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RESEARCH

THE MEANINGS OF CANCER SURVIVAL: FROM LOSS OF SELF-CONTROL TO OPTIMISM AND HOPE

OS SENTIDOS DA SOBREVIVÊNCIA AO CÂNCER: DA PERDA DO AUTOCONTROLE AO OTIMISMO E ESPERANÇA

LOS SENTIDOS DE LA SUPERVIVENCIA AL CÁNCER: DE LA PÉRDIDA DE AUTOCONTROL AL OPTIMISMO Y LA ESPERANZA

Rafaela Azevedo Abrantes de Oliveira Simoneti [1]
Marcia Maria Fontão Zago [2]

[1] Universidade Federal de Pernambuco – UFPE, Centro Acadêmico de Vitória – CAV. Vitória de Santo Antão, PE – Brazil.
[2] Universidade de São Paulo – USP, Escola de Enfermagem de Ribeirão Preto. Ribeirão Preto, SP – Brazil.

Corresponding author: Rafaela Azevedo Abrantes de Oliveira Simoneti
E-mail: rafaelazevedo84@gmail.com

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ABSTRACT

Objective: to interpret the meanings attributed to cancer survival among sick adults and the elderly. ***Method:*** exploratory study with qualitative approach with narrative and referential method of medical anthropology. Fourteen adult and elderly individuals who had completed primary treatment for at least three months in a university hospital and had a diagnosis of urological cancer (bladder, prostate, kidney, testis) participated in the study. A semi-structured interview was conducted at the participants' homes from October 2014 to November 2015 and after transcription were analyzed according to inductive thematic analysis. ***Results:*** after analysis and interpretation of the data, two main categories were obtained – from loss of self-control and uncertainty of disease recurrence to body surveillance; and the secret of cancer survival: the feeling of optimism and hope. ***Conclusion:*** after interpretation of the senses it became evident that cancer survival is a process permeated by loss of self-control, uncertainty, fear of recurrence, associated with multimorbidity and vigilance, but that sooner or later it may lead the cancer survivor to personal growth, attaching more value to your life and being optimistic.

Keywords: Survivorship; Cancer Survivors; Oncology Nursing; Anthropology Medical; Qualitative Research.

RESUMO

Objetivo: *interpretar os sentidos atribuídos à sobrevivência ao câncer entre adoecidos adultos e idosos.* **Método:** *estudo exploratório com abordagem qualitativa com método narrativo e referencial da antropologia médica. Participaram do estudo 14 indivíduos adultos e idosos que já haviam concluído o tratamento primário há pelo menos três meses em um hospital universitário e que tinham o diagnóstico de câncer urológico (bexiga, próstata, rim, testículo). Realizou-se entrevista semiestruturada no domicílio dos participantes no período de outubro de 2014 a novembro de 2015 e após transcrição foram analisados segundo análise temática indutiva.* **Resultados:** *após análise e interpretação dos dados obtiveram-se duas principais categorias - da perda do autocontrole e a incerteza da recorrência da doença à vigilância do corpo; e o segredo da sobrevivência ao câncer: o sentimento de otimismo e esperança.* **Conclusão:** *após interpretação dos sentidos ficou evidente que a sobrevivência ao câncer é um processo permeado por perda do autocontrole, incerteza, medo da recorrência, associado a multimorbidade e vigilância, mas que cedo ou tarde pode conduzir o sobrevivente do câncer a um crescimento pessoal, atribuindo mais valor à sua vida e sendo otimista.*

Palavras-chave: *Sobrevivência; Sobreviventes de Câncer; Enfermagem Oncológica; Antropologia Médica; Pesquisa Qualitativa.*

RESUMEN

Objetivo: *interpretar los significados atribuidos a la supervivencia al cáncer entre enfermos adultos y adultos mayores.* ***Método:*** *estudio exploratorio de enfoque cualitativo con método narrativo y referencial de la antropología médica. En el*

