

HOMOGENIZE BEAUTY. WHY? FOR WHAT? – REBORN - PSYCHOLOGICAL INTERVENTION PROGRAM FOR WOMEN WITH BREAST CANCER

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Abstract: This work proposes a psychological intervention program with women with breast cancer to optimize their emotional adjustment, promote greater wellbeing and facilitate cognitive and behavioral affective changes based on cognitive behavioral Therapy (CBT) using a poem as the first step for reflection. The program proposes 6 intervention sessions and an initial screening session with assessment instruments validated for the Portuguese population.

Keywords: CBT; Breast Cancer; Poem; Psychological Intervention.

INTRODUCTION

Breast cancer consists of a neoplasia, that is, an abnormal, autonomous and uncontrolled growth or proliferation of a particular tissue in the body. It is one of the most common in Portugal. It mainly affects women between the ages of 40 and 60. However, it can occur in men, although it is scarce. This type of cancer begins when healthy breast cells change and grow out of control, forming a mass called a tumor. The tumor can be invasive or non-invasive, and invasive means that it can spread to other parts of the body (Cancer online, 2023; Instituto Português de Oncologia de Lisboa Francisco Gentil E.P.E., 2024).

This cancer has several stages, 0, I, II, III, and IV, indicating the progression of the disease. Simply put, there are several different types of breast cancer. However, the most common is carcinoma, which originates in the epithelial cells. Carcinoma can be classified as ductal carcinoma, the most common, originating from the cells of the ducts (tubes that carry milk to the nipple) and lobular carcinoma, originating from the cells of the lobules (glands that produce milk). Both types can be invasive or non-invasive, depending on whether or not they have crossed the basement membrane (CUF, 2024).

PREVALENCE

With a female population of five million, in 2020, around 7,000 new cases of breast cancer were diagnosed, and 1,800 women died from the

disease. In developed countries, one in eight women will develop breast cancer during their lifetime (Cancer Online, 2023, Portuguese League Against Cancer).

Incidence rates appear to be highest in Western Europe and the United States and lowest in Africa and Asia. This pattern is often associated with the presence of more risk factors in developed countries, such as sedentary lifestyles and higher alcohol consumption. However, developing countries are experiencing a rapid increase in incidence, possibly due to lifestyle changes and urbanization. Although rates are higher in Western countries, breast cancer deaths have declined over the years thanks to improvements in early detection and access to more effective treatments. On the other hand, developing countries still face obstacles in accessing health care, resulting in late diagnoses and more advanced stages of the disease. The disparity is evident when comparing the percentage of patients with advanced disease at diagnosis: approximately 10% to 15% in developed countries, in contrast to 40% to 90% in developing countries (Cancer Online, 2023).

In the autonomous region of Madeira, Portugal, south Europe, in 2020, the registration of deaths from breast cancer in women begins in the age group of 40-44 years (with one death) and extends to 95 years or older (with three deaths). The age group with the highest number of deaths is between 65-69 years old, accounting for eight deaths. In the case of men, there was only one death recorded in the 60-64 age group (Direção Regional de Estatística da Madeira, 2022).

RISK FACTORS

Several risk factors that increase a person's likelihood of developing this cancer have been identified, including age and personal history of breast cancer. The possibility increases with age; for example, a woman over 60 has a higher risk. Likewise, women who have already had breast cancer (even if in just one breast) are at greater risk of developing this cancer. Family history and family alterations, that is, having close relatives with a history of breast cancer and mutations in genes (BRCA1, BRCA2), and these mutations can occur in an inherited way due to errors in DNA replication or environmental factors, also increases the risk. Late pregnancy, childlessness, and a long menstrual history are associated with an increased risk of cancer. This includes women who had their first pregnancy after age 31 or have never had children, as well as those whose first period occurred before age 12 and who entered menopause after age 55 due to prolonged exposure to estrogen (Liga Portuguesa Contra o Cancro, 2024).

In addition, previous exposure to radiotherapy and lifestyle are also factors that increase the risk. In this context, women who underwent radiotherapy in the chest region before the age of 30 stand out, as well as the lack of physical activity and alcohol consumption, which contribute to a greater likelihood of developing the disease (Liga Portuguesa Contra o Cancro, 2024).

SYMPTOMS

Classic warning symptoms for breast cancer include the presence of a persistent lump, that is, a lump or mass in the breast or armpit that does not go away and may or may not be painful. Other signs include thickening, characterized by the sensation of a denser or hardened area of the skin with a different texture than usual, and swelling, which manifests as an increase in the size of the breast or a specific area. Weakening, which is translated into loss of firmness or tone of the breast, skin irritation that can lead to flaking, distortion of the breast contour, resulting in asymmetry or retracted areas, and nipple retraction, when the nipple turns inwards (Fernandes, 2009; Liga Portuguesa Contra o Cancro, 2024).

