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## THE ADOLESCENT WITH CANCER, FROM A FAMILY PERSPECTIVE, IN THE LIGHT OF PSYCHOANALYSIS

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**Abstract:** This paper discusses the contemporary family in relation to the psychic formation of adolescents and its dynamics, with adolescents with cancer, considering contemporaneity in a global and everyday context. This discussion goes through the challenge of the classic family model, related to romantic love, which is currently extinct, due to a society in which relationships are dispersed and the formation of bonds is not effective, due to consumption and the competitive job market. Thus, in the course of the text, issues related to the family and the authority figure in the formation of the subject will be addressed and discussed, as a truth or utopia and how this process implies in the dynamics of adolescents with cancer. To this end, Freudian and post-Freudian psychoanalytic theory, materials from oncology and hospital psychology will be used to support this discussion. The specific objectives are to outline the differences between patriarchal and contemporary families; to discuss the importance of the family for the formation of the adolescent ego; to debate family relationships with adolescents on the basis of psychoanalytic theory; to discuss cancer, from conception to development; to analyze the dynamics of adolescents with cancer in the face of contemporary families. Therefore, this text is of great relevance to the theoretical and practical professional development of a psychologist in the hospital and oncology sector, as well as doctors, nurses and physiotherapists, due to the fact that the context of the research encompasses the subject in its macro and micro context, with knowledge of the family dynamic that contributes greatly to the adolescent's ego formation, in addition to the nuances presented by cancer.

**Keywords:** Cancer, Family, Adolescent and Psychoanalysis.

## INTRODUCTION

According to Winnicott (2011), the family is the first social institution to which an individual belongs. In this way, the human being's attitudes and feelings towards their fellow human beings and towards the many situations in life vary according to the emotional distance in which they find themselves in relation to individuals and events, building their first affections. Therefore, it is in this context that the individual will come into contact with culture, which is a social and evaluative inheritance, passed on to future generations.

It is in the family environment that we begin and learn the basic forms of relationships with others, with the social universe, including the spiritual dimension of life. It is in the family is where basic attitudes to life are learned and formed, and where fundamental value systems are taught.

This work seeks to relate cancer to family issues, even more so by emphasizing the issue of the process of adolescence. According to Neme (2003), "Cancer is the name given to a group of more than 100 diseases that have in common the disordered growth of cells that can be located anywhere in the body and affect other regions near and far".

Based on this assumption, cancer is a degenerative disease that affects the individual and their family in a biopsychosocial-spiritual sense, consequently changing the family's affections and routine. Receiving a diagnosis of this pathology is a "death sentence", since it consists of a painful, invasive process that almost always culminates in death. For Ismael and Santos (2013, p.79), it is necessary to understand how the family dynamic works, the role the patient plays in it and the "adaptations necessary for family reorganization to take place".

To this end, it is necessary to raise the following question: How is the family's relationship with adolescents with cancer cur-

rently changing over the years, given the transformations experienced during adolescence, considering the characteristics and consequences of the disease?

Thus, the family is the structural and primary basis of the human being, it is the first social group in which the individual is inserted, and it is responsible for unsystematic education. Thus, the role of the authority figure - be it father, mother, grandparents, uncles, or someone who exercises motherhood and has built an attachment relationship with the individual - is of great importance in the face of new family configurations. The authority figure is a reference point in the individual's ego formation and therefore in their ethical construction, in which these characteristics of their personality will influence their intra- and interpersonal relationships.

We can see that the job market today is increasingly selective, technological, competitive and globalized, and the inclusion of women in this context has led them to try to reconcile their professional activity with family responsibilities. This can contribute to the family coming into conflict, triggering the process of loss of affinity and the as a result of the scarcity of time for family life, the emotional contact between its members has radically changed this social institution.

Therefore, when considering the family as the first institution to which human beings belong, it is necessary to carry out a precise investigation into the relationship between its members, in addition to contemporaneity and the issue of illness.