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estudio participaron catorce personas adultas y de edad avanzada que habían completado el tratamiento primario durante, al menos, tres meses en un hospital universitario y tenían un diagnóstico de cáncer urológico (vejiga, próstata, riñón, testículos). Se realizó una entrevista semiestructurada en los hogares de los participantes entre octubre de 2014 y noviembre de 2015 y, después de su transcripción, los datos se analizaron de acuerdo con el análisis temático inductivo. ***Resultados:*** *luego del análisis e interpretación de datos, se obtuvieron dos categorías principales: desde la pérdida de autocontrol y la incertidumbre de la recurrencia de la enfermedad hasta la vigilancia corporal; y el secreto de la supervivencia al cáncer: el sentimiento de optimismo y esperanza.* ***Conclusión:*** *después de la interpretación de los sentidos, se hizo evidente que la supervivencia al cáncer es un proceso impregnado de pérdida de autocontrol, incertidumbre, miedo a la recurrencia, asociado con la multimorbilidad y la vigilancia, pero que tarde o temprano puede llevar al sobreviviente al crecimiento personal, valorado más la vida y siendo optimista.*

Palabras clave*: Supervivencia; Supervivientes de Cáncer; Enfermería Oncológica; Antropología Médica; Investigación Cualitativa.*

INTRODUCTION

Estimates clearly show this increase in the number of cancer survivors (CSv), taking the United States as an example of a developed country, where more than 15.5 million Americans with a history of cancer were alive in 2016, and still around 20.3 million survivors by 2026.[1] Estimates in Brazil are still incipient and do not describe a prediction of general or specific CSVs numbers for each disease type.

The stage of cancer survival (CSv) is focused on the issues of care management, coping and health promotion, especially after treatment, as it is a moment when there is an abrupt separation of the feeling of security provided by regular contact with health professionals.[2,3] These complications can be physical, psychological, economic and social, can be serious and life-changing. Depending on the type and location of cancer, staging, social and financial support, and treatment, it is known that CSv may have permanent and disabling symptoms that make it difficult to return to routine. Some effects, such as alopecia, nausea and vomiting, disappear when treatment is completed. Fatigue and sexual dysfunction may persist over time, and in some cases lymphedema and pain become chronic. Other effects may appear years after treatment, such as cardiac dysfunction, osteoporosis, diabetes, besides the most worrying, which are recurrence of cancer and second cancer.[4,5]

With the set of terms - subsistence, survival and survivor - and the mix of definitions, these concepts commonly generate confusion, especially the terms CS and CSv which, although related, have different contexts, definitions and objectives. It is understood that CS is a process that goes parallel and connected to the cancer itinerary, operating from diagnosis until the end of life. Its main objective is to improve quality of life and ensure longevity, so that the client lives with and beyond cancer.[6] The term CSv is used to characterize individuals who are on the pathway of the disease and undergoing the survival process (SP).[7] Thus, CS is a generic idea that applies to all those diagnosed with cancer, regardless of the course of the disease. It is a term for health professionals, researchers and patients, extending to their families, as it seeks not only to identify and understand physical issues, but also the social, spiritual, psychological and impact on their lives. affected by the disease.[5-7]

This new language of CS highlights the need to pay attention to this group that remains alive after the diagnosis of the disease, since, although data in Brazil are not yet available to characterize the CSv group and the diagnosis is still late, the number of survivors tends to increase steadily in all countries. Thus, it is essential to understand this concept from the discourse of those who experience it, besides scientifically strengthening the clinical and psychosocial needs of the CSvs, understanding how they feel and experience the SP, which permeates this process, and recognizing the resourcesneeded to assist this group.

The issue of CS is complex and involves Nursing as a key to understand this new phase of the continuous cancer and recognize the needs of the CSvs and, consequently, managing the case in the most different spheres of care. Thus, the anthropological perspective allows us to access the universe of common sense and their experience with the disease, contributing to the expansion of knowledge of nurses in the area. To begin a cycle of research in Brazil aimed at understanding and solidifying the CS process in the Brazilian context, this study sought to understand the narratives of posttreatment patients, seeking to answer the following question: how do the sick describe their experiencewith the disease after treatment? Therefore, it aims to clarify the meanings attributed to CS among sick adults and the elderly.

