

RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

ANGUISH IN THE PROXIMITY OF DEATH, IN THE PERSON WITH CANCER PAIN

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ABSTRACT

Objective: To understand the anguish arising from the proximity of death in the experience of people with chronic cancer pain.

Method: we used the qualitative method, and for data analysis we used phenomenology. The study subjects were ten cancer patients, followed by pain consultation. We used the partially structured interview as a data collection instrument. The research was approved by the ULSBA Ethics Committee, EPE.

Results: from the grouping of meaning units, the central themes emerged, one of the themes being: anguish in the proximity of death, in the person with cancer pain, from the grouping of meaning units for this theme. The main subtheme were: meaning of life/death.

Conclusion: Getting sick by cancer reminds the patient that he is a Being-to-death and it is the understanding of finitude that can lead man to the discovery of Being. It is verified that each person gives a meaning to his death in function of the sense. that gives to your life, then it becomes necessary to give meaning to life in order to make sense of death.

Keywords: Cancer pain; patients; death; stress, psychological.

INTRODUCTION

Anguish represents the opportunity for man to immerse himself in the intimacy of his Being until self-knowledge, in its deepest dimension, and, from the apprehension of anguish, man perceives himself as a Being-for-death. Heidegger⁽¹⁾ maintains that it is only possible to think of Being through Dasein, whose meaning is Being-there, being in the world. The concept of Dasein translated by Being-there assumes a fundamental role in Heideggerian metaphysics⁽²⁾. We can say that Being-there is what is characteristic of man, because in Heidegger's conception only man exists as a Being-there capable of revealing himself, since Being-there is the only one who is aware of his own finitude and, originally assuming the meaning of ending, a meaning that is only yours, allows you to understand that the being that we ourselves are, is based on a Being-for-death⁽²⁾.

Anguish presents the possibility for man to rise in his self-knowledge, in the growth of his spiritual dimension and in the enrichment of the Being, because anguish is "among all the feelings and ways of human existence, the one who can lead man to meet its totality as Being"^(3:8). The understanding of Being-for-death leads man to deal with issues that can lead him to the discovery of Being. These new elements characterize the authen-

tic existence that happens simultaneously with the original appropriation of ending, that is, with the understanding of Being-for-death⁽⁴⁾.

The term existence does not mean reality or what is in the world, but existence is understood "as what actually emerges, unveils"^(5:4). In the work *Being and Time* it is clear that, for Heidegger⁽¹⁾, to exist is to interpret oneself, to question oneself at all times, this is only possible because we are Dasein. Only Dasein has the possibility to question and make the choices of the possibilities, in which it is projected. The essence of Being-there is its existence. There are two ways of being in the world that consist of authentic and inauthentic existence⁽⁶⁾. Authentic existence is characterized as its own way of being, "refers to the property of existing, in which Dasein becomes itself by recognizing itself as a Being of presence, which seeks to free itself from anonymity and impersonality"^(6:363). Inauthentic existence is characterized as an improper way of being, "the possibilities of Being-in-the-world are projected on objects (...). In this way of existing, man avoids all personal responsibility, accepting the opinions and norms that come from the mass. The individual self-abandons the possibility of "Being itself" and is lost in the middle of the whole, it becomes anonymous and inappropriate"^(6:363).

The person with cancer pain wonders about the meaning of life/death, about its finitude and tries to understand itself as a Being-for-death. This introspection can lead one to the development of their spiritual dimension and, to the discovery and enrichment of the Being. It is, therefore, in the Being-for-death that the possibility of Dasein exists in an authentic way, since authentic existence allows the human to reveal the Being, because they have to emerge from anguish to put themselves in Dasein's proper place.

This research reproduces part of the path taken in the context of the execution of the Doctoral Program in Nursing, in which we aim to understand the anguish resulting from the proximity of death in the experience of people with cancer pain.

METHOD

We used the qualitative methodology, based on phenomenology. Phenomenologists "try to penetrate the conceptual world of their subjects, in order to understand how and what meaning they construct for the events of their daily lives"^(7:54), being that the phenomenological approach allows to study the phenomenon from the meaning that it has for the person, identifying the person's perceptions of reality, looking for their individual particularities, their meanings and their experiences, being that the phenomenological approach allows to study the phenomenon from the meaning that it has for the person, identifying the person's perceptions of reality, looking for their individual particularities, their meanings and their experiences^(8:54), in order to discover in oneself the essence of the experience lived by the person.

