

A PHILOSOPHICAL FEMINIST APPROACH TO BREAST CANCER

UMA ABORDAGEM FILOSÓFICA FEMINISTA PARA O CÂNCER DE MAMA

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ABSTRACT

Breast cancer is a major public health issue and it can impact individual's lives in different dimensions. Although women are the ones most affected by this illness, there are other minority groups, such as men and transgender people, that are also affected and frequently ignored in healthcare approaches. People affected by breast cancer can face societal oppressions that puts them into a vulnerable situation where they need to deal with the suffering involved in have a serious illness and the societal expectations of the body. This situation can negatively influence an individual's sense of identity and views of the body. As a result, it becomes necessary to dismantle the monolithic constructions on this collective, since these groups not only carry their gender identity but also the identities forged by social and cultural experiences. Thus, this article is a philosophical reflection to critically examine conceptual understandings of the body for individuals affected by breast cancer, to understand the influence of social interactions in this process based on the feminist philosophy, and to explore how nurses and healthcare professionals can help tackling this issue. Feminist thinking has become a crucial component of both political and sanitary philosophy and theory, and it is promoting a real "refoundation" of the political, philosophical, and theoretical dimensions. Therefore, it is important to healthcare professionals to use a philosophical feminist approach to breast cancer to help empowering these individuals and disassemble the constructions on this collective.

Keywords: Philosophy; Feminism; Breast Neoplasms; Nursing; Gender and Health.

RESUMO

O câncer de mama é um importante problema de saúde pública e pode impactar a vida de indivíduos em diferentes dimensões. Embora as mulheres sejam as mais afetadas por esta doença, existem outros grupos minoritários, como homens e pessoas trans, que também são afetados e frequentemente ignorados nas abordagens de saúde. As pessoas afetadas pelo câncer de mama podem enfrentar opressões sociais que as colocam em uma situação vulnerável, onde precisam lidar com o sofrimento envolvido em ter uma doença grave e as expectativas da sociedade em relação ao corpo. Esta situação pode influenciar negativamente o senso de identidade e as visões do corpo. Com isso, torna-se necessário desmontar as construções monolíticas desse coletivo, uma vez que esses grupos carregam não apenas sua identidade de gênero, mas também as identidades forjadas por experiências sociais e culturais. Assim, este artigo é uma reflexão filosófica que busca examinar criticamente as compreensões conceituais do corpo para as pessoas afetadas pelo câncer de mama, para compreender a influência das interações sociais neste processo com base na filosofia feminista e explorar como enfermeiros e profissionais de saúde podem ajudar no enfrentamento desse assunto. O pensamento feminista se tornou um componente crucial tanto da filosofia quanto da teoria política e sanitária, e está promovendo uma verdadeira "refundação" das dimensões política, filosófica e teórica. Portanto, é importante que os profissionais de saúde utilizem uma abordagem filosófica feminista do câncer de mama para ajudar a empoderar esses indivíduos e desmontar as construções desse coletivo.

Palavras-chave: Filosofia; Feminismo; Neoplasias da Mama; Enfermagem; Gênero e Saúde

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INTRODUCTION

Cancer is a major public health issue that can impact individual's lives in different dimensions and it is one of the leading cause of morbidity and mortality worldwide ⁽¹⁾. It is expected that 1 in 2 Canadians will develop cancer during their lifetime, and 1 in 8 women will develop breast cancer ⁽²⁾. Breast cancer is a major public health issue that can impact individual's lives in different dimensions. Although there are different types of treatment for breast cancer, such as chemotherapy, radiotherapy, hormonal therapy, and surgery, all of them can leave severe sequelae in those who survive the experience of cancer ^(3, 4). The impact of the disease and the different modalities of cancer treatment frequently lead patients to physical sequels, emotional distress, and distortions in identity and views of the body ⁽⁵⁾.

Nurses frequently practice at the forefront providing direct care to breast cancer patients and survivors ⁽⁶⁾. The role of nurse specialists and nurse practitioners in cancer care have been increasing in countries around the world, including in Canada ⁽⁶⁾. Even though nurses and healthcare professionals have made a lot of progress in aspects related to cancer prevention, diagnose and treatment, more attention is needed in order to address the social aspect of cancer.