TYPES OF TREATMENT

Treatment for breast cancer can be local or systemic. As far as local treatment is concerned, radiotherapy and surgery are included. The first, involves the use of highly energetic rays to kill cancer cells, which can be used after surgery or as a primary treatment. The second, involves the removal of the tumor and, in some cases, surrounding tissue to ensure that all cells are eliminated. These include mastectomy, which is the total removal of the breast, proving to be more radical, and lumpectomy, which involves the removal of the tumor and a small amount of healthy tissue around it (Liga Portuguesa Contra o Cancro, 2024).

Systemic treatment includes chemotherapy, Hormonal Therapy and Targeted Therapy. The first involves the use of medications that can be administered intravenously or orally and affect cancer cells anywhere in the body; the second consists of a treatment that aims to block or reduce the action of hormones that stimulate cancer growth and, finally, Targeted Therapy uses drugs to specifically attack cancer cells (Liga Portuguesa Contra o Cancro, 2024).

Several types of treatment exist, varying according to the cancer, so each therapeutic plan must be drawn up specifically for each subject (Torres et al., 2015).

EFFECTS OF TREATMENT

Although advances in medicine have contributed to a decrease in the mortality rate from breast cancer, women continue to suffer physically, psychologically, socially and spiritually during the phases of diagnosis, treatment and survival (Pimentel et al., 2024).

Treatments, both local and systemic, can cause side effects that significantly impact the quality of life of people with cancer. Local treatments, such as surgery, can result in increased sensitivity or numbness in the operated area due to nerve damage, skin irritation (which can lead to peeling), especially after radiotherapy, and physical and emotional imbalance due to the absence of the breast, affecting posture and self-esteem. Systemic treatments such as chemotherapy and Hormone Therapy often cause fatigue, bruising (due to

decreased platelet production), alopecia (hair loss), lack of appetite, nausea, vaginal dryness, and limited physical activity. Cardiotoxicity, the occurrence of muscle damage or electrophysiological dysfunction of the heart, is also a possible side effect. Some of these effects can persist for months or even years after the end of treatment, with a negative impact on the mental and emotional health of women with this cancer (Pimentel et al., 2024).

The psychological stress inherent in a cancer diagnosis, combined with the side effects of treatments, contributes significantly to the development of anxiety and depression in women with breast cancer. Uncertainty about the effectiveness of treatments is one of the leading causes of anxiety, affecting around 94% of women undergoing mastectomy. Depression is also prevalent, affecting approximately 69% of women (Álvarez-Pardo et al., 2023). Reduced self-esteem is another frequent psychological impact, mainly due to bodily changes such as alopecia and loss of the breast, an organ with strong symbolic and cultural significance, often associated with femininity and attractiveness. Breast loss can lead to feelings of loss of identity and attractiveness. On a social level, the need to temporarily abandon work to dedicate oneself to treatment can reduce the social support network, which can aggravate isolation and vulnerability (Pimentel et al., 2024).

PSYCHOLOGICAL SUPPORT

This type of intervention is a treatment that uses individuals' psychological resources to optimize their emotional adjustment, promote greater wellbeing and facilitate affective, cognitive and behavioral changes. This process occurs between two or more people where knowledge and interventions are applied to understand, influence and modify the patient's psychic experience, mental function and behavior (de Araújo, 2011).

The increase in the incidence of cancer in Portugal, and consequently the increase in the number of survivors, has presented numerous challenges for people with cancer, their caregivers, health professionals and society in general. These challenges include the physical, psychological and social morbidity associated with cancer and its treatments. Complications and difficulties resulting from the disease, such as the physical effects of

treatment (e.g. pain and fatigue), the psychological impact (anxiety and depression) and the social consequences (social isolation and changes in family roles), significantly affect the quality of life of these same individuals. In this context, psychological intervention is crucial in rebuilding women's self-esteem and self-image. Its main objective is to understand and intervene in their psychological responses and those of their families. Through sharing experiences, validation and emotional and social support within the group, it is possible to create a safe and authentic space to express emotions (de Araújo, 2011; Venâncio & Leal, 2004).

According to Torres et al., in 2012, these interventions were shown to contribute to improving the quality of life of women with cancer. It is also reinforced that group intervention, and in particular structured group intervention that integrates cognitive-behavioral strategies, is effective in supporting people with cancer.

THE PROGRAM: REBORN

This program pretends to evoke the idea of renewal and hope. It suggests a new beginning, a process of transformation after difficult times, highly related to breast cancer. It is based on the cognitive-behavioral approach, but some psychoeducational strategies were added in order to complete and enrich the program in question (Torres et al., 2015; Oliveira & Soares, 2011; Direção-Geral da Saúde, 2020).

In short, cognitive behavioral intervention is based on the assumption that mental and physical symptoms are due to maladaptive thoughts, and psychoeducational intervention focuses on providing information assumed to be sufficient for participants to overcome their difficulties, although this is most used in prevention (Leal et al., 2024; Soares & Silva, 2024; Soares & Silva, 2023; Camacho et al., 2023; de Oliveira, 2011).