Thus, this work has theoretical relevance, as it is aimed at psychologists, regardless of their approach, the academic community, doctors; nurses; physiotherapists; parents, that is, any member who works in the oncology sector and wants to have a biopsychosocial view of the adolescent, since it deals with the family, with adolescents with cancer, in a

critical way, contextualizing it mainly with the psychosexual theory of development and the second Freudian topic.

Birman (2000, p. 19) corroborates this work when he states that even though psychoanalysis is his guide and theoretical reference, with regard to the present day, this does not mean that it should be used in a "linear and applied manner", in a one-dimensional way. The intention here is to use it to "listen to the new forms of subjectivity that the contemporary scene offers us."

Such listening must be careful, since the psychologist will relate the subject's context in a biopsychosocial-spiritual sense, considering the family dynamics in which this adolescent is inserted.

This study aims, *a priori*, as a general objective and through professional experiences and theoretical-bibliographical studies and, based on Psychoanalysis, to investigate the family relationship with adolescents with cancer, considering the nuances of the phase and the disease; in addition to having specific objectives, such as:

1. Outline the differences between patriarchal and contemporary families;
2. Discuss the importance of the family in shaping the adolescent ego;
3. Discuss family relationships with adolescents based on psychoanalytic theory;
4. Fundamentals of cancer, its understanding and elaboration;
5. To analyze the dynamics of adolescents with cancer in the face of the contemporary family.

## METHODOLOGY

This research is based on psychoanalytic theoretical verification and, in this way, we sought the admissible foundations to support this investigation. In this way, the path of science is the use of psychoanalysis to discuss the dynamics of the contemporary family in the face of adolescents with cancer.

According to Winnicott (2011), psychoanalysis is a term that refers to a method and a body of theory that concerns the emotional development of the subject. It is therefore an applied science that is based on a science. For this theorist, Freud started a new science, “an extension of physiology; a science concerned with personality, character, emotion and effort”. Therefore, methodology stands out as a set of techniques, with a clear, coherent, elaborate instrument capable of taking theoretical impasses to the challenge of practice.

In this way, this research is an exploratory bibliographical study, as it will be based on material that has already been organized, especially books and scientific articles. Likewise, for Streck (2009, p.6), research consists of a set of activities aimed at solving problems and “obtaining new knowledge, using scientific procedures”.

When approaching psychoanalysis, it was imperative to consult the primary sources, which was Freudian psychoanalysis. Thus, the Complete Works of Freud were investigated. In this way, the path of investigation followed the contemporary context of psychoanalysis, in other words, the post-Freudians, such as Erikson, Winnicott, Roudinesco, Nasio, Aberastury, Joel Birman, Peter Blos, Bock, Outeiral, among others.

It is worth pointing out that it was necessary to search for books on hospital psychology, which deals specifically with adolescents with cancer.

In order to outline the path of science, it was necessary to talk a little about the child in

order to understand the adolescent self, since this phase is a re-edit of childhood.

Násio (2007) argues that after a pulsional calm there is a second Oedipal tremor, which occurs during puberty. Thus, the adolescent will adjust the pain of his impulses to his new body in full transformation and to the new social demands.

Thus, the exercise, and consequently the learning to consider this investigative procedure, belongs to the epistemological field that is Science, Aesthetics and Literature. It is an allusion to “interrelationship”, “dialogism”. The aim here is for each carefully written text to constitute a “flash”, an “image”, applicable to the context of the adolescent with psychoanalysis, faced with pain and castration, presented by cancer, as “a representation of”, “a making known”, “an unveiling” of Human Beings in their mutual influence with their subjective context and, therefore, in their mutual influence with the intersubjective, the landscape, the environment, that is, with family, society and the disease itself, faced with their pain.