METHOD

Knowing that health and disease depend on the interaction between biological and social factors, understanding how culture affects health makes it possible to grasp problems and care needs. The human being is a biological entity, inseparable from his culture, and CS is a process constituted and lived by men/women, that is, it is a culturally variable process. However, in order to obtain the meanings of CS among the sick, a theoretical approach that focuses on the cultural and contextual aspects involved in the concept is necessary. Therefore, this study is an exploratory model with a qualitative approach.

The CSvs are the "objects" of choice to study this phenomenon and, assuming that their discourses are permeated by symbols, beliefs and cultural values, the theoretical framework of medical anthropology was adopted, which will guide the analysis of the senses based on the reportsfrom the CSvs themselves. The assumptions of medical anthropology unite the concepts of culture and disease and consist in deciphering the implicit and explicit meanings in the language of the subjects, interpreting their intentions, explanations and historicities. It is, in short, the study of human suffering and the steps taken with the intention of understanding and relieving it.[8]

The itinerary is influenced by the beliefs, attitudes and values of individuals, who react in different ways, depending on the place and time in which they are inserted and the context of health and disease. From this emerges the richness of experiences. In this logic, senses and experiences are connected. Since understanding itself is the meaning of experience. That is, the senses are products of self-reflection and understanding of what is being experienced by the individual.[9]

Narratives are the main expressions people use to tell their stories (dramas, defeats, achievements, joys). Narrating is the act of telling an event that has a beginning, middle and end and enables us to gain access to the experience of the other. This method is based on the premises[10] of the individual narrative centered on experience. One of the presuppositions of this narrative refers to the act of narrating as a representation and reconstruction of events, periods and places and experiences, emphasizing that they cannot be exactly repeated as they happened, because words never mean the same thing twice. The narrative as transformation is the last assumption and represents the personal changes that occurred during the experience with the disease.

After being submitted and appreciated by the Research Ethics Committee (CEP), having been approved under Protocol Nº 503.385/2013, the participants were approached while returning to the Urology outpatient clinic of a university hospital in the countryside of São Paulo State. The main researcher, who had no professional relationship with the patients, followed the consultation and then approached the patients, inviting them to participate in the study, following the subsequent inclusion criteria: adult patients (over 18 years), diagnosed with urological cancer (regardless of the type of cancer) and who had completed primary treatment for at least three months; of both sexes, regardless of educational level and socioeconomic status, who reported physical and psychological conditions for participation. Urologic cancer was chosen because it was the group of patients to whom the authors had access to the outpatient clinic. Being three months after treatment is characterized by allowing patients time to adjust to their new life routine. Exclusion criteria: patients residing within 100 km of the study city of origin.

Participants were presented with the Informed Consent Form to sign if they agreed to participate. Of the 16 who were contacted, one declined to participate and the other dropped out after the first interview, both because they were not comfortable talking about their illness. Data were collected between October 2014 and December 2015 with patients diagnosed with urological cancer - prostate, bladder, kidney and testis. The names of the participants are fictitious, chosen by them, guaranteeing their anonymity.

As a technique for data collection, we approached the semi-structured interview, which were recorded in audio and conducted following a script with guiding questions: what was it like to know you had cancer? What kind of treatment did you do and how did you feel? Have you heard about cancer survival? Tell me how your life is after the treatment? How is your routine? How was your experience with the disease? What has changed? Give an example of what living with the disease is like. There was no pilot test to validate these questions. In each meeting there was only the contribution of the participant and main researcher.

In the other meetings, the researcher returned with new questions, especially about those that had been superficially answered at the first moment. There were, on average, two interviews with each participant with a maximum of three months between them. The feedback with the participant ensures the depth of the data as they have the opportunity to reflect on the questions. The interviews took place at the participants' homes and lasted, on average, 60 minutes.