Developing the program began with in-depth research into the theoretical basis that justified the topic's relevance. An exhaustive analysis of scientific articles was then carried out, which provided the basis for developing the entire program. Based on the data collected in this initial phase, the program's objectives were defined, the sessions and activities were structured, and evaluation measures were planned to verify the

program's effectiveness in supporting women with breast cancer (Lucas & Soares, 2013; Oliveira, & Soares, 2014). The main objectives consist of recognizing and restructuring thought patterns, developing coping strategies (such as assertive communication diaphragmatic breathing), promoting environmental awareness and improving communication and emotional expression. The structure consists of a group intervention, coordinating groups of women comprising 10 elements. It is divided into six sessions (including session 0), held weekly and structured to last an average of one hour. At the beginning of each session, a few minutes should be reserved to present the topic. According to the theoretical model of Cognitive Behavioral Therapy, the role of the psychologist in this type of intervention is crucial. He should act as a facilitator of therapeutic processes, guiding participants in identifying and restructuring negative automatic thoughts and encouraging the development of more effective coping mechanisms. The psychologist must adopt a non-directive stance, avoiding imposing his or her ideas or solutions. Instead, they should use questions and feedback to encourage self-reflection, self-awareness, and authentic expression of emotions by participants. (Soares, 2011; Torres et al., 2015; Lucas & Soares, 2013; Lucas & Soares, 2014).

The Reborn Program is aimed at women between 40 and 60 years old, the age group with the highest prevalence of breast cancer, who have started some treatment (Soares & Silva, 2023). This generation, known as Generation X, is characterized by its strong work ethic, independence, and ability to adapt to technological changes. The fact that they grew up in a period of political transition (the revolution of April 25th in 1974, in Portugal, where democracy was implemented and the dictatorship ended) and subsequent economic crises made them more adaptable and resilient, able to deal with uncertainties. These characteristics, in general, influence the development of human beings and the way their experiences are perceived and experienced (Papalia & Feldman, 2013) especially the occurrence of news such as breast cancer.

SESSIONS

Session 0 will consist of an individual interview, during which a questionnaire will be applied to collect sociodemographic and clinical information, such as age, education, marital status, employment status and information regarding their diagnosis. Participants will also be asked what they expect from the program and their primary goals. Then, instruments will be applied to measure the impact of cancer and evaluate the program's effectiveness, which will be reapplied in the last session to compare the results. Finally, participants will be informed about the program's format and what to expect from the upcoming sessions. It will be emphasized that the program is a safe, confidential, and non-judgmental space, promoting openness and mutual support and helping to develop a trusting therapeutic relationship (Lucas & Soares, 2013).

The first assessment instrument applied will be the Hospital Anxiety and Depression Scale (HADS) (Pais-Ribeiro et al., 2007). This scale is composed of two subscales, one to assess anxiety and another to assess depression, allowing a detailed analysis of the symptoms present in the week prior to its application. The HADS consists of 14 items, each quantified on a Likert scale, ranging from 0 to 3. When responding to the scale, the participant must choose the option that best describes how they felt the previous week.

Although there are several instruments available to assess anxiety and depression in the Portuguese population, HADS stands out for being validated explicitly for the Portuguese population, including people with oncological diseases. This feature is crucial, as most authors consider that the main problem in assessing anxiety and depression in patients with medical conditions lies in the influence of physical illness on the scale results. HADS gets around this problem by focusing on emotional symptoms, avoiding the inclusion of somatic aspects, such as fatigue and loss of appetite, which can be confused with the side effects of cancer or its treatments. This approach allows a more accurate assessment of the emotional state of individuals with cancer, making HADS a more suitable instrument in this specific context (Telles-Correia & Barbosa, 2009).

The second instrument is the Questionnaire on Ways of Coping with Cancer (Torres et al., In Press). This is a self-response scale aimed at assessing coping strategies, consisting of 21 items. It consists of two subscales, the individual scale (items 1 to 14) and the interpersonal scale (items 15 to 21), in which each item is evaluated by a four-level response scale, from never to very often, respectively.

The third consists of the Health Perception Questionnaire (HPQ). It consists of 33 items and assesses individuals' perception of their health, including their beliefs about current health, expectations regarding future health, resistance to diseases and concern for health in general. The use of the HPQ in the oncology context is justified by its ability to provide information on how people with cancer perceive their condition, their expectations of recovery and how they deal with their health during and after treatment. Understanding the health perception of individuals with cancer is essential, as this can influence treatment adherence, how they cope with the disease and, consequently, their quality of life (Souto et al., 2018; Rothmann & Ekkerd, 2007).

The first session will begin with a brief presentation by the psychologist, the program itself, its objectives and operating rules (such as sincere involvement and assiduous participation, if possible) and individual presentation of the participants (Lucas & Soares, 2013).

To facilitate talking about emotions, the initial activity will be the Feelings Card dynamic. This dynamic consists of presenting cards (about 20) with words describing emotions, for example, hopeful, tired or worried. Participants will be invited to choose one or two that best represent their emotional state. This simple and effective activity lets participants become aware of their emotions before exploring them more deeply. After choosing the cards, each participant can introduce themselves to the group and share why they chose that specific card(s). This initial sharing encourages self-expression and the creation of bonds of empathy between participants. (Torres et al., 2015).