The sample consisted of ten patients, out of the total number of patients followed at the Day Hospital Service of the Local Health Unit of Baixo Alentejo, EPE, according to the following inclusion criteria defined by the researcher: having oncological disease; be followed in the consultation of pain; having preserved their cognitive ability (data obtained with the application of the Mini Mental State test) and accepting to participate in the study. The selection was made intentionally, because "the logic and the power of the intentional sample is in the selection of cases rich in information to study in depth"^(9:169). As a data collection instrument, we used the semi-structured interview, the interview guide was elaborated and the proposed themes involved: the description of pain; o live day-to-day with pain; how to deal with the limitations imposed by pain/illness and the management strategies used to control pain.

The data collection process took place between October and November 2010. The interviews were fully transcribed and stored in computerized text in Word format, which were designated by the letter (E) followed by a number from 01 to 10, which corresponds to each of the ten patients who participated in the study, thus ensuring confidentiality. In this way, the corpus of analysis of this study is constituted by the ten interviews.

After conducting the interviews and transcribing them, we performed several readings and re-readings of them and with the intention of understanding the totality of the participants' discourse, in addition to the verbal message, we used some symbols capable of helping in the understanding of the expressed non-verbal language by them because " (...) often the words do not reach the patient to express the total pain they are feeling and he may not even use them, so they must be aware of what the patient transmits to us in a non-verbal way, to better understand their ache"^(10:137).

Discourse has several constituents, it manifests itself through language, which can be written, spoken, gestural, or even silenced language. "These constituents can be shared in the Being (...) and for there to be understanding, it is necessary to listen, to listen to what the Being seeks to reveal. Listening attentively to the discourse is to be listening in order to share seeing, and it is here that the intentionality of consciousness enables its directionality"^(5:4). Therefore, "for the researcher to understand the meaning or unveil the meaning contained in the discourse, there must be a great deal of involvement with subjectivity, and it is this that guarantees objectivity"^(5:5). In this context, in the transcribed units of meaning, the expression of the look of suffering is represented by the symbol () and the expression of the look of hope is designated by the symbol (-). The silences in the speeches of the participants accompany their expression of the gaze and are identified with the punctuation mark of three points "...".

In Heidegger's perspective, it is possible to understand the experience of the person with cancer pain by describing their experience and, it is based on attentive listening to the speech of the sick person, that is, listening to sharing seeing, through the forms of language used, from spoken, gestural to silenced, which include emotions, feelings, affective life, hope and other fundamental aspects of human existence.

Subsequently, data analysis followed, where we proceed to the different stages of phenomenological reduction. We chose to follow the methodological path recommended by Deschamps⁽⁸⁾, which consists of four stages, the first of which involves highlighting the overall meaning of the text, because through the various readings taken from each of the interviews, this stage allowed the researcher to enter the content of the text and become familiar with the experience reported by study participants. The second phase of data analysis concerns the identification of units of meaning, in which the text was subdivided into natural units of meaning, that is, the units of meaning were identified through a spontaneous analysis by the researcher, always maintaining full respect of what was said by the study subjects. After grouping the units of meaning by content, the central themes emerged. The third stage of data analysis refers to the development of the content of the units of meaning. In this phase, the researcher deepened the understanding of the units of meaning when analyzing the central themes, and these were later decomposed into subthemes. The fourth and last phase of the analysis of a phenomenological study involves the synthesis of the set of units of meaning, here the researcher through the meeting of the units of meaning in depth, made a consistent and coherent description, which took a synthetic form, being this last stage composed of three distinct operations: the description of the particular experience of each study participant; the description of the typical structure of the phenomenon and the communication to others of the description of the structure⁽⁸⁾.

To certify the fidelity of the data, the categorization process was brought to the attention of two expert researchers. Subsequently, in order to ensure the validation of the results, we returned to the study participants to validate the descriptions, all of which were validated.

Regarding ethical issues, we made the authorization request to the Director of the Local Health Unit of Baixo Alentejo, EPE where the study took place, as well as the opinion of the Ethics Committee of the aforementioned Health Unit, and we obtained authorization and approval for conducting the proposed investigation with approval number 196. All study participants signed the Free and Informed Consent Form, where the research objectives were exposed, as well as the guarantee of anonymity. All ethical procedures were also followed as recommended by the Helsinki Declaration of Ethics in research involving human beings⁽¹¹⁾.