## **FAMILY, ADOLESCENCE, PSYCHOANALYSIS AND CANCER**

### **OUTLINE THE DIFFERENCES BETWEEN PATRIARCHAL AND CONTEMPORARY FAMILIES**

The family is the result of changes in modern society. Today, talking about the “family” requires a differentiation from the patriarchal family, which consisted of a classic, traditional model, in which the patriarch held the patrio poder, i.e. the father, the man, the head of the family, the male authority figure. This model reflected the society of the time, in which women occupied a position of submission to the detriment of men. According to Bock (2008, p. 236), the ideal family model was father, mother and children,

the result of a dominant society, “It used only one pattern of coexistence, judging the others to be inadequate.”

However, society has undergone changes and, as a result, the family institution has undergone changes and can be considered a dynamic system over time. This has reflected on its organization and the roles of its members.

The contemporary, nuclear or modern family, which corresponds to today’s family, is the result of changes in the way the world is viewed and consequently in the conduct of its members, so there are new configurations of family life. Bock (op. Cit.) explains that there are families of separated parents who have entered into new unions, where there is cohabitation with the children of previous marriages, families headed by women, extended families and also homosexual unions.

According to Outeiral (2008), it should be borne in mind that society is undergoing intense and profound transformations at the economic, cultural and value levels, etc. As a result, the family follows these transformations. The patriarchal family group is now giving way to the nuclear family group.

This reality influences the adolescent’s ego, which is vulnerable to this social, cultural and family diversity.

Regardless of the era, the family is a great reference point in the life of a human being, because in addition to genetic inheritance, there is also the transmission of values that takes place in the educational environment. Winnicott (2011) states that the family is the first grouping and, of all, it is the one most associated with being an influx into personality integration, in terms of the subject’s growth and evolution.

## **DISCUSS THE IMPORTANCE OF THE FAMILY IN SHAPING THE ADOLESCENT EGO**

Faced with a competitive and globalized society, what is the ideal family model for adolescents? The point here is not to create a stereotype of the perfect family, but to refer to the contacts, attachments and relationships with the adolescent who is undergoing a biopsychosocial change, mourning the loss of the child body for the adult body.

Regardless of the various configurations of the contemporary family, of the nuclear family, what matters is that these members have dialog, that they don’t allow technologies to separate the sacred meal times, in the sense of meeting and establishing contact, that in this interaction they regulate themselves, that they look within the family for answers to their anxieties, that the family can understand that the young person who “throws a tantrum” often needs attention, understanding and dialog. This possibility of speaking, of exposing, of “cleaning the chimney”, was the merit of psychoanalysis, which inaugurated the moment of the word and consequently dialog, which guide intra and interpersonal relationships (BLOS, 1998).

The family is a group responsible for the ego formation of human beings, who, in addition to their emotional heritage, also have a biological, cultural and evaluative legacy. In this respect, the mother is the initiator of the whole process of human formation, because she is the one who gives birth, feels the child’s first movements, is the one who receives and “hands over to the world”, hears the first cry at birth. In view of this, Abram theorizes about the importance of the mother in the formation of the human being, also considering the importance of the father. For Abram (2000), the biological mother’s identification with her baby is located in the “sick” core of the feeling of primitive maternal concern. This

condition enables the mother to adapt to the baby's demands, which includes the ability to breastfeed.

For Chodorow (2002, p. 17)

In our society, as in most societies, women not only bear children. They also take on the initial responsibility for childcare, devote more time to babies and children than men, and maintain the first emotional bonds with babies. When biological mothers don't provide the initial care, other women, not men, virtually always take their place. Although fathers and other men spend varying amounts of time with babies and children, the father is rarely the first person responsible for the child.

Outeiral, Moura and Santos (2008) state that Winnicott's theory states that babies who are not dissociated from their mothers create their first perception of identity through their mothers' gaze and gradually form their self-image. In this initial phase, notions of masculinity and femininity are transmitted in the family context, as well as the notion of being loved and deserving attention.

Thus, for Abram (op. cit.), the mother is a fundamental figure in the emotional development of the baby. She is the baby's first environment, both biologically and psychologically. The mother's behavior, especially towards her child, will have a major influence on the baby's health, especially during pregnancy and at birth. This idea of mother as enclosure includes the idea of what she really is. In other words, the woman who existed before the baby was born will continue to exist while the baby develops, as will the father, siblings, the rest of the family, society and the world as a whole.