The return to the second interview only occurred after the transcription of the first interview, including the field diary in the text, emphasizing that the field diary was developed after each interview. Then the inductive thematic analysis began.[11] This is an interpretive analysis that searches for meanings according to the commonalities, relationships, and differences between them, expressed in themes. The theme represents a level of meaning within the data corpus, regardless of its frequency, but dependent on the researcher's theoretical perspective to interpret the results. The process of coming and going in interviews and consulting the field diary to learn how participants perceived their experience with the disease was part of the development of scientific knowledge through the hermeneutic circle. It is from this that the researcher describes, explains and interprets the narratives with understanding and otherness. Therefore, the themes are not previously established, but are the result of the interpretative process of the data.

In examining the transcripts, relevant passages were highlighted and then analyzed as part of a whole for understanding, explanation, and, finally, common sense interpretation. At this moment the narratives were constructed, and soon after the researcher returned to the participant to correct and/or confirm the information. Subsequently, in order to better organize and group information that complemented or diverged, the authors, by virtue of the thematic analysis of the data, grouped the relevant passages of narratives that composed a theme and constructed a first person narrative synthesis, involving the experience and transformations of all participants who were dialectically interpreted and discussed in two categories presented in the next section.

To ensure the quality of the study, some points maintain rigor, such as: a) attention to reading and analysis of discourses, engaging with informants with the purpose of minimizing reactions to the research environment; b) conducting various interviews with participants on the topic at different times; c) description of the participants' socio-cultural characteristics and study contexts, as well as their clinical data and data collection and analysis methods and processes, so that the results are reliable and can be transferred to similar situations; d) conducting the processes of analysis and interpretation of the data, showing the evidence (fragments of the participants' narratives), discussing the results with peers, arguing them based on the theoretical framework and literature.[12]

RESULT

To characterize the 14 study participants, Table 1 describes the fictitious name of each of them, as well as age, marital status, education, religion, occupation, family income, cancer type, and time since diagnosis.

After the interpretation of the data, two thematic categories were elaborated. The first one is the loss of self-control and uncertainty about the recurrence of the disease to body surveillance; and the second is the secret of cancer survival: the feeling of optimism and hope.

The first category determines the ways of living with chronic illness, these ways being initially linked to repudiation and denial, as well as loss of control. In this sense, denial is common in CSvs discourses, for example:

> *I prefer to think that I don't even have cancer* (André).
>
> *Because living with cancer is very sad* (Pedro).

Denial is accompanied by loss of control over oneself:

> *Things got out of my control* (Jonathan).
>
> *I no longer have control of my own body* (Josué).

Loss of body control was characterized by the short and long-term effects imposed by the disease, such as sexual impotence, *pain*, *bleeding*, *urinary incontinence*, *tiredness* and so it is said to start with the diagnosis and have no time to cease, remaining or intensifying in the CS phase. The narration of the loss of self-control is accompanied by the acceptance discourse:

> *Over time you get used to everything, the pain, the bleeding and the hospital routine* [...]*I have a great desire to live!* (Josefa).

Table 1 - Sociodemographic and clinical characterization of the participants. *Ribeirão Preto*, SP, Brazil, 2015

Name	Age*	Marital Status	Schooling	Religion	Ocupation	Family income	Type of Cancer	Diagnose Time*
Maurício	62	Married	High School	Catholic	Retired	3 MW§	Prostate	12 years
Pablo	62	Married	Elementary SchoolI†	Catholic	Retired	2 MW	Prostate	3 years
Conceição	60	Married	Elementary School II‡	Catholic	Business woman	2 MW	Kidney (L)	3 years
Damião	59	Married	Incomplete Elementary School	Protestant	Merchant	3 MW	Bladder	2 years
Josefa	68	Widow	Elementary SchoolI	Catholic	Housewife	1 MW	Bladder	26 years
João	62	Married	Fundamental II	Catholic	latheOperator	3 MW	Kidney (R||) and Bladder	9 years
Pedro	62	Married	Elementary SchoolII	Deist	Retired	2 MW	Bladder	5 years
Antônio	79	Married	Elementary SchoolI	Spiritualist	Retired	2 MW	Prostate	2 years
Josué	63	Widow	Elementary School I	Catholic	Retired	3 MW	Prostate	3 years
Jonathan	64	Married	Incomplete high education	Protestant	Merchant	3 MW	Prostate	2 years
Leonardo	56	Married	High School	Atheist	Retired	2 MW	Kidney(L¶)	2 years
Lucas	60	Married	Elementary SchoolII	Spiritualist	Gatekeeper	2 MW	Kidney(R)	3 years
Marcelo	54	Cohabiting	High School	Catholic	Mechanic	2 MW	Bladder	12 years
André	41	Cohabiting	Elementary SchoolI	Protestant	Conferrer	2 MW	Testicle (L)	3 years