RESULTS AND DISCUSSION

During the analysis of the data, from the grouping of units of meaning by content, the central theme emerged: anguish in the proximity of death, in the person with cancer pain. After analyzing the aforementioned central theme, the sub-theme was highlighted: "Sense of life/death". The identified subtopic was approached by the study subjects with involvement and depth, allowing the researcher to understand that, the aspects that make up the subtopic alluded to were of enormous importance for the participants, and had a great impact on their lives.

Sense of life/death

It is before death "that the meaning of life and, by extension, the meaning of death most torment us. What sense does it make to everything we live? What is the reason for the alternation of good and bad experiences? What trail will our passage leave? What was the use of having lived?"^(12:78). Adds the same author, who at that moment asks "the real questions about the meaning of our existence. Those who find answers are strengthened. Whoever does not find them loses the taste of living. "In this context, Nobre⁽¹³⁾ says that the relationship with the person at the end of life, in addition to making us think about our own death, leads us to question about the meaning of life, asking questions: "Related to the past: Who is behind the suffering? Related to the present: Is it worth fighting the disease to obtain a quality of life, sometimes very low? What is the point of fighting? Related to the future: What does the patient expect at the end of their life? Until when?"^(13:10).

When we have doubts about what we live, when we lose our deepest motivations, when we enter a metaphysical torment, if we don't stop to question the meaning of our life, we suffer psychologically and then physically. It is therefore essential to identify the spiritual needs of the person with cancer pain and accompany them, helping them to live their journey. In this perspective, Bermejo^(14:37) refers that one of the needs in the spiritual field involves "anguish and difficult questions", as feelings of guilt often arise in the patient and trigger feelings of anguish. The patient accuses themselves, condemns themselves and when confronted with death, there is a need to find a meaning, an explanation, and these questions can become a real torment:

"(...) It seems that I did not deserve this ... (), why did this happen to me? It is not enough to have been on one side and now to move on to others (...)." (E1).

"(...) I ask myself several times why did this happen to me ... (), how did it reach such a limit? Do not know, (...)." (E2).

"(...) I ask several times: Why me? For whom? For the question: "why me?" I don't know, I can't find an answer. But, when I ask myself "for whom?" I know that it is to learn, to learn more, to look at the world in a different way, that I did not see before." (E3).

"Sometimes (...), I also wonder why it was for me? Why did you get me? ... (). I often think, why did it happen to me ... (), (...)." (E7).

The study by Silva and Merighi reveals that the person with cancer pain "(...)" is faced with the most own, irremissible and insurmountable possibility, in the course of his being, death. There are uncertainties about the possibility of dying or not and this certainly creates anguish^(15:259). Likewise, in the study carried out by Carvalho and Merighi, it appears that the diagnosis of cancer "causes a series of problems that go beyond those of a physical order, insofar as it is associated with death, pain and suffering. The extent and duration of these problems can be strongly influenced by the management strategies used by the person, in dealing with their illness"^(16:957), because each person before the events of life feels and interprets what happens to him in different ways.

Despite the human being, being aware that they are mortal and that death is part of life, as Heidegger says, "death comes to meet as a known event, which occurs within the world"^(17:35). But, it is perceived as a distant event and that only happens with others, and not with us. The author adds, referring to the speech that pronounces on death:

"Someday, at last, you also die, but you are not immediately struck by death. (...) The analysis of this "one dies" (...) is understood as something indeterminate, that must arise somewhere but that, at first, for oneself, is not yet simply given, therefore not constituting

a threat. The “die-off” discloses the opinion that death reaches, so to speak, the impersonal. (...), Anyone else and the impersonal themselves can say with conviction: but I don't; because this impersonal is nobody”^(17:35).

In this context, some study subjects also claim that there are other people with cancer disease, but they are not deserving of this disease according to good acts practiced throughout life:

“I often think that I did not deserve this. I have to mentalize, as I have so many people with this disease. But, okay, I didn't deserve this, but anyway ... (), I didn't deserve it. (...) I feel like I didn't deserve it because I've always worked a whole life, (...) and I've always enjoyed helping other people (...).” (E5).

“I think I've always helped others. I have always been like this, even if I have little, I will help others, and sometimes I think: if I have always helped other people, why did it come to me? (...), I didn't deserve... ().” (E6).