In addition, past healthcare approaches and studies investigating breast cancer and its consequences have mostly focused on women. However, minority groups, such as men and transgender individuals, are also impacted by breast cancer and are frequently ignored in these investigations. Additionally, the psychosocial consequences of breast cancer are still often underestimated and overlooked among studies and healthcare professionals ⁽⁷⁾. Therefore, to address those gaps a feminist philosophy is suggested. Feminist philosophy looks beyond women's issues, as it constantly seeks to diminish societal inequities among different groups. With the intention of bringing an approach that does not create or reinforce inequalities among minority groups, in this study we try to approach breast cancer bringing reflections related to all groups facing this illness. Thus, the purpose of this article is to critically examine conceptual understandings of the body for individuals affected by breast cancer, to understand the influence of social interactions in this process based on the feminist philosophy, and to explore how nurses and healthcare professionals can help tackling this issue.

Gender inequities and oppression

Women are unquestionable most affected by breast cancer. However, there are

other minorities impacted by this issue that are commonly ignored in healthcare approaches. Breast cancer remains rare in males as only 0.2% of men's cancers are predicted to be breast-related, and among transgender people this number is still unknown ⁽²⁾. Transgender people often receive (or self-medicate) hormonal treatment that can increase the risk of developing breast cancer. Transgender is a term used for people whose gender identity differs from their sex assigned at birth, while cisgender is a term used for those whose gender identity matches their sex assigned at birth. The risk of breast cancer in transgender women is greater than in cisgender men, but it is still lower than in cisgender women ⁽⁸⁾.

Despite evidence of breast cancer incidence among men and transgender individuals, these populations are still overlooked in the study of breast cancer ⁽⁸⁾. This omission among scholars and health care professionals can further exacerbate the vulnerable situation and social inequality experienced by those groups. As a result, it can deprive men and transgender individuals of equal breast cancer treatment opportunities ^(9, 10).

Patients who do not receive adequate support and medical treatment for breast cancer have higher mortality risk, resulting in lower survival rates ⁽¹¹⁾. Moreover, body image and identity disturbance have a greater incidence

among cisgender women, but it can also affect cisgender men, transgender women, and transgender men ⁽¹²⁾. But as usually happens in society, people within the minority population who are facing the problem are frequently ignored and their interventions are generalized from privileged/dominant groups. Thus, it is important that nurses and health professionals understand that this focus on dominant groups generates a vicious cycle of vulnerability and as health professionals it becomes necessary to act on this problem at its root.

In order to explore understandings of the body for individuals with breast cancer, we must acknowledge the long history of oppression related to gender differences. It is first necessary to analyze gender as a structural category or an indicator of place. In the past, gender was considered as an institution that determines the expectation patterns of people and that regulates the social processes of daily life, but now gender is seen as category in transformation. Thus, we must understand that gender is not an anthropological constant or an essential characteristic that invariably belongs to the human being as nature, on the contrary, gender is a paradigmatic evolution.

Gender difference refers to the distinctions between women and men as societal groups and their roles. In his article on sex and gender, Diamond ⁽¹³⁾ suggests that "Men and men's roles are typically associated

with strength and dangerous occupations, whereas women and women's roles are more often associated with childrearing and nurturing pursuits" (p.323). Although years have passed since Diamond did this allegation, it is evident that this stigmatization is still present in today's society ⁽¹³⁾.

The history of oppression is marked by privileged group's dominance and minority groups' subordination and devaluation in society, which is reflected in the persistence of gender disparity despite equality under the law ⁽¹⁴⁾. Gender inequity is a well-known problem worldwide, as a result, the United Nations set gender equality as the number five from 17 goals to be achieved by 2030 in the agenda for sustainable development of people, planet and prosperity ⁽¹⁵⁾. Although the gender inequity scenario has improved in many cultures, it remains solidly persistent in modern society and continues to negatively affect the lives of individuals.

Gender inequity mainly affect women but depending on the social context it can also affect men and transgender individuals. This oppression related to minority groups come from society and extends to healthcare services. Transgender and gender nonconforming adults are more likely to have their health needs unmet and to be uninsured compared to cisgender people ⁽¹⁶⁾. In addition, men are more likely to have health outcomes substantially worse than

women, which can also be a result of gender inequity and the view of man as strong and unbeatable ⁽¹⁷⁾.

Taking into consideration gender inequity and its effects on those affected by breast cancer, there are some questions to be raised and answered. What are the social and political aspects involved in this overestimation of physical consequences from cancer over the mental ones? What can be done to help people empower themselves and own lives and care? Can the way people relate to their experiences of cancer, demonstrate the feminist philosophy's assertion that the social is dominant over the biological?