The second session focuses on stress management and self-care, aligned with one of the goals of the National Program for Mental Health, integrated into the Priority Health Program Health

Goals 2020 in Portugal, Europe, which consists of "developing actions to prevent illness and promotion of mental health" (DGS, 2020, p. 16). The relevance of this topic is further reinforced by the fact that, as Araújo (2011) points out, survival from cancer is influenced by the coping strategies adopted, with acceptance being one of the most effective. The activity proposed for this session begins with reading the proverb "He who has no dog, hunts with a cat" by the psychologist. Participants will then be invited to interpret and share the meaning it has for them, encouraging reflection on the importance of flexibility and adaptation in the face of life's challenges. At the end of the activity, the psychologist should reinforce the importance of flexibility as a crucial element for wellbeing and mental health, highlighting that the ability to adapt is fundamental to dealing with adversity and promoting a positive attitude in the face of challenges. (Torres et al., 2015).

Stress management techniques have proven effective in reducing psychological distress and are widely used by health professionals due to their beneficial results. Identifying the factors that trigger stress is a fundamental step toward controlling it, allowing the individual to develop effective strategies for dealing with stressful situations (Torres et al., 2015). So, they can help identify the origin, use strategies to look at these situations differently, engage in pleasurable activities, have a support network, practice physical exercise, and adopt good eating habits and relaxation exercises (Vasconcelos, 2017; CUF, 2024). In order to promote relaxation and awareness of their mental state, the session will end with a one-minute meditation. This cognitive-behavioral technique focuses all attention on breathing and allows the individual to observe their thoughts without judgment and understand that they are only transitory mental states and do not represent their identity (Vasconcelos, 2017; Conceição & Bueno, 2020).

The third session focuses on sustainability and relaxation, topics of great relevance in the current context. According to the World Health Organization, climate change poses significant risks to mental health and psychosocial wellbeing and can, therefore, cause emotional distress. This suffering arises from a combination of factors, such as increased natural disasters, economic instability,

concerns about the future and environmental changes that affect quality of life. In the case of women diagnosed with breast cancer, this impact can be even more delicate, as the diagnosis itself is already a stress factor that can amplify psychological vulnerabilities (Soares, 2022). In this context, the psychologist plays a fundamental role in raising women's awareness of the importance of living more sustainably and adopting environmentally conscious practices as part of their recovery process. It is important to show how taking care of their health is also related to taking care of the planet, emphasizing the impact of a healthy environment on physical and mental wellbeing (Soares & Silva, 2023). This approach is supported by the Report of the Secretary-General on the Work of Organization (2023), which highlights the promotion of sustained economic growth and sustainable development as one of its main objectives (United Nations, 2023).

The proposed activity aims to promote relaxation and connection with nature through mindfulness. The session will be held in an outdoor space, or if this is not possible, the natural environment will be recreated through the sounds of nature. Mindfulness consists of fully experiencing the present moment, with awareness and purpose, and has several benefits for mental health and wellbeing. The benefits include promoting positive thoughts, reducing stress and anxiety, strengthening memory capacity, increasing focus, promoting thoughtfulness, improving cognitive flexibility and strengthening interpersonal relationships. Carrying out relaxation activities in a natural environment amplifies the benefits of mindfulness, contributing to stress reduction and increased feelings of hope and relaxation, in addition to improving mood (Instituto CRIAP, n.d.; CUF, 2024).

Participants would receive a plant to care for at home to finish the activity. The symbolism of this task will be explained, highlighting that planting something and watching its growth works as a metaphor for taking care of yourself. Just as a plant needs attention, patience and care to develop, the body and mind also need this same attention to flourish (Torres et al., 2015; Soares & Silva, 2023).

Session four will be divided into two parts. The first part will be dedicated to body image, as the effects of treatments, such as breast loss, skin irritation, hair loss, vaginal dryness, and lack of

energy, can lead to bodily changes that are accompanied by feelings of loss of femininity, attractiveness and inferiority. It is, therefore, essential that women with cancer accept their new bodies and integrate them into a more positive perspective (de Araújo, 2011; Matera et al., 2024). To promote this acceptance, the “Bibliotherapy” technique will be used, in which the psychologist will read the poem “Beauty is in the eyes” by Conceição Maciel, then encourage women to reflect on its meaning and share their reflections if they so wish and feel comfortable (Conceição & Bueno, 2020).

Homogenize beauty. Why? For what?

Beauty is in the eyes

It is not in the twisted mind.

Not even in the distorted look

Not even in the demands of society

Much less in prejudice

In collection

Not even in the old precepts

Beauty, true beauty

It is inside people

It is in the gestures

In a smile

At a glance

In a song

There is no such thing as perfection

There is love

Affection and passion

The beautiful feelings

They make people standard

Friendship pattern

Pattern of affection

Pattern of joy

Standard of beings

Standard of better humans.

“Beauty is in the eyes” by Conceição Maciel.

This poem highlights that true beauty lies within and is not defined by physical changes, rejecting the notion that beauty is based on societal demands or prejudices. The work emphasizes the importance of love and positive feelings, which make people truly special. This message reinforces the value of emotional connections and mutual support. The poem ends by suggesting that the best human standards are those related to friendship, affection and joy, highlighting the importance of creating supportive communities where women feel accepted and valued, regardless of changes in their appearance (Conceição & Bueno, 2020; Soares & Moniz, 2023).

