oncologia, visando a: uma assistência comprometida com o cuidado integral; ao empoderamento dos participantes, assim como à construção de saúde mesmo em meio à enfermidade. A demanda é encaminhada para o serviço escola de psicologia da universidade pública, por duas organizações municipais, que auxiliam os usuários no deslocamento e estadia nos municípios de realização dos acompanhamentos e tratamentos para o câncer. Parte dos atendimentos é feita na clínica escola, e os doentes mais debilitados são atendidos em suas próprias residências. Os atendimentos psicológicos são realizados nas modalidades individual e grupal. Os registros, produzidos a partir de cada atendimento realizado, mostram que os participantes têm construído possibilidades mais positivas de vivência da enfermidade, com diminuição do medo do câncer; sentidos de vida; possibilidades de participação no autocuidado; reafirmação da superação e fortalecimento de laços afetivos. Além desses resultados, o projeto também tem contribuído para a formação de futuros profissionais de saúde comprometidos com a humanização da assistência.

**Palavras-chave:** Psicologia da saúde; neoplasias; enfrentamento.

---

<sup>1</sup> E-mail: cintiabragheto@hotmail.com

## LA CONSTRUCCIÓN DEL CUIDADO EN PSICOONCOLOGÍA EN LA EXTENSIÓN UNIVERSITARIA DEL PROYECTO

**RESUMEN.** El cáncer es una enfermedad que afecta cada vez más a la población mundial, lo que aumenta, lógicamente, la demanda de servicios de salud, entre ellos los servicios de apoyo psicológico. A partir de esto, el proyecto de extensión en Psico-Oncología fue creado, vinculado un curso de Psicología em una universidad pública ubicada en Goiás. El proyecto, anclado en la perspectiva del construccionismo social, tiene como objetivo la formación de estudiantes para trabajar en el área de Psicooncología, buscando: una asistencia comprometida con la atención integral; el empoderamiento de los participantes, así como la construcción de la salud, incluso en medio a la enfermedad. La demanda se envía al clínica escuela la universidad por dos organizaciones locales, que ayudan a los usuarios en el viaje y en la estancia en los municipios de realización de los acompañamientos y tratamientos para el cáncer. Parte de la atención se hace en el clínica escuela, y los pacientes más debilitados son atendidos en sus propias casas. Los atendimientos psicológicos son ofrecidos en las modalidades individuales y de grupo. Los registros producidos a partir de cada servicio realizado muestran que los participantes han creado posibilidades más positivas de vivencia de la enfermedad, con una disminución del miedo al cáncer; sentidos de la vida; oportunidades de participación en el autocuidado; reafirmación de la superación y fortalecimiento de los lazos emocionales. Además de estos resultados, el proyecto también ha contribuido a la formación de futuros profesionales de la salud comprometidos con la humanización de la atención.

**Palabras-clave:** Psicología de la salud; neoplasmas; afrontamiento.

---

### Introduction

University extension is a field of professional practices that can provide society, among other possibilities, innovative spaces for its healthcare needs, which may arise, for instance, from the diagnosis of a neoplasm. In Brazil, in 2016, according to the Brazilian National Cancer Institute (INCA), it is estimated that 596,000 new cases of cancer are to be diagnosed. Specifically for the Midwest, prostate cancer is expected to be the most prevalent type among males, with 5,050 new cases, and breast cancer among females, with 4,230 new cases (Brasil, 2015).

Historically, cancer has been associated with problems that are not theoretically solvable, like corruption and violence (Gomes, Skaba, & Vieira, 2002), seen as mysterious and invasive (Sontag, 2007) and as the result of a curse (Brasil, 2007), which can awaken a fear of death and shock in individuals diagnosed with it (Gontijo & Ferreira, 2014).