Conceptual understandings of the body: what do we know?

Human life is covered by the powers and knowledge that characterize a given time. With reference to the body, life presents itself as an intra and intersubjective fact, in which the conscious and the unconscious, the biological and the psychic, the individual and the social, the nature and the culture, interact aiming at the meaning fullest of existence. Therefore, the body is a privileged object for the analysis of the inter-determinations between the individual and the social. The analytical position in which we want to place the body throughout this

context is clearly expressed in the affirmation of the body as the umbilical cord with the social.

Additionally, to better understand the experiences that affect people and their relationships with their bodies, it is essential to reflect on the different views of the body and the impact of cancer on individuals' identity. The incessant exposure of patients to cancer and its consequences can lead them to suffer distortion in their personal identity. That because identity process is not a static entity; it is a continuous development of changes and accomplishments; thus, it can be affected by experiences ⁽¹⁸⁾. According to Dubar et al., identity consists of an undergoing process of construction, deconstruction, and reconstruction, using social interaction as an underpinning ⁽¹⁸⁾. In addition, Simone de Beauvoir argues that since identity is an expressive and temporal unfolding rather than an objective truth, people are not born as who they are, they became who they are based on their social interactions and experiences, thus, gender has more to do with social than biological determinism ⁽¹⁹⁾.

Furthermore, body image can be defined as the individual's perceptions toward their body ⁽²⁰⁾. The concept of body image was first introduced by Paul Ferdinand Schilder, an Australian psychiatrist ⁽²¹⁾. According to Schilder, body image can be defined as a picture that individuals formulate in their minds

related to themselves ⁽²¹⁾. This picture is constructed using a multidimensional dynamic process that involves a combination of complex relationships with the environment, social experience, and internal activities (visual, tactile, thermal and pain impressions) ^(21, 22).

An individual's body image reflects the way that their body is introduced to them, and the way their body becomes part of who they are, therefore, as in the identity process, it can be constructed, deconstructed and reconstructed throughout life ^(21, 22). Besides body image being a picture that reflects how individuals see their body; it is also the result of a process that reflects individuals' feelings, functionality, social experiences, and political processes, as well as the perceptions of others ^(21, 22). Also, body image is directly connected to identity and both can be affected by the experience of breast cancer.

As nurses, it is common to see patients affected by breast cancer in our clinical practice environment presenting body image distortion as a result of negative social interactions. Oncology patients deal with the constant fear of death that accompanies the cancer diagnoses, the side effects from the treatment, the emotional fragility, among others. Besides that, they often face problems related to body image, usually as a result of alopecia, weight loss, scarring, mastectomy and other consequences from cancer and its treatment.

The body image distortion faced by patients with breast cancer is usually related to fear of negative social interaction or judgments, as well as experiences related to their physical appearance and conditions. This distortion is a result of the way these bodies adapt to their new reality, the way in which their identity is transformed and their strategies for survival. Issues related to body image in breast cancer patients frequently evokes depressive symptoms, social isolation, relationship problems and others. Even though this reflection is a result of our experience as nurses, there are several studies that also highlighted these issues ^(12, 23-25).

Still, Paul-Michel Foucault was a French philosopher who reflected on the sociology of the body as well as on power and knowledge ⁽²⁶⁾. Foucault used the sociology of the body in order to try to change the sociological paradigm from a medical to a health and illness perspective ⁽²⁶⁾. He used the term "docile body" to argue that the body can be exposed, used, altered, and improved, and he suggested that the body cannot exist without its cultural context. Foucault also claimed that health is a form of control that can be used by government policies to exercise power over society ⁽²⁶⁾. Foucault suggests that "the first time that the body had become the object of such imperious and pressing investments; in every society, the body was in the grip of very strict powers, which

imposed on its constraints, prohibitions or obligations" ⁽²⁷⁾ (p136).

Beyond Foucault's points, nowadays in society, the body's identity and image is subjected to social normalization; in other words, society tries to establish an ideal physical standard for each gender ⁽²⁸⁾. This idea leads many people to constantly attempts to shape their bodies to meet this standard. These efforts include going on diets, wearing certain kind of clothing, going through unnecessary esthetical surgeries, and others ⁽²⁸⁾. When the "normal" standard cannot be achieved by someone, it can lead this individual to dissatisfaction and/or negative feelings and attitudes toward their bodies. In addition, these societal standards reinforce the power dominant groups hold over others, for instance, men over women, cisgender people over transgender people, able-bodied over disabled people, white people over people of color, heterosexuals over lesbians, gays, and bisexuals ⁽²⁸⁾.