The second part of the session will be dedicated to promoting quality of life (Santos et al., 2023). The World Health Organization has outlined six constituent areas of quality of life: physical health, psychological health, degree of independence, social relationships, environment and spirituality. Sexual activity is part of the physical dimension of quality of life, while personal image and appearance are part of the psychological dimension. That said, sexuality takes on a transversal character, encompassing the physical and psychological dimensions of quality of life and constituting a fundamental domain in the global conception of health. In this context, sexuality is often affected by treatments (Remondes-Costa et al., 2012).

The breast has a cultural and social meaning in the experience of female sexuality, representing motherhood. Its alteration compromises the woman's relationship with her body and her self-image, affecting the experience of corporality and sexuality. This process can generate fears, such as undressing in front of your partner. In addition to breast changes, other factors such as medications, fatigue and nausea can also affect sexuality (Torres et al., 2015; Soares & Silva, 2023; Álvarez-Pardo et al., 2023; Fernandes, 2009).

The activity will consist of applying the “Socratic Questioning” technique, using 10 cards with frequent automatic thoughts related to sexuality and intimacy, such as, “I no longer feel desirable as I used to.” Sheets of paper and pens will be provided to carry out the activity. The cards will be distributed, participants will be invited to reflect on the thoughts presented, and they will be encouraged to share their negative thoughts. The validity of these thoughts will be analyzed through questions such as “Is there another way to interpret this situation?” The group will then restructure negative thoughts into more positive alternatives. Finally, a reflection will be promoted on the impact of replacing negative thoughts with more constructive approaches (Conceição & Bueno, 2020).

The fifth session emphasizes the communication and build a support network. Communication with the support network is essential for women with breast cancer, as it helps reduce stress, provides emotional relief and facilitates treatment adherence. The practical support this network provides allows women to focus on their wellbeing

while exchanging experiences in support groups strengthens self-esteem and promotes optimism (Moliner et al., 2021). In the family context, the quantity and quality of information about the disease shared between the couple influences the psychosocial adaptation of the person with cancer and their partner, equally impacting the quality of the marital relationship (Moreira & Canavarro, 2014). Communication with children is seen as an indicator of the quality of the family bond. Closer communication strengthens family relationships and makes it easier for children to adapt to challenging situations. When communication is poor, children often have low self-esteem and higher levels of anxiety (Pereira, 2008).

This session's activity will highlight the importance of communication and active listening in daily interactions and how these can contribute to building stronger, more effective relationships. The activity consists of participants forming a circle to ensure everyone can see and hear each other. One participant begins the activity by holding a ball and sharing three characteristics of themselves (e.g., favorite hobbies, food, and movies). Then, the participant passes the ball to another person in the circle. The participants receiving the ball must repeat what they heard from the previous person and add their thoughts. The activity ends when all participants can speak if they wish to (Torres et al., 2015).

After completing the activity, the assertive communication style will be presented, characterized by the ability to express and defend their desires and opinions without disrespecting others. The presentation will be complemented by watching a video to reinforce the concepts learned, allowing participants to observe practical examples of assertive communication after having debated and reflected on the topic. In this context, video contributes to the consolidation of knowledge, facilitates the visual understanding of techniques and inspires the application of what was learned in everyday life (Irrigação, 2016).

In the sixth and final session, each participant will conduct an anonymous evaluation of the program, expressing in writing their impressions about their experience in the group and the meaning of their participation in the Reborn Program. The instruments used will be reapplied to assess the progress of each participant. They will also be asked to reflect on the goals achieved and

the obstacles that still need to be overcome. To help with this reflection process, "Coping Cards" will be created with motivational and realistic phrases, which seek to help maintain focus and adopt a more optimistic perspective. The session will conclude with a diaphragmatic breathing exercise. (Lucas & Soares, 2013; Torres et al., 2015; Conceição & Bueno, 2020).

CONCLUSION

The implementation of intervention programs aimed at women with breast cancer requires an integrated approach that considers the physical, psychological and social dimensions of wellbeing, based on solid evidence. The available literature in studies on general and social wellbeing, namely according to Kazemi in 2017 and Kinderman et al. (2010) highlights the importance of understanding wellbeing holistically. This is especially relevant for women with breast cancer, whose diagnosis and treatments often affect sensitive areas such as self-esteem, body image and interpersonal relationships. This holistic approach recognizes the impact of the disease and values the social and psychological factors that support recovery and quality of life (de Araújo, 2011).

The perception of body image, addressed by Matera et al. (2024) is a critical point for women facing physical changes resulting from surgical interventions or adverse effects of treatments. In these cases, adaptive coping strategies can play a central role in psychological adjustment, helping women rebuild self-esteem and face changes with greater resilience. These aspects are strengthened by the need for emotional and social support, evidenced in research by Moliner et al. (2021), which highlights the role of support networks in overall wellbeing. In the case of breast cancer, these networks, whether family or therapeutic groups are essential to reduce isolation and strengthen coping with the disease through sharing experiences and emotions (Moreira & Canavarro, 2014; Pereira, 2008).