With cancer being understood as a stressor for those who have the disease, as well as for professionals and family members directly involved in the care for these patients, it is necessary to develop coping strategies, which can be comprehended as a range of cognitive and behavioral efforts used by individuals for them to deal with internal and external demands arising from stressful situations, as in the case of neoplasms. These strategies can be categorized into emotion-focused, which refer to detachment from the stressor, and problem-focused, referring to closeness with the stressor (Lazarus & Folkman, 1984). Therefore, all these strategies can be used by patients, family members and health professionals so they can deal with the progressive growth of the disease in its various moments, namely: diagnosis; treatment; living with the fear of relapse and, in some cases, end-of-life experiences triggered by the disease.

Minimizing the impact of cancer on patients, family members and health professionals is even more urgent in municipalities located far from large urban centers, as it is the case of the hinterlands of Goiás, where health care for patients with cancer is only found in cities like Goiânia or Barretos, and these displacements are another stress factor for patients and their companions. Thinking about this situation, the university extension project presented and described in this manuscript was created.

### Project Characterization

The extension project in Psycho-Oncology is a service linked to the Psychology course of a public university located in the hinterlands of Goiás. The project aims at training students for them to assist the community going through oncological experiences in said municipality, namely: patients with cancer, their families and health professionals working in the Oncology area. The assistance to the community inserted in such project targets the development of the following actions: minimization of suffering caused by cancer; instillation of positive coping strategies in the population involved; prevention of the risk of psychological distress caused by cancer; prevention of the risk of psychological distress caused by the act of caring; promotion of resilience, understood as “an individual's ability to deal with a disease, accept its limitations, cooperate through compliance with the treatment, readapt and survive in a positive way” (Bianchini & Dell’Aglío, 2006, p. 430); and guarantee of psychological assistance to patients, families and health professionals going through oncological experience.

The project is supported by two main pillars, namely: the very goal of Psycho-Oncology, as well as the social constructionist perspective. Psycho-Oncology is an area that aims to “identify psychosocial variables and environmental contexts in which psychological intervention can assist in one's coping with the disease...” (Sousa, 2005, p. 35). The constructionist perspective regards as an effective therapeutic practice that which proposes reconstruction of senses, understanding that “well-being is fundamentally linked to our current relations ...”, enabling one to shift “the focus from problems to potentialities ...” (Gergen & Gergen, 2010, p. 59). Said service, anchored on social constructionism, opposes to the idea that there are absolute truths (Spink, 2000) and presupposes that, through language and relational processes with the community, it is possible to build local realities and break with what is familiar (McNamee & Hosking, 2012), thus allowing the construction of social practices (Lorenzi, Rissato, & Silva, 2012) different from those of the current socio-historical moment. In addition, social constructionism is interested in what is possible to build together, collectively (Spink & Medrado, 2000). In this way, this project understands that relational engagement with the community create possibilities for the construction of more positive senses associated with cancer, including the sense that it is a disease capable of boosting survival.

## Method

Currently, there is a selection of students to be part of the project. The selection process consists of an individual interview which assesses the candidates' skills for the job in the field of Psycho-Oncology. Subsequently, the selected students are trained through readings of and discussions about theoretical texts for the understanding of Psycho-Oncology and social constructionism fields that treat of therapists' attitudes, therapeutic interventions and approaches that promote the quality of life of patients with cancer, their caregivers and healthcare professionals.

The students' participation in the extension project activities also provides them several possibilities. The latter include the practical application of theoretical knowledge acquired in the context of the classroom, allowing these subjects to face challenges and see their potential. This project operates as a laboratory for the exercise of the extended clinic, as training for human ethical care in its essence – that is, we only humanize ourselves by caring for another human being –, in addition to promoting the exercise of the job a psychologist in the assistance to patients with cancer, which is a public health problem and, for this very reason, will need more and more skilled professionals to work in this context. Moreover, the teamwork carried out with teachers and students also seeks support in the social constructionist perspective. All supervisions are done in groups in an attempt to develop a ‘not-knowing’ attitude, which places the therapist as someone who does not have a knowledge superior to that of patients (Anderson & Gehart, 2007), in order to establish an open dialogue about experiences in the cases assisted, enable contact with the diversity of life stories presented, generating tolerance, curiosity towards the different – understood as the genuine interest in the stories told by patients –, expand conversational possibilities (MacNamee & Hosking, 2012), and build care practices disconnected from the biomedical model.