This power imbalance between men and women, and dominant groups over minority groups, along with social expectations around bodies, make it difficult for people who experience physical trauma and body modification from breast cancer treatment to deal with their bodies. This experience can lead to psychosocial and mental torment beyond the physical suffering involving their health. Although women are usually the group more

affected by body image disturbance, other groups, such as cisgender men and trans-identified people, can also suffer trauma from body modification related to breast cancer. Thus, it is paramount to understand that problems related to body image and breast cancer cannot be attached exclusively to the idea of femininity or womanhood, as other groups of people are also affected by this issue.

Simone de Beauvoir brought to light ideas focused on gender differences and the fact that men and women experience embodiment differently ⁽¹⁹⁾. Simone claimed that women's embodiment has a greater influence than men related to other people's opinions ⁽¹⁹⁾. Nevertheless, this is not due to biological factors, but to the process of internalizing the view of her body under the gaze of others ⁽¹⁹⁾. Women tend to overestimate others' opinions about their bodies because of a belief that a woman's body is not only hers. This impression comes from the subjective idea that the sense of self is produced through relationships with others. Also, the transgender theory, which emerged from the feminism theory, highlights the influence of lived experience from intersecting identities in the embodiment of transgender people ⁽²⁹⁾. Those ideas broaden our understanding of the problems experienced by people affected by breast cancer, and how individuals' lived experience influences their

suffering related to their body and mind—that is, their embodiment.

Although this sense of belonging to someone, which is produced through lived experience, is not a reality for everyone, it is still present in society. Furthermore, cancer can aggravate this situation, as people tend to be more dependent on their family, particularly informal caregivers (usually a spouse/partner), when facing vulnerable situations like breast cancer. As a result, those people who already have a tendency, originating from their culture and education, to believe that they are the property of others and dependable of others, may become even more convinced of this belief when they are sick and vulnerable.

A philosophical feminist approach: why feminism?

In the past few decades, feminist thinking has become a crucial component of both political and sanitary philosophy and theory. Starting from the first claims for the mere extension of rights, until its maturity from the post-Simone de Beauvoir thinkers. The critical analysis undertaken by de Beauvoir opened a path for redefining the political own borders, displacing the central debates of political theory, and replacing the terms where it is possible to discuss today issues such as democracy, representation, justice, and equality.

In this way, feminist theory is promoting a real "refoundation" of the political, philosophical, and theoretical dimensions.

Feminism is continuously attempting to diminish inequity, pursue justice for people, and abolish sexism. McAfee states that in order to seek justice, feminism uses arguments and perspectives from political, social, economic, and cultural phenomena ⁽³⁰⁾. It is vital to understand that, although feminism reports on women's experiences, feminist philosophy does not look just at women; it looks at other inequities and oppressions using critical thinking and perspectives ⁽³⁰⁾. Some examples of these other inequities include those considered by the intersectional theory: nationality, identities, religion, class, ethnicity, sexuality, gender, and others. Feminist philosophy is not homogeneous in ideas and methods because it emerged from different traditions and places around the world ⁽³⁰⁾. However, all of these philosophies share the same principles: diminish inequities and abolish sexism ⁽³⁰⁾.

In addition, Maria Lugones, a feminist philosopher, disclosed the theory known as the decolonial feminism, which analyses relationship between colonizer and colonized in terms of gender, sexuality, and race ⁽³¹⁾. Lugones critique de constant use of dichotomous hierarchical distinction, such as human and non-human, man and woman, black

and white people, which became a mark of civilization ⁽³¹⁾. She argues that the imposition of such dichotomous hierarchies is responsible for the historicity of dominance and subordination between groups ⁽³¹⁾. She criticizes that the fight should not be against colonization, but the gender coloniality that still persists today ⁽³¹⁾. Lugones also brought the idea of feminism of resistance in which we can contest the forms of domination. So that epistemological constructions are made possible in which women and minority groups who are on the borders and who live multiple oppressions can have other opportunities ⁽³¹⁾. Therefore, it is necessary to decolonize knowledge and being, in order to make room for a decolonial feminism.

What does feminism have to do with breast cancer?