Health literacy emerges as another crucial factor in the intervention process, as highlighted in the study by Bechraki et al. (2021). Although focused on a different population, the underlying health literacy principle applies to adult populations. Many women struggle to understand the complexities of their diagnosis and treatment,

which can increase anxiety and emotional distress. Therefore, it is essential to incorporate educational components into intervention programs that educate patients about the condition, available treatments, and self-care. Furthermore, the assessment of mental and emotional wellbeing through validated instruments, such as the Hospital Anxiety and Depression Scale (HADS), the Cancer Coping Questionnaire and the Health Perception Questionnaire (HPQ), is essential to monitor the effectiveness of programs (Pais-Ribeiro et al., 2007; Torres et al., In Press; Souto et al., 2018). These tools help to identify factors that contribute to patients' adjustment and allow for the personalization of interventions according to individual needs (Schwannauer et al., 2010; Hafekost et al., 2017). Personalization is crucial, as an adjustment to breast cancer is influenced by variables such as age, education, and social support (Clarke et al., 2010). In this sense, integrating psychological strategies, such as the cognitive-behavioral interventions highlighted by Cooke et al. (2016), offers a practical way to promote the development of coping skills, stress management and cognitive restructuring.

Finally, the importance of a multidisciplinary approach is reinforced by the analysis of the study by Kılıç and Öz (2020). Although validated instruments are essential, interventions must be flexible and adapted to each woman's unique experience. The combination of educational strategies, emotional support and psychosocial interventions creates a comprehensive program that addresses physical and emotional symptoms and strengthens women's internal and social resources to face the challenges of the disease. Thus, by uniting all these dimensions, intervention programs have the potential to significantly improve quality of life, promoting a healthy and sustainable adaptation to breast cancer (Kalkbrenner, 2021).