The importance of the family in the adolescent's ego formation is not a utopia, but what it does well, what it contributes to the holistic formation of the human being as a whole. In this sense, the ideal family is one that, even in the face of the external stimuli offered by

a globalized society, does not lose its values. Forming a family, conceiving a human being is, first and foremost, taking on responsibilities. Before having a child in the real world, it is important to "have" it in the symbolic world. For Bock (2008), before being born, the child sees itself occupying a place in the symbolic family on the social scene, and the one that follows their physical arrival, is the culture and habits that will be metabolized.

The beginning of a life also lies in the couple's preparation to conceive this child, so that it can become a healthy adolescent in the future. Thus, Winnicott (2011) argues that after the wedding ceremony there is a time when the arrival of offspring is appropriate. The children may not be well received if they come immediately, because the young parents, still unprepared, have not gone through the stage of intimacy, in which they mean everything to each other. It is common for first-born children to intervene in their parents' relationship when they are born, and to suffer greatly as a result. However, it must be considered that there are cases in which children arrive as a natural consequence of their parents' relationship. It can be assumed that these are healthy children.

There will never be an ideal family. There will always be a group of people who live together and constantly regulate themselves, who respect each other, even in the face of the differences that are inherent to the subject.

It is necessary for parents or authority figures to plan to conceive a being who, in their natural evolution, will be an adolescent who will be accompanied by all the aforementioned nuances, so that all the phases of the subject's life, and especially the adolescent phase, are understood and dialogued. In other words, the family penetrates the adolescent's ego, for better or worse. This is precisely why it is important for the family to understand its role and the peculiar characteristics that permeate adolescence. Otherwise, it could cause an

imbalance among its members, as they are unaware of the whole ritualistic and impulsive process that emerges during this phase.

According to Marchevsky (1995), some families have the ability to help their adolescents in times of difficulty, alleviating their anxieties and promoting their development, being supportive in times of crisis and also participating in times of satisfaction. However, there are families who are unable to control their own anxieties, or those of their pubescent children. In this way, they can adopt behavior that aggravates existing problems.

Faced with this whole process, adolescents feel the need to “separate” from their parents in order to be accepted by a similar group.

For example; clothes, make-up, slang, in other words, some element that identifies them as a member of that group.

The family contributes a great deal to the formation of the adolescent’s ego, as it guides them towards their north in family education and values. This will be built up in the Superego. For Winnicott (2005), the baby moves from the pleasure principle (Id) to the reality principle (ego-building superego). Successively, there are losses and elaborative mourning that will be experienced in adolescence, leading to the growth of the adolescent ego in the capacity to bear disappointments and losses.

Thus, these aids consist of the psychological processes that influence the personality in a broad and globalized way. Not in a fragmented and isolated way, as these elements have interconnected functional influences.

From this perspective, for Freud (1969, p. 37) “the ego is not clearly separated from the id; its lower part merges with it”. Freud (idem, p. 39) adds that the importance of the ego’s function is manifested in the fact that, normally, “it has control over motility. In its relationship with the id, it can be considered as a rider who must hold the reins of the horse with his strength, while the ego uses borrowed strength.”

For Blos (op. cit., p. 234), “The history of the Ego reveals that it is progressively modeled on each phase predominantly of the organization of drives. A mutual influence of the Ego and the Id never ceases to be evident”.

For Eriksonian theory, psychosocial development is synonymous with personality formation, which evolves over eight stages that make up the life cycle. Each stage corresponds to the formation of a particular aspect of the personality. Freud’s first five stages (oral; anal; phallic; latency and genital) correspond to Erikson’s first five (Trust *versus* Distrust; Autonomy *versus* Shame and Doubt; Initiative *versus* Guilt; Industry *versus* Inferiority; Identity *versus* Role Confusion; Intimacy *versus* Isolation; Generativity *versus* Stagnation; and Integrity of Ego *versus* Hopelessness). For Erikson, at each stage there is a crisis between the two poles, because they are experienced as a conflict. Each conflicting phase has to be resolved positively or negatively by the individual, with consequences for the subsequent phase.