*Until the end of the second interview (DEC/2015).
†Fundamental I – until fourth grade or fifth school year;
‡Fundamental II – until eighth grade or ninth school year;
§MW–Minimum Wage. Brazilian Real reference value: 937,00;
||R – Right;
¶L – Left

In contrast, the uncertainty of disease recurrence has become the major threat among CSvs. In their discourses, five participants expressed concern about the return of the disease. Two of them emphasized:

> *If there is one thing that surrounds us is the uncertainty of the return of cancer, as I don't have a prostate anymore, I think they took it all away, I don't keep thinking about it, it's not good to think* (Pablo).

> *I cry because of cancer, I don't sleep well thinking about it, at first I used to wake up every hour, I didn't want to have my kidney removed, now I'm left with one and turning on the other? I don't even like to think, it's more of a concern* (Leonardo).

The reported anxieties revealed how much the disease can influence their routine and affect their quality of life, as described by Leonardo, who was diagnostic only two years ago.

Another participant reported fear of return but believes the worst is over:

> *I do not even fear the return of the disease. I already beat it, so if there is a return I will win again. And also, if I have to die from it, I die, I will not stay as a seed* (Damião).

The others presented a more positive discourse, drawing attention to the issue of uselessness and dependence that cancer can bring:

> *Many people ask me about the recurrence of the disease, but for me it is quiet, if it come back, we will treat, honestly, just do not want to suffer, to see these people in a terminal state is very sad* (Conceição).

> *My main fear is being useless on a bed, wow, I don't even like to imagine, but I have faith in God that won't happen* (Jonathan).

In these discourses, it is clear that despite the anxiety and concern that surrounds all the CSvs, the main issue lies in what common sense can express about cancer and its stigma: the ability to generate suffering. It is the revival of the feeling that the stigma of cancer can set in again.

Some participants raised the issue of surveillance:

> *The bad side of the disease is vigilance with the body, we are always alert* (João).

> *Today I am more concerned about my health, everything catches my attention, I was even depressed because of this disease and what it does to us, I have to take care of myself, I know that* (Marcelo).

> *I have to keep an eye, because I only have one kidney left* (Conceição).

This concern with the body triggers changes in lifestyle, as mentioned by Leonardo:

> *You know, another thing that changed was the diet, all we eat is adulterated, has hormone, poison, is no good. I ate what everyone eats, normal.Today I took out everything, I don't eat meat nor chicken, only fish; I don't drink soda; the fruits and vegetables my wife chooses by hand. On my last prostate exam, it swelled, nothing happened because of that, you know, normal, but it swelled. Now I'm taking some natural alternativemedications, you know, a little red seed, my daughter who referred me, it's a natural pharmacy thing, I take a lot.*

The second category highlights that, because cancer is an overwhelming disease that affects the existence and changes behaviors more than natural events in the lives of those who are not sick, it is natural that the sick manifest negative meanings about it. Some discourses reveal this feature:

> *It is not good, it would be good if it did not exist, but we have to conform* (Maurício).

> *For me, cancer is a wound that has not yet healed but will heal. There is no positive point in having this disease, for me now it's just rush and despair, I have to go to Ribeirão Preto often to do these tests and run after doctor, for me, what is the benefit? It's only loss!* (Leonardo).

The sick used metaphors, which are figures of language, to express the idea of what is really embodied in them and, thus, to give meaning to this often a complex moment they experience. However, not all patients used negative connotations for the disease, because for some *there is no negativity, neither positive nor negative, it is just a nuisance, it is part of the maturation and growth of each one.* According to their experiences, the sick sought the extracorporeal signs to understand this experience and the health and disease process.