Getting sick from cancer reminds the patient that he is a Being-for-death. Death is the possibility that is always in front of you, it is within your life, since you know about your dying, that is, “(...) we also die in the end. (...) Death is individual, even if we are affected by death, each person has to die their own death”^(15:258). Thus Heidegger points out, “the death that is always mine, in an essential and irreplaceable way, becomes a public event (...)” and, in a genuine sense, “(...) we do not experience the death of others. At most, we are just together”^(17:35).

According to Mallmann, “we are future, past and present in a single movement. The past is a possibility that was once and the future, being-for-death, is the last possibility or the impossibility of any new possibility”^(18:66), because death is part of life and each person assigns a meaning to their death according to the meaning they give to their life. We can say that you die as you live. Thus, it is essential to give meaning to life in order to give meaning to death. In the study by Silva and Merighi, it appears that “the way people face death is related to the meaning they give to life”^(15:259). Each person has a life path. Nobody can say that he lived in vain, we all have our mission and certainly that each one of us has an impact on the lives of others. As Paldron tells us, “If we consider the number of people who helped us to be who we are today, there will be a lot of people who have no idea how important it was in our lives. In the same way, it is likely that we have had some impact on the lives of many, and that these people have not said so”^(12:101). However, sometimes, when we ask ourselves about the meaning of our life, it is difficult to assess our contribution. It is therefore essential to broaden our perspectives, to value small things, the goals we have achieved, the obstacles we have overcome, our role as people,

as individual and unique beings, because the place that each of us occupies in the world is also unique.

Study limitations

Although this research has allowed us to understand the reality faced by people with chronic oncological pain, who were willing to share their anguish, fears, uncertainties and suffering through their testimonies, we consider as limitations to this study the fact that the data presented being related to the specific experiences of the participants, therefore meaning it cannot be generalized, which requires the realization of new investigations that make it possible to increase the knowledge about the studied subject, so that health professionals feel more and more prepared to help and accompany the person with chronic oncological pain in their anguish due to the proximity of death.

Practical implications

This investigation certainly contributes to the improvement of scientific knowledge in Nursing, as it opened the way for reflection, allowing us to understand and highlight the importance of awakening, encouraging and motivating professionals, as beings of care, to the importance of reflecting about the care provided to the person with chronic oncological pain. The reflection is based on individual work, in which each professional must ask himself, daily, about his way of being around the patient. The habit of reflecting about day-to-day life allows professionals, in future situations, to improve their attitude, posture, listening ability, inner availability and verbal and non-verbal communication towards the patient. On the other hand, it is through reflection that the Nurse, as well as the Nursing professors, in a challenge to articulate theory and practice, are able to envision individualized care for people with oncological pain, centered around the person as an holistic being, in which they contemplate the needs related to the physical, psychological, social and spiritual dimensions, so that a more authentic and personalized care is achievable, that is, meeting the specific needs of the person with oncological pain, as in the case of anguish resulting from the proximity of death.

CONCLUSION

In view of the facticity of life in which the person finds himself, the search for the meaning of life/death is always present. These questions touch the very depths of human existence and always remain unanswered, enigmatic and mysterious in view of our limited ability to know the reason for all things. This is what happens in the study subjects, as they question themselves about the meaning of life / death, about the "Why me?"; "Why did this happen to me?"; "It looks like I didn't deserve this." These reflections often lead the sick person to not feel they deserve such a situation.

The Dasein that opens to the future, which in turn has the characteristic of finitude, opens up to the question of death, since it is in view of the future and understanding a Being-for-death, that Dasein can be led to the discovery of Being. The understanding of finitude leads to Dasein's anguish, therefore anguish is the only feeling that can lead humans to the revelation of Being. Thus, it is in Being-for-death that the possibility of Dasein exists in an authentic way, since authentic existence implies the acceptance of its own finitude. To exist authentically requires, then, courage to face (...) and to feel the anguish of the being that walks towards death. We can say that to live in an authentic way is to live with the awareness that you are finite and one day you die. To live authentically is to recognize oneself as being-for-death and from that realization to design and build life. Therefore, the understanding of finitude and that one is a Being-for-death, leads to the confrontation of the person with themselves, allowing them to stop and reflect, which enables their growth and inner knowledge, the development of their spiritual dimension, leading him to the discovery and enrichment of the Being. In this sense, and because death does part of life, it is essential to give meaning to life in order to give meaning to death.

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