Erikson contributes a lot to understanding adolescence, since at the core of his theory there is the approach of adolescent behavior as one of the stages of a human being’s life. In view of the above, the fifth stage of Erikson’s Theory of Psychosocial Development occurs between the ages of 12 and 18, and takes on different adjacencies due to the psychosocial crisis that occurs during this phase, in other words, it is the period of Identity *versus* Role Confusion, corresponding to the Freudian Genital Phase.

Referring to the adolescent mind in its transitional phase, Erikson states that this constitutes a *moratorium*, which consists of a “psychosocial stage between childhood and adulthood, between the morals learned by the child and the ethics to be developed by the adult” (ERIKSON, 1971, p. 242).

In relation to the central conflict between Identity and Role Confusion, Erikson states

that in the positive solution, the young person will acquire a psychosocial identity, in other words, they will understand their importance and function in society.

For Erikson, if a negative solution occurs in this process, it will have consequences for the next phase. Because of this mismatch, the risk of this phase can be considered to be the failure to consolidate identity and the preservation of the pole of role confusion, where the adolescent's love choice is an attempt to define their identity by projecting their ego image onto the other, in order to gradually see it defined and reflected.

In this phase of discovery, it is common for adolescents to experience new challenges that encompass their actions towards themselves and others, be it love, the search for a career or professionalization. To the extent that the people in their context help them resolve these issues, they will develop a positive sense of personal identity. If they don't find answers to their questions, on the negative side, they can become disorganized, lose their reference and take problems to the next stage (OUTEIRAL, 2008).

For Clerget (2004), accepting the prohibition of incest is the beginning of a correct understanding of other learning processes. Sexual drives will be sublimated from their object and directed towards a social context. Their energy will be channeled towards pedagogical and cultural demands. In adolescence, these drives, which are awakened between the ages of 6 and 12, are re-edited, invading subjectivity and, consequently, behavior. It is precisely for this reason that the practice of masturbation is resumed, and there may be feelings of guilt, especially if this practice was reprimanded in childhood.

So, given all this apparatus, these nuances that make up adolescence, we have seen the importance of family attachments and bonds in the construction of human subjectivity. Accompanying and understanding the whole

process of transformations, and consequently the relational level that is adolescence, is a family matter.

## **DISCUSSING FAMILY RELATIONSHIPS WITH ADOLESCENTS UNDER THE FOUNDATIONS OF PSYCHOANALYTIC THEORY**

It is known that every subject originates from a father and a mother, and it is impossible to escape this triangle, which is at the heart of conflicts. For Kafmann (1993, p. 135),

Freud first discovered the Oedipus complex in its positive form, the one put on stage by the tragedy of Oedipus the King: sexual desire for the mother and murderous desire for the rival father. Then it unveiled its negative form, the "inverted Oedipus", or "feminine Oedipus" of the boy: erotic desire for the father and jealous hatred of the mother. Finally, in its complete form, the Oedipus complex designates all the relationships that the child establishes with the parental figures and which constitute a largely unconscious network of representations and affections between the two poles of its positive and negative forms.

Throughout the human being's life, this triangle will be fundamental for the subject, in a love-hate relationship that defines the individual's psychic and symbolic structure. Given this reality, this oedipal context will be of paramount importance, especially during the period of the Oedipus complex, marking the human being's life positively or negatively. Thus, for Násio (2007), justifying this investigation from a classic Freudian perspective is consequently to look at the Structural Theory of Personality - Id, Ego and Superego, in which the superego is considered to be the successor to the Oedipus complex. Thus, this superego is a figure of law that is introjected into the child's unconscious, and which dictates, like an "inner master", the choices that are part of their experience.



This oedipal triangle underpins family relations with adolescence, since this phase is a re-editing of childhood.