Understanding the disease from a positive perspective is made possible by recognizing positive changes in life that make people better:

> *Of course, there are good things about having cancer, of course not everyone can see, but I, for example, became much more human, because I was selfish, I valued things that didn't need and I learned to value money, family* (Conceição).

> *Today I am a much better person than I once was, today I have more patience, I have more faith, I am calmer, and the disease helped me a lot in this process* (Josefa).

> *My only benefit from cancer was not having to pay income taxes anymore [laughs]. We learn to value life more, we do so much wrong, we just complain. Today I do not complain, thank God* (João).

This appreciation of the disease contributed to the CSvs live better: *to give more value to now, not surrender, not complain and live well.*

Therefore, when reading the discourses we easily find the word optimism in expressions such as "I am optimistic". Participants associated this optimism with the will to live and were grateful for everything they had experienced during their journey with the disease:

> *My optimism is because of my desire to live, simply live, learn, teach, serve* (Josefa).

> *I love life so much, I love living, it's life that goes on, always overcoming the challenges* (Josué).

> *My life is very good, I just have to thank God for everything I've been through, for what I have, for everything!* (Maurício)

Optimism suggests "staying positive" and enables people with cancer and their families to keep hope, which in turn helps them find a sense of normality and focus on the future. This feeling was highlighted by some participants in their discourses:

> *We are very impressed with the disease, it leaves marks, sometimes we think about what is coming, but we have to think positive, be optimistic and try to live as normal as possible* (Antônio).

> *We cannot lose hope and fight always, never let ourselves be defeated, it helps me feel better* (Lucas).

Optimism, in this case, is supposed to have helped maintain the well-being after the treatment and consolidates the theory that it maintains a positive climate and protects CSvs from the negative effects of the disease.

DISCUSSION

This section was organized according to the categories presented in the result. It is possible to highlight the aspects and concepts that surround the CS throughout the survival process. Loss of control, the first aspect discussed here, is quite common among cancer patients, but the participation and involvement of CSvs in building their own care helps them regain control of themselves in some way.[13] Next, comes acceptance, which is one of the attributes of life with chronic illness, and it may indicate a form of self-control, moving the SCvs away from feelings of anguish, uncertainty, fear, and shorthand for life.[14]

The changes in the life of CSvs caused by the disease force them to take on new behaviors regarding their lifestyle. These changes can be managed by diligence, which is the individual's ability to make choices based on their culture; of responding to a situation in accordance with the beliefs and values learned from your social group.[15]Diligence can be helpful in restoring feelings of loss of control and meaninglessness caused by the disease, as well as helping the SCv to rearrange changes according to their living standards.[16]

Thus, the uncertainty of disease recurrence has become the main villain among the CSvs,[17] however, the intensity of this uncertainty may vary with the time of diagnosis. Among the participants, two out of five reported concern about recurrence and were diagnosed 12 years ago. Among women with breast cancer, the fear of recurrence was more prevalent among those up to five years after primary treatment.[17] And in the study[18] that aimed to improve the knowledge about the factors that influence the fear of recurrence, it was noticed thatmost CSvs with a long post-diagnosis time reported fear of recurrence at low intensity. This analysis allows us to reflect that time, despite not demarcating the thresholds of chronic disease, helps in the process of overcoming and acquiring new coping strategies. Thus, the vulnerable sick person who surrendered to the inconstancy of the disease starts to take control and balance of the emotions and live well the longer lives with the disease, thus justifying the low levels of concern about recurrence among those CSvs with long post-diagnosis time.

Anthropologically, it is explained that vigilance is increasingly intense and anticipated on the body, in a strong belief that they will be able to avoid health problems effectively.[19] Thus, changes in lifestyle in the face of what the layperson in the cultural context, it considers the cause of the disease to be natural, because, in common sense, if you used to eat incorrectly before and now have a chance to correct it, you can prevent the disease from returning or worsening your health. This knowledge is culturally developed, as the CSvs themselves exercise surveillance and prevention diligence based on their own knowledge.