The population served by the project is referred to a Psychology school service linked to a public university by two nonprofit associations located in a municipality in the hinterlands of Goiás, which are responsible for referring and transporting all patients to Goiânia and Barretos. Group and individual sessions are performed in order to expand the target population's access to the psychosocial rehabilitation project (Ambrósio & Santos, 2011), considering the aims of minimizing suffering caused by cancer, instilling positive coping strategies in the population involved, preventing the risk of psychological distress caused by cancer, preventing the risk of psychological distress caused by the act of caring, and promoting resilience.

Group sessions are held in the facilities of the institutions mentioned and/or at the school service of the university. The groups are open and have predefined themes. Individual sessions take place in the school clinic or at the users' homes when patients are physically unable to go to the clinic.

Individual and group sessions, anchored on social constructionism, seek the establishment of relational engagement, which is powerful to bring about change. Moreover, constant reflection on intervention methods and curiosity about the speeches of the participants are of paramount importance for the construction of more viable futures (McNamee & Hosking, 2012), which in this project are associated with more positive senses related to cancer, understanding that, in this way, the subjects can have greater quality of life and well-being despite the aggressive journey experienced while treating cancer.

The materials and resources used during the sessions are: music, presentation of artistic canvas, paper, pen, video projector and sound, which are usually employed to stimulate the production of senses during sessions. The method used to record the speeches was based on that proposed by Sousa (2005), taking into account, in the case of group sessions: a) the proposed objective for the group meeting; b) degree of kinship between companion and patient; c) types of treatments patients have undergone; d) start and end times of meetings; e) number of attendees at the beginning and at the end of meetings; f) recording of the speeches of the participants and the coordinator as accurately as possible, in the chronological sequence in which they occur. All these pieces of information are recorded by students observing the groups. For individual cases, clinical notes are taken for each session carried out, which are filed at the Psychology school service of the public university in question.

## Results and discussion

The project results now presented and analyzed were collected only after approval by an Ethics Research Committee (Protocol No. 120/13) and cover the period from August 2012 to December 2015. In said period, nine group meetings were held. They lasted an average of two hours, with the number of users ranging from 5 to 49, while the project counted with 5 to 15 students as members. The number of participants was the same at the beginning and at the end of meetings, totaling nine meetings held with the presence of 133 people, including family members and professionals. Most participants had as companions, husbands, wives, daughter, son, grandson and sister. A big portion of the patients had undergone cancer treatments such as chemotherapy, radiotherapy, breast removal surgery, among other specific surgical procedures for treating each type of neoplasm.

The groups had pre-defined themes which, based on the social constructionist perspective, sought to provide participants with other possibilities to describe themselves (Carrijo & Rasera, 2010), as well as encourage the construction of new sources of support (Andrade, Eulálio, & Melo, 2013) in the face of the cancer experience, using art as a means to trigger senses in the group meetings. The themes of the groups referred to metaphors of positive daily experiences taken from common sense and the scientific literature, such as "Senses of living"; "Resilience stories", "Moving on", "Rhythms of life", "What is happiness?", "My life as a play" and "Caring for the Caregiver", which allowed the participants to expose their opinions, experiences and emotions. The dialogues targeted the externalization of experiences so that the participants could build, in group, empowering senses and meanings to possible negative experiences reported, as it is possible to observe in the speech presented below, when a participant (I.) of the "Resilience stories" group, after the participants were invited to choose the canvas that most called their attention, chose the canvas "Portrait" (Figure 1), justifying that she had found the person in the picture "*depressed, nervous*", just as she was feeling at that moment. After her