It is important to understand that predominant groups dominance over minority groups is not only reflected in oppression and restrictions related to legal and political aspects. It also influences the way our society is structured and its cultural characteristics, which consequently influence all other dimensions of women and other minority group's lives, including distortions related to body image and embodiment. Because of that, it is important to consider the use of feminist philosophy to

approach issues and consequences related to breast cancer among all people facing this illness.

In our experience working in western medicine, it was common to witness patients—especially women (cisgender and transgender) receiving treatment for breast cancer—being induced to seek their physical recovery as an "attractive person" as soon as possible so that they could return to their "normal routine" ⁽³²⁾. These treatments can include introducing breast implants prematurely (even if this is a painful process), unnecessary procedures for aesthetics (such as removal of a healthy breast to provide a symmetrical appearance in the breast reconstruction), among others. Using a women's perspective, these procedures are all aimed at making the woman aesthetically attractive as quickly as possible, reinforcing the idea that a woman is an object of the society gaze ⁽³²⁾. However, it is important to highlight that this process can be also extremely difficult for men (cisgender and transgender). As for a male body, this process besides being painful, can be seen as humiliating as they have a "women's disease", which can lead them to suffer in silence and do not give themselves enough time to recover.

In addition, orthodox medicine can sometimes introduce a culture of blaming the victim (un)intentionally ⁽³³⁾. For instance, health professionals may tell patients that they got

cancer because they smoke, because they are overweight, because they drink, or because they did not breastfeed. Even though it can be a possibility, it is also a subjective idea since factors involved in the cancer incidence still unclear and contradictory in the literature. It is clear that this culture of victim blaming and the excessive demand for aesthetic procedures reinforces for people with breast cancer that their appearance is undesirable and that they need to recover as soon as possible to fit back into society ⁽³³⁾. In essence, people with breast cancer need to go through the hard process of fighting for their lives, and after that they still need to fight against themselves and their own bodies in order to effectively meet society's expectations.

Nancy Datan, a feminist and psychologist who died from breast cancer, once reflected on her experience facing the disease and going through a mastectomy procedure ⁽³²⁾. After Datan's surgery was completed, she received dozens of pages of post-surgery guidelines ⁽³²⁾. This material included orientation for children, husbands, friends, and close people. However, for the woman who had just undergone this procedure, there was only information relative to aesthetic guidelines, breast implants options, and a brief sentence about the post-surgical complications that could take the woman's life ⁽³²⁾. In other words, after going through a complicated procedure Datan

was left with the message that her body was now defective and that she needed to fix it; she also needed to support her loved ones so that they could go through the recovery, forgetting that the recovery was hers. Although this reflection was done years ago, unfortunately, this situation is still a reality for many people worldwide.

This example is just one of the experiences frequently reported by people facing breast cancer. That not to mention those who prefer not to talk about their experiences, for a variety of reasons. The issue of silence has been addressed by the feminist poet Lorde⁽³⁴⁾ who also died from cancer and once wrote, "May these words serve as encouragement for other women to speak and to act out of our experiences with cancer and with other threats of death, for silence has never brought us anything of worth"⁽³⁴⁾ (p.10).

Taking all these ideas into consideration is vital when reflecting on the importance of using a feminist approach to breast cancer. People experiencing breast cancer need to be emboldened to be able to talk about their experience and seek justice for themselves. It is clear that oppression generates oppression, as minority populations live in a constant process of supremacy and injustice in a society that is majority dominant; they might not even realize the injustices they face while going through breast cancer treatment. In addition, individuals

who have their life threatened by breast cancer should and must be able to be concerned with themselves over others, their treatment over friends' needs, their recovery over their partner's pleasure, their body over society's standards, and their life over oppression. In order to do that, people need to be empowered about their bodies, their embodiment, their lives, and their illnesses.

The use of empowerment as an alternative

Empowerment fundamentally consists of autonomy acting as a machine by which individuals take control of their issues, faiths, competences, and skills. In terms of empowerment and gender, we clarify that minority group's empowerment includes power relationships within society that intertwine with gender, social class, race, culture, and history.

Empowerment can be defined as "a process by which individuals with lesser power gain control over their lives and influence the organizational and societal structures within which they live"⁽³⁵⁾ (p.215). People can relate their empowerment to their personal control and self-esteem. In addition, there is an intrinsic relationship among feminism, empowerment, and self-efficacy, which can directly impact individuals' body image and embodiment. Because of these reasons, feminism and

empowerment can prevent individuals from having their body image impaired ⁽³⁶⁾.