For the study[20] that aimed to explore the ways in which CSvs experienced the world around them and how it affected themselves and their relationships with others, one of the reasons cancer is so feared and negatively recognized comes from the fact that there is no consensus on its etiology, although studies confirm the connections between stress and cancer, for example, and there is no specific time or place for the disease to reach people. It is noteworthy that the layperson's knowledge is built on the personal, social and cultural experience and is interrelated with the different dimensions of life, religion, work, family, sociopolitics. It is these multiple interactions over time that enable the sick to continually reconstruct their knowledge and interpretations in a reflexive action. Therefore, many of them who today consider the disease a negative factor may, over time, re-signify it, giving it a new, more positive meaning that also fits their experience with the disease. Thus, anthropologically it is justified why some participants consider the cancer experience negative and others consider it positive.

Research[21] aimed to explore how women who were diagnosed with breast cancer defined themselves as survivors and how this process took place, as well as knowing the benefits derived from this experience. Participants rated this recognition as an experience of those in the CS phase, 97% of 109 participants listed at least one benefit from the disease, which could be a new way of living life, improved relationships, a need to help others, self-improvement, more caution and attention to the body, in short, benefits that are not far from those reported by the participants of this study.

Arguably, this state provides a healthy adjustment to CSv life amid the chaos caused by the disease and generates a sense of pride and social worth. Psychology's concept of post-traumatic (CPT)[22] growth is the most appropriate to define this personal growth of each CSv after experiencing some kind of traumatic event that breaks with the normality of life. CPT is the result of a post-traumatic struggle that generates cognitive recognition of individuals' personal strengths and relationships with others, as well as a sense of appreciation for their own lives.[23]

CPT refers to the benefits that CSvs can discover throughout the SP: improved mental health, improved relationships with family and friends, deepening spiritual life, setting new priorities.[22] Finally, true personal growth that, even without realizing, the participants were able to narrate with maturity and understanding. In the study[24] that aimed to examine the prevalence and correlates of CPT and to identify the relationships of CPT and health-related quality of life, 122 stomach cancer CSvs participated. It was found that 53% of them experienced moderate to high level of CPT. Indeed, this is the great benefit of CS: the ability to recognize the positive points in trauma that contribute to becoming a better person and resizing their lives in the face of the impositions of the disease.

Cancer is a disease that triggers complex interactions in the cognitive and psychological universe, and both optimism and hope are psychological mechanisms adopted along the CSv trajectory and related to coping strategies developed during this experience, as well as the psychosocial support offered. It is these interactions between the psychological, cultural, social, spiritual and physical universe, at different intensities, that help the CSv to react and resist the circumstances of the disease in ambiguous, dynamic, uncertain and fluid situations.[26]

However, participants' narratives reveal a complex and natural post-treatment phase, in which emotions range from loss of control, fear, uncertainty, gratitude, hope, optimism and happiness, and most importantly, all these feelings do not dissipate over time and there is also no fixed time to occur. In fact, some emotions may overlap with others and may at some point be intensified, which does not mean that the others have been dispelled. Finally, this study was limited to patients diagnosed with urological cancer and did not consider the gender, severity or staging of the disease, age or other variables that may influence participants' interpretation of their own experience over time.

CONCLUSION

The results of this study provide the reader to understand the universe of CS and the life aspects of those who live it. Thus, the objective was reached when the meanings attributed by the CSvs matured the SP and allow the interpretation that this process is permeated by loss of self-control, uncertainty and fear of recurrence, associated with multimorbidity and vigilance. But sooner or later it may lead to see the benefit in the disease, growing personally, placing more value on your life, your family, and being optimistic and hopeful about tomorrow, which is indeed the big secret of CS.

The study had as limitation the restriction to the group of urological cancer patients with different types of cancer within this system. CS is a poorly used and relevant concept for oncology, so the need for further studies on different types of cancer is emphasized to understand this phenomenon and the clinical and social needs of CSvs. It also reports on the needs of health services to include this concept as part of the cancer continuum. Here are the initial premises of a concept that refers to a new phase in the line of cancer care and which refers to a specific group that requires specific care that cannot be neglected, and Nursing is well placed to manage them.

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