speech, one of the coordinators asked, *“Is there any moment in your life when you managed to overcome something hard?”* She answered *“Yes, I’ve been in a coma but I made it”*. Then the coordinator asked: *“What has caught your attention most in this picture?”* And the participant answered. *“Anguish... anguishes, but she can make it, I believe she will make it”*. Another participant (R.), who chose the engraving *“Rugby Players”* (Figure 2), said that it reminded him of football, which he played before falling ill, and the feeling awoken in him was *“strength”*. He said that he remembered people he knew who had overcome difficult situations. He mentioned that he had seen on TV that people with disabilities can also play and that this gave him strength and courage; that is why he had chosen that canvas.

**Figure 1.** Portrait, Egon Schiele.



[http://pt.wahooart.com/Art.nsf/O/8YDNQL/\\$File/Egon-Schiele-Portrait-ofFriederikeMariaBeer.JPG](http://pt.wahooart.com/Art.nsf/O/8YDNQL/$File/Egon-Schiele-Portrait-ofFriederikeMariaBeer.JPG)

**Figure 2.** Rugby Players, Henri Rousseau



<http://www.henrirousseau.net/images/famous/the-football-players.jpg>

In addition, 48 patients were approached individually. During the time of conduction of the extension activities 9 patients died, and with it, some of their family members and caregivers continued to be served by the project until being able to resume their daily activities as close as possible to the way they did it before their loved ones passed away.

The records produced from each session performed show that the participants have built problem-focused coping strategies (Lazarus & Folkman, 1984) in the face of cancer, as well as more positive possibilities of experiencing the disease such as reduced fear of cancer, life senses, opportunities to engage in self-care, besides decisions as to the treatment, reaffirmation of resilience and strengthening of emotional ties between residents of the municipality where the project takes place and not only with ill people whom they might happen to meet during the trips necessary for the treatment.

In addition to patients, it is also relevant to focus on results of relationships established during supervisions between therapists, which, anchored on the 'not-knowing' attitude (Anderson & Gehart, 2007), resulted in conversational possibilities capable of broadening the understanding of the life stories (Carrijo & Rasera, 2010) of the patients served, showing that a cancer patient can be much greater than his/her disease. By doing so, it will be possible to develop therapeutic spaces capable of producing health, despite the disease.

### Final considerations

Individual and group discussions and reflections were constituted as therapeutic spaces in which the participants could observe, analyze and understand how relationships and experiences they were living in their everyday routine and in the oncological treatment took place. From this analysis, it is understood that the group meetings and the individual sessions helped the participants to have a broader view of opportunities, expectations and possibilities involving the contexts in which they were inserted. In this way, cancer, the treatments and the consequent difficulties of the disease ceased, at certain times, to be the focus and the only possibility of experience for the participants.

The reported experience also configures a space for the training of future professionals engaged with the bio-psychosocial model of health care, which places healthcare professionals and patients in symmetrical and empowering relationships for the coping with adversities established in situations of chronic diseases like cancer. It can be also seen that the expressive number of people assisted points to the inexistence of more adequate public policies to reach the population served, considering the need for long trips for them to undergo procedures of low complexity, which could be provided in the very municipality where the population assisted by the Psycho-Oncology project resides.