The decolonial feminist also come to help overcoming the fragmentation of bodies and not only in the development of policies. This by using the interpretation that oppression is fragmented, as well as our bodies are fragments ⁽³¹⁾. Thus, oppression is made not only by sex and gender, but also by ethnicity, class, physical disabilities, and identities. In other words, it is necessary to bring the limits of a view that accepts this fragmentation of struggles and accepts the fragmentation of oppression in order to fight against it ⁽³¹⁾. Through applying these ideas to the situation of people facing breast cancer and its consequences, individuals with impaired body image and embodiment could be helped through empowerment using a philosophical feminist perspective. However, every person experience empowerment in different ways, including, but not limited to self-esteem, personal care, religion, money, education, work and so on ⁽³⁶⁻³⁸⁾.

Nurses have an essential role in empowering patients, as we need to design culturally sensitive interventions to individuals in order to enhance their involvement with treatment and follow-up care. The use of empowerment to help patients to actively participate and take role on their health is considered an effective way to improve

population's health and help reducing disparities ⁽³⁹⁾. In addition, healthcare professionals can use education to facilitate this process, so individuals can receive the proper orientation and skills required to do conscious decision making ⁽⁴⁰⁾.

Another facilitator that can be used in this feminist approach of the empowerment process is the cycle of critical consciousness proposed by Paulo Freire, a Brazilian educator ⁽⁴¹⁾. In this cycle of consciousness, we need to first do a critical analysis by gaining knowledge related to the system and organizations that maintain societal inequities ⁽⁴¹⁾. Secondly, we must have a sense of agency by using the knowledge gained to develop a perception of capability and power ⁽⁴¹⁾. Thirdly, we need to do a critical action, which is take measures to fight against those social inequities and oppressive situations ⁽⁴¹⁾. Thus, as part of the nursing responsibilities, we must identify the culture of victim blaming and disturbances related to identity and body image in the care of patients experiencing breast cancer, identify the entities and individuals who enable those inequities, and take actions to prevent it.

Nurses are the major stakeholders in cancer treatment and follow-up care, so it is from our best interest to advocate for these patients. As nurses we have to give patients enough evidence to help them making informed decision related to their health and how to take

care of themselves. In addition, as healthcare professionals, we should help these individuals to know their bodies, and understand that changes are only desirable if the individual feels they are necessary, not those around them. Equally, it is essential that nurses, through education, help breast cancer patients discover the tools they need to empower themselves and make their care and treatment focused on only them and their needs.

In fact, nobody can empower any other person besides themselves. Since every individual experience empowerment in a different way, each person needs to understand their identity, their social process, and their interactions to find the tools to empower themselves. Just by having clear comprehension around who they are, their necessities and their source of empowerment, people can work on empowering themselves, diminishing negative embodiment and body image, and working towards a feminist approach to breast cancer. Thus, we can give individuals the necessary tools through education related to their rights and choices, raising questions, behavioural language, and storytelling. Nevertheless, when using a feminist approach, we must also give individuals freedom and autonomy, so they can decide when and how to empower themselves.

CONCLUSION

People living with or affected by breast cancer face constant struggles during and after

the process of treatment. As if the struggle to survive was not enough, they still must fight against social stigma and oppression. Many of the issues faced by these individuals occurs because minority groups have always lived in an oppressive society, where they are controlled by majority groups and expected to follow a societal pattern of beauty and attitude. In addition, it is paramount to understand that problems related to body image and breast cancer cannot be attached exclusively to the idea of femininity or womanhood, as other groups of people are also affected.

In this article we also established the relevance of the multiple dimensions experienced by women and minority groups with breast cancer, abhorring the way these bodies adapt to their new reality, the way in which their identity is transformed and their strategies for survival. For this reason, it becomes necessary to dismantle the monolithic constructions on this collective, since these groups not only carry their gender identity but also the identities forged by social and cultural experiences.

Empowerment can be a suitable tool to be used while taking actions to combat disparities faced by people experiencing breast cancer. However, finding the best ways to empower these people is another challenging question that has no exact answer as each person experiences empowerment in a unique

way. But feminist philosophy and cycle of critical consciousness are tools that should be used by healthcare professionals, particularly nurses practicing at the forefront of breast cancer care, to help empowering people of all

genders. This empowerment can help reducing inequities, improving self-perception, and motivating people experiencing breast cancer to take an active role in their health.

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