Thus, the family consists of a group of individuals who are close, related either by kinship or marriage, and share the same home. It can also be considered as a group of people with the same ancestor and, in a broader sense, this word can indicate people who are not biologically related, as is the case with fraternities.

However, the family is a mediator, the first social group in which the individual is inserted at birth, it gives them biological and social life, it favors the social insertion of the subject in a kind of order in which their life creates meaning, constituting their subjectivity.

The family has a reproductive function, an economic function, an educational function, a protective function and an affective function. For Rosa and Lapointe (2004), socialization requires the collaboration of different agents. Thus, parents and the immediate family are of primary importance. Other agents such as the school, the peer group and the media are always involved.

Childhood is a privileged period in which a person accumulates the greatest number of learning experiences, but socialization is a lifelong phenomenon. It is, in fact, the transmission of culture from one generation to the next or from one group to another.

The family, as the basis for regulating the subject, is the one that will provide guidance, impose and show limits, form censorship, in other words, what is wrong or what is right, within social dictates. It is the family that will initially be responsible for creating the Superego (Reality Principle), from which the subject will control the impulses coming from the Id (Pleasure Principle).

It is within the family that the subject learns to perceive themselves, they will have guidance, they will learn their religious and cultural precepts, and they will exercise

introjected and consequently external social control. For Bock (op. cit., p.243), "the bond in its biological (the umbilical cord), social (the family group and its responsibilities, including legal ones) and affective (the welcome) aspects is a condition for the child's overall growth and development."

The family can also be considered as a process of dynamism between its members, with a psychological unity that characterizes it.

It is therefore impossible to define the family as immutable and fixed, as it has undergone changes over the years, especially in the modern West. This is followed by democratic values, in which men and women have equal rights. The family configuration itself has changed. Where once there was the patriarchal family, today there is the nuclear family, which is the family of the contemporary world.

This changed reality is related to cultural, economic, social and historical characteristics. With social evolution, and in the face of so much change, the family has followed this evolution in a way that affects the relationship with its members, especially its adolescents, the focus of this work.

Thus, the experience of a family with pubescents is totally different from the dynamics of a family with children, in which they experience a genuinely childish phase, even with the existence of sexuality. Living with adolescents means adapting to their context, organizing oneself and understanding all the biopsychosocial dynamics that human beings go through. Thus, the family must be incorporated and united, because adolescents' demands need to be listened to, understood and not judged.

Therefore, in order for the pubescent to experience this moment peacefully, it is essential that affective bonds are solidified and balanced from childhood onwards, and that parents or authority figures are prepared for such transformations. It is also necessary to accompany, guide and prepare the young

person in this process. In this way, the family framework and the way its components relate to each other will have consequences for the development of adolescents.

Winnicott (2011, p.125) defines the family as the first grouping and “of all the affluences, it is the closest to being a grouping within the personality”. As such, the family submerges the adolescent’s ego, for better or worse. That’s why it’s important for the family to understand its role and the unique characteristics that are part of the adolescent context. According to Rappaport (1993, p.12),

The changes in body image resulting from physiological puberty are always experienced with impact, if not as a catastrophe. The acquisition of the same-sex parent’s bodily attributes, both desired and feared, provokes reactions in both the child and the parents.

In this way, the adolescent subject is constructed: family, society, for a possible egoic balance, for a consequent construction of psychic homeostasis, in a process of restructuring in the face of so many transformations. It’s the return of all the psychosexual phases in another reality.

Outeiral (op. cit.) states that the ego, as outlined by Anna Freud, is forced to deal with new instinctual demands, both in the superego and the Id, such as external reality. In this internal disorder, psychic upheavals occur, which develop, the re-editions of primitive contents that surface and drive the search through projections in the external or real context, with the aim of restoring psychic homeostasis.

Faced with this reality, young people are more vulnerable to the dormant biological energies, instincts and drives (Trieb) inherent in human beings: life drive (Eros), death drive (Tanatos), which are reissued in adolescence.