### References

- Ambrósio, D. C. M. & Santos, M. A. (2011). Vivências de familiares de mulheres com câncer de mama: uma compreensão fenomenológica. *Psicologia: Teoria e Pesquisa*, 27(4), 475-484. Recuperado em 10 outubro, de 2015, de <http://www.scielo.br/pdf/ptp/v27n4/11.pdf>
- Anderson, H. & Gehart, D. (2007). *Collaborative therapy: relationships and conversations that make a difference*. New York: Routledge.
- Andrade, D. A., Eulálio, M. C. & Melo, R. L. P. (2013). Fontes de apoio social a idosos portadores de doença pulmonar obstrutiva crônica. *Psicologia em Estudo*, 18(1), 115-123. Recuperado em 20 outubro, de 2015, de <http://www.scielo.br/pdf/pe/v18n1/v18n1a11.pdf>
- Bianchini, D. C. S. & Dell'Aglío, D. D. (2006). Processos de resiliência no contexto de hospitalização: um estudo de caso. *Paidéia*, 16(35), 427-436. Recuperado em 22 maio, de 2015, de <http://www.scielo.br/pdf/paideia/v16n35/v16n35a13.pdf>
- Brasil. Instituto Nacional do Câncer (2007). *Pesquisa de opinião pública dos brasileiros sobre o câncer*. Recuperado em 09 fevereiro, de 2015, de <http://www2.inca.gov.br/wps/wcm/connect/inca/portal/home>
- Brasil. Instituto Nacional do Câncer (2015). *Incidência de câncer no Brasil*. Rio de Janeiro-RJ. Recuperado em 13 janeiro, de 2016, de <http://www.inca.gov.br/wcm/dncc/2015/por-regioes.asp>

- Carrijo, R. S. & Rasera, E. F. (2010). Mudança em psicoterapia de grupo: reflexões a partir da terapia narrativa. *Psicologia Clínica*, 22(1), 125-140. Recuperado em 15 junho, de 2015, de <http://www.scielo.br/pdf/paideia/v16n35/v16n35a13.pdf>
- Gergen, K. J. & Gergen, M. (2010). *Construcionismo social: um convite ao diálogo*. (G. Fairman, Trad.). Rio de Janeiro: Instituto Noos (Original publicado em 2004).
- Gomes, R.; Skaba, M. M. V. F., & Vieira, R. J. S. (2002). Reinventando a vida: proposta para uma abordagem sócio-antropológica do câncer de mama feminina. *Cadernos de Saúde Pública*, 18(1), 197-204. Recuperado em 10 julho, de 2015, de <http://www.scielo.br/pdf/csp/v18n1/8156.pdf>
- Gontijo, I. B. R. & Ferreira, C. B. (2014). Sentimentos de mulheres jovens frente ao diagnóstico de câncer de mama feminino. *Revista Ciência & Saúde*, 7(1), 2-10. Recuperado em 20 julho, de 2015, de <http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/view/15488/11073>
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lorenzi, C. G.; Rissato, G. B., & Silva, S. P. (2012). Sentidos construídos por educadores sobre transtorno do déficit de atenção e hiperatividade e implicações para a prática educativa. *Saúde & Transformação Social*, 3(2), 84-95. Recuperado em 15 julho, de 2015, de <http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/1479/1775>
- McNamee, S. & Hosking, D. M. (2012). *Research and social change: a relational constructionist approach*. New York: Routledge.
- Sontag, S. (2007). *Doença como metáfora, AIDS e suas metáforas*. São Paulo: Companhia das Letras.
- Sousa, A. P. (2005). *Grupo de sala de espera em psico-oncologia na mastologia: estudo das falas das pacientes*. 2005. Dissertação de Mestrado, Instituto de Psicologia, Universidade Federal de Uberlândia, Uberlândia.
- Spink, M. J. (2000). *Práticas discursivas e produção de sentidos no cotidiano: aproximações teóricas e metodológicas*. São Paulo: Cortez.
- Spink, M. J. & Medrado, B. (2000). Produção de sentidos no cotidiano: uma abordagem teórico-metodológica para análise das práticas discursivas. In M. J. Spink (Org.). *Práticas discursivas e produção de sentidos no cotidiano: aproximações teóricas e metodológicas* (pp. 41-61). São Paulo: Cortez.

Received: Oct. 20, 2015  
Approved: Feb. 17, 2016

---

Cintia Bragheto Ferreira: Psychology Course, Federal University of Goiás [Universidade Federal de Goiás], UFG, Regional Jataí-GO