REFERENCES

- [1] Álvarez-Pardo, S., de Paz, J. A., Romero-Pérez, E. M., Tánori-Tapia, J. M., Rendón-Delcid, P. A., González-Bernal, J. J., Fernández-Solana, J., Simón-Vicente, L., Mielgo-Ayuso, J., & González-Santos, J. (2023). Fatores relacionados com depressão e ansiedade em mulheres mastectomizadas sobreviventes de cancro da mama. *International Journal of Environmental Research and Public Health*, 20(4), 2881. <https://doi.org/10.3390/ijerph20042881>
- [2] Bechraki, E., Mavrikaki, E., Gialamas, V., & Galanaki, E. (2022). Development and validation of an instrument for the health literacy assessment of secondary school students (HeLiASeSS). *Health Education*, 122(6), 695–712. <https://doi.org/10.1108/HE-08-2021-0111>
- [3] Camacho, E., Soares, L., Faria, A. L., & Fernandes, M. (2023). Healthy lifestyles in the elderly: State-of-the-art. *Biomedical Journal of Scientific & Technical Research*, 51. <https://doi.org/10.26717/BJSTR.2023.51.008037>
- [4] Cancro Online. (2023). Cancro da mama. <https://www.cancro-online.pt/site/cancro-da-mama/>
- [5] Clarke, A., Adi, Y., Friede, T., Ashdown, J., Martin, S., Blake, A., Putz, R., Parkinson, J., Platt, S., & Stewart-Brown, S. (2010). Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) acceptability and validation in English and Scottish secondary school students (The WAVES Project). NHS Health Scotland.
- [6] Cooke, P. J., Melchert, T. P., & Connor, K. (2016). Measuring Wellbeing: A Review of Instruments. *The Counseling Psychologist*, 44(5), 730–757. <https://doi.org/10.1177/0011000016633507>
- [7] Conceição, J., & Bueno, G. (2020). 101 técnicas da terapia cognitivo-comportamental. Editora UnC.
- [8] Conceição, M. (2021). Beleza não tem padrão. Toma Aí Um Poema. <https://tomaaiumpoema.com.br/576-conceicao-maciel-beleza-nao-tem-padrao-semana-estereotipos-de-corpos-padroes-de-beleza/>
- [9] CUF. (2024). Cancro da mama. <https://www.cuf.pt/saude-a-z/cancro-da-mama/>
- [10] CUF. (2024). Gestão de stress. <https://www.cuf.pt/mais-saude/gestao-de-stress>
- [11] De Araújo, F. A. (2011). Intervenção psico-educativa em sobreviventes de cancro da mama [Dissertação de Mestrado, Universidade de Aveiro]. Repositório da Universidade de Aveiro. <https://ria.ua.pt/handle/10773/30630494>
- [12] De Oliveira, M. I. S. (2011). Intervenção cognitivo-comportamental em transtorno de ansiedade: Relato de caso. *Revista Brasileira de Terapias Cognitivas*, 7(1), 30–34. https://pepsic.bvsalud.org/scielo.php?pid=S1808-56872011000100006&script=sci_arttext
- [13] Direção-Geral da Saúde. (2020). Programas de Saúde Prioritários: Metas de Saúde 2020. Serviço Nacional de Saúde.
- [14] Direção Regional de Estatística da Madeira. (2022). Estatística da Saúde da Região Autónoma da Madeira - 2020.
- [15] Fernandes, S. M. R. (2009). Preditores Psicossociais do Ajustamento à Doença e Tratamento em Mulheres com Cancro na Mama: O Papel do Estado Emocional, das Representações de Doença, do Optimismo e dos Benefícios Percebidos [Dissertação de Doutoramento, Universidade do Minho]. RepositóriUM. <https://hdl.handle.net/1822/9809>
- [16] Hafekost, K., Boterhoven de Haan, K., Lawrence, D., Sawyer, M. G., & Zubrick, S. R. (2017). Validation of the Adolescent Self-Esteem Questionnaire: Technical Report. Telethon Kids Institute and the Graduate School of Education, The University of Western Australia.
- [17] Instituto CRIAP. (s.d.). O que é Mindfulness? <https://www.institutocriap.com/blog/psicologia/mindfulness-o-que-e>
- [18] Instituto Português de Oncologia de Lisboa Francisco Gentil E.P.E. (2024). Alguns tipos de cancro. <https://www.ipolisboa.min-saude.pt/sobre-o-cancro/alguns-tipos-de-cancro/>
- [19] Kalkbrenner, M. T. (2021). A Practical Guide to Instrument Development and Score Validation in the Social Sciences: The MEASURE Approach. *Practical Assessment, Research, and Evaluation*, 26(1), 17. <https://doi.org/10.7275/svg4-e671>
- [20] Kazemi, A. (2017). Conceptualizing and measuring occupational social wellbeing: a validation study. *International Journal of Organizational Analysis*, 25(1), 1-32. <https://doi.org/10.1108/IJOA-07-2015-0889>
- [21] Kılıç, S. T., & Öz, F. (2020). Validity and reliability study of the Turkish Version of the Holistic Wellbeing Scale in individuals with cancer. *Journal of Psychiatric Nursing*, 11(2), 141–147. <https://doi.org/10.14744/phd.2019.26213>
- [22] Leal, T., Vieira, M., Soares, L., & Soares, L. (2024). Pain management: A psychological clinical case in-hospital care of CBT-brief therapy. *Orthopedics and Rheumatology Open Access Journal*, 23. <https://doi.org/10.19080/OROAJ.2024.23.556113>
- [23] Liga Portuguesa Contra o Cancro. (2024). Cancro da mama. <https://www.ligacontracancro.pt/cancro-da-mama/>
- [24] Lucas, C. V., & Soares, L. (2013). Programa de Promoção do Desenvolvimento Sócio-cognitivo da Criança Parte 1: Intervenção com Crianças. *Revista de Psicologia da IMED*, 5(2), 98–102. <https://doi.org/10.18256/2175-5027/psico-imed.v5n2p98-102>
- [25] Lucas, C. V., & Soares, L. (2014). Programa de promoção do desenvolvimento Sócio-cognitivo da criança parte 2: Intervenção com os pais. *Revista de Psicologia da IMED*, 6(1), 28–32.
- [26] Oliveira, C., & Soares, L. (2014). Changing the clinical narratives patients live by: A cognitive behavioral approach of a clinical case of paruresis. *Journal of Poetry Therapy*, 27(4), Article 949514. <https://doi.org/10.1080/08893675.2014.949514>
- [27] Maciel, C. (s.d.). “Beleza não tem padrão”. <https://tomaaiumpoema.com.br/576-conceicao-maciel-beleza-nao-tem-padrao-semana-estereotipos-de-corpos-padroes-de-beleza/>
- [28] Matera, C., Casati, C., Paradisi, M., di Gesto, C., & Nerini, A. (2024). Positive Body Image and Psychological Wellbeing among Women and Men: The Mediating Role of Body Image Coping Strategies. *Behavioral Sciences*, 14(5), 378. <https://doi.org/10.3390/bs14050378>