For Clerget (2004, p.70),

In adolescence, these drives, more or less awakened between the ages of 6 and 12, are reactivated. They invade thoughts and behavior. The practice of masturbation is resumed. It can be fraught with guilt, especially if it is the object of interdictions that were wrongly placed in early childhood.

This transitional and necessary process will be permeated with its own rites, a natural disregard for parents, insertion into identification groups, for which parents must prepare themselves and their children to get through this phase more smoothly. The relationship with technology, isolation and the retention of secrets are common in this phase, which is a reliving of childhood at another time in life. This term “withholding” takes us back to the anal phase, in the Freudian psychosexual phase, when the child feels the pleasure of withholding, holding in their feces.

However, in order to understand the adolescent in their process, it is necessary to understand the child present in each young person, in a unique and individualized way, since they are more vulnerable from a biological, psychological and social point of view. Most families are not prepared to conceive an adolescent who is “born” with so many characteristics.

## **FUNDAMENTALS OF CANCER, FROM CONCEPTION TO DEVELOPMENT**

In this section, it will be necessary to discuss and theorize about cancer and its nuances, as well as the biological, psychological, cultural, historical and family consequences, to finally arrive at the adolescent with cancer.

It is known that cancer, according to Valle (2008, p. 218), is a generic designation for malignant diseases that are characterized by the unbridled multiplication of cells, “in a process known as carcinogenesis”.

Illness occurs when the body produces defective cells too often, which will form ma-

lignant tumors and various types of cancer. These cells have incorrect genetic information and therefore become disorganized, culminating in pathology. According to Neme (2003, p.3), the immune system generally recognizes and destroys abnormal cells, but when this doesn't happen, the subject becomes vulnerable and ends up falling ill.

Cancer is known to be a chronic and "democratic" disease, as it affects people of both sexes, of any age group and from different socio-economic backgrounds, as well as having multi-causal factors and biopsychosocial issues. It occurs due to genetic factors, inadequate diet, lack of physical exercise, lack of sunscreen, consumption of alcoholic beverages, tobacco, as well as behavioral issues such as psychological trauma, stress, absorption of hatred and resentment, and can be considered a psychosomatic multi-causal disease.

According to Neme (2010, p.93 and 94),

Clinical work with cancer patients has shown us that many of them fell ill after traumatic events. Possibly this was because they didn't have the functional elements to help them carry out the necessary mourning work. As a result, they were unable to carry out psychic movements of evolutionary organization after these events. In this way, counter-evolutionary movements were unleashed that led to the destruction of the libidinal organization that had existed until then. The illness of the individuals in question can be understood, in this sense, as the by-product of a marked progressive disorganization.

Faced with this mismatch, upon receiving the diagnosis, the subject becomes disorganized, because common sense has it that it is a death sentence. This is why there are so many beliefs in common sense, and why people avoid pronouncing the name "so as not to attract the disease", as well as avoiding routine tests (early diagnosis) "so as not to mess with what's quiet".

However, even with the advances in medicine, cancer treatments such as radiotherapy,

hormone therapy, chemotherapy, immunotherapy and even surgery are painful, aggressive procedures that leave physical and emotional consequences.

According to Neme (2003, p.13), "Each person reacts in a particular way to the various types of medication and treatments used, and all of them will have undesirable side effects." These effects can be controlled with the help of medication, psychology, nutrition and physiotherapy.

Even with the aforementioned mismatch, there are now cures for various types of cancer and those who have been cured still undergo routine follow-up examinations and claim to have been born symbolically.

Faced with the diagnosis, patients and their families suffer, symbolically feeling that they are going to lose their loved one, as there will be a change in the domestic routine in order to live with the new reality, since direct contact with the sick person is already a highly anxiogenic task and indirect contact with death.

Thus, the patient unconsciously uses various defense mechanisms to help him deal emotionally with his fantasies, with the pathology, with the new reality, the fear of dying, such as denying the fact of being ill, isolating oneself, having an episode of depression or rebelling. According to Camon (2012, p.158), "The need for denial at the beginning of a serious or chronic illness is common. The need to go back and forth is perceived as the relationship with the illness evolves and is worked through."