- [29] Moliner, L., Alegre, F., Cabedo-Mas, A., & Chiva-Bartoll, O. (2021). Social wellbeing at school: Development and validation of a scale for primary education students. *Frontiers in Education*, 6, 800248. <https://doi.org/10.3389/feduc.2021.800248>
- [30] Moreira, H., & Canavarró, M. C. (2014). A comunicação entre o casal no contexto do cancro da mama. *Estudos de Psicologia (Campinas)*, 31, 97–106. <https://doi.org/10.1590/0103-166X2014000100010>
- [31] Pais-Ribeiro, J. L., Silva, I., Ferreira, T., Martins, A., Meneses, R., & Baltar, M. (2007). Validation study of a Portuguese version of the Hospital Anxiety and Depression Scale. *Psycho-Oncology*, 12(2), 225–235. <https://doi.org/10.1080/13548500500524088>
- [32] Papalia, D. E., & Feldman, R. D. (2013). *Desenvolvimento Humano* (12.^a ed.). AMGH Editora Ltda.
- [33] Pereira, C. S. da P. (2008). *O Impacto Da Doença Oncológica Nos Filhos: A Negação Como Resposta Ao Cancro Materno* [Dissertação de Mestrado, Instituto Superior de Psicologia Aplicada]. Repositório Comun. <https://repositorio.ispa.pt/hdl/10400.1/28854017>
- [34] Pimentel, M. S. S. M., de Macêdo, A. B. P. C., Costa, S. C., Ávila, J. M. N., Vêras, R. F. O., Mendes, R. A., de Amorim, L. C. D., Moraes, L. F. U. B., Campos, B. P., & Ribeiro, B. M. (2024). Efeitos Adversos Da Quimioterapia Neoadjuvante Em Pacientes Com Câncer De Mama. *Revista Ibero-Americana de Humanidades, Ciências e Educação*, 10(8), 1002–1011. <https://doi.org/10.51891/rease.v10i8.15205>
- [35] Remondes-Costa, S., Jimenez, F., & Pais-Ribeiro, J. L. (2012). IMAGEM CORPORAL, SEXUALIDADE E QUALIDADE DE VIDA NO CANCRO DA MAMA. *Psicologia, Saúde e Doenças*, 13(2), 327–339.
- [36] Rothmann, S., & Ekkerd, J. (2007). The validation of the perceived wellness survey in the South African police service. *SA Journal of Industrial Psychology*, 33(3), 35–42.
- [37] Santos, P. J. P., Soares, L., & Faria, A. L. (2023). Narrative Therapy as an innovative approach to Anorexia Nervosa treatment: a literature review. *Journal of Poetry Therapy*, 36(4), 310–323. <https://doi.org/10.1080/08893675.2023.2189532>
- [38] Schwannauer, M., Kinderman, P., Pontin, E., & Tai, S. (2010). The development and validation of a general measure of wellbeing: the BBC wellbeing scale. *Quality of Life Research*, 19(10), 1433–1440. <https://doi.org/10.1007/s11136-010-9841-z>
- [39] Soares, A. A. (2022, 3 de junho). Crise climática afeta tanto a saúde física como mental, diz OMS. PÚBLICO. <https://www.publico.pt/2022/06/03/azul/noticia/crise-climatica-afecta-tanto-saude-fisica-mental-oms-2008746>
- [40] Soares, L., & Moniz, S. (2023). Overconsumption and the Effects on Mental Health and Wellbeing: A Review. *Current Research in Diabetes & Obesity Journal*, 17(2), 1–5. <https://doi.org/10.19080/CRDOJ.2023.17.555957>
- [41] Soares, L., & Silva, L. C. C. (2023). Breast Cancer: A Review on Quality of Life, Body Image and Environmental Sustainability. *World Journal of Cancer and Oncology Research*, 3, 826. <https://doi.org/10.31586/wjcor.2023.826>
- [42] Soares, L., & Silva, M. (2024). Liver cancer: A psychological CBT group intervention possibility based on scientific review. *World Journal of Cancer and Oncology Research*, 3(1), 1–12. <https://doi.org/10.31586/wjcor.2024.833>
- [43] Souto, T. S., Ramires, A., Leite, Â., Santos, V., & Santo, R. E. (2018). Health perception: validation of a scale for the Portuguese population. *Trends in Psychology*, 26(4), 2185–2199. <https://doi.org/10.9788/TP2018.4-17Pt>
- [44] Oliveira, F., & Soares, L. (2011). Programa piloto de intervenção para pais de crianças com problemas de obesidade. *Psicologia, Saúde & Doenças*, 12(2), 197–211.
- [45] Telles-Correia, D., & Barbosa, A. (2009). Ansiedade e depressão em medicina: Modelos teóricos e avaliação. *Acta Médica Portuguesa*, 22(1), 89–98
- [46] Torres, A., Araújo, F., Pereira, A., & Monteiro, S. (2015). nMAMAGroup: Programa de Intervenção em Grupo para Mulheres com Cancro de Mama. *Ordem dos Psicólogos Portugueses*. <https://www.hogrefe.pt/shop/programa-de-intervenc-o-de-grupo-para-mulheres-com-cancro-da-mama.html>
- [47] Torres, A., Pereira, A., & Monteiro, S. (in Press). Estudo de validade do questionário de formas de lidar com o cancro. *Revista Iberoamericana de Diagnóstico e Avaliação Psicológica*.
- [48] Torres, A., Pereira, A., & Monteiro, S. (2012). Terapia de grupo cognitivo-comportamental para sobreviventes de cancro da mama: Descrição de um programa e avaliação preliminar da sua eficácia. *Psychology, Community & Health*, 1(3), 300–312. <http://hdl.handle.net/10400.12/2009>
- [49] United Nations. (2023). Report of the Secretary-General on the work of the Organization. United Nations Publications.
- [50] Vasconcelos, N. M. C. (2017). Programa de gestão otimista do stresse: um estudo quase experimental com enfermeiras portuguesas [Dissertação de Mestrado, Universidade de Évora].
- [51] Venâncio, J. L., & Leal, V. M. S. (2004). Importância da Atuação do Psicólogo no Tratamento de Mulheres com Câncer de Mama. *Revista Brasileira de Cancerologia*, 50(1), 55–63. <https://doi.org/10.32635/2176-9745.RBC.2004v50n1.2059>