This painful process occurs precisely because of the castration of the healthy body, mutilation, apprehension about the exams and everyday life, which will be changed, hair loss (alopecia) is a consequence of the chemotherapy treatment and there is a consequent ego wound, transforming the self-image. As a result, there is intense vulnerability and fragility and fear of prejudice and attachment to religion.

Today, religion is seen as a preponderant factor both in curing cancer and in living with the disease and adhering to treatment, even in the patient's and family's preparation for death. Support, respect and affection are fundamental, especially in palliative care and during the illness process.

Psychological help is of great value, as are support groups and websites that encourage beauty during the period of illness.

It's worth remembering that psychological help is available for both the patient and the family, in some places at the time of diagnosis and in post-mourning therapy. This can be done through guidance, diagnostic assessments and psychotherapy, in a brief and supportive way. Listening should be focal, at the service of the subject's ego, and all interpretation and scores should contain constructive, transferential aspects, favor the dissociation of bad and good objects, as well as a lot of respect. These procedures will alleviate the painful and invasive processes of treatment, the castration of health and hospitalization. The process of psychotherapy will be necessary in order to find internal coping mechanisms for the illness, in a process of resilience.

Thus, for Ismael (2013, p.76),

The term *coping* suggests that time reacts positively, fighting and taking an active role in the progression of illness. Taking into account the different variables that are involved in this process, it is necessary to adopt the view that coping is the process of emotional, behavioural and cognitive mobilization with the aim of adapting to the situations experienced and which change during each moment of the illness.

The relationship between the patient and family members, the doctor and the team must be satisfactory, based on humanization, so that all fantasies and doubts can be exposed and resolved.

At the end of the section, we see the need to close with the issue of prevention, which may sound paradigmatic, clichéd and normative, but which is necessary in order to avoid the onset of the disease, such as practicing regular physical activity, eating a balanced diet, using sunscreen and always working with love and forgiveness.

### **ANALYZE THE DYNAMICS OF ADOLESCENTS WITH CANCER IN THE FACE OF THEIR CONTEMPORARY FAMILIES**

Adolescence can be seen as a re-editing, a reliving of the Oedipus complex, a time when drives are in the spotlight. For Chemama (1995, 139) "There is a mixture of narcissism", a cult of the phallus as an object of power with the denial of one's own body with its characteristic mourning and even the sublimation of sexuality and the execution of the sexual act. In other words, it's the fulfillment of all Oedipal fantasies.

Aberastury and Knobel (2011, p. 27-28), outline the distinctions of the Normal Adolescence Syndrome through a chain of common manifestations of this stage:

Search for self and identity; group tendency; need to intellectualize and fantasize; religious crises; time displacement; manifested sexual evolution; demanding social attitude; successive contradictions in all manifestations of conduct; progressive separation from parents and constant fluctuations in mood and state of mind.

In this way, adolescence is a phase in which biological, psychological and social factors come together to generate anguish in the subject, who goes through a transitional process. For Outeiral (2008), the word "adolescence" has a double etymological origin and characterizes the specificities of this phase of life. According to him (*idem*, p. 4)

It comes from the Latin *ad* (to, for) and *olescere* (to grow), meaning the condition or process of growth, in short the individual capable of growing.” With this, there is the capacity to develop (not only physically, but also psychically) and to “get sick” (because there is emotional suffering, with the biological and mental transformations that take place at this time of life). “Some authors, such as Luiz Carlos Osório, refer to a third etymological origin: *dolo*, to cause harm or damage to someone, would have the same origin as adolescence.

In view of these arguments, it is worth noting that in order to understand adolescents in their development, it is necessary to understand the child that exists in each person, who is unique and individualized, since the process of adolescence has demands such as biological, psychological and social vulnerability.

Considering the aforementioned factors, the reality of adolescents with cancer must include mourning and the loss of health, the daily castration of an adolescent who experiences all the nuances offered by this phase. According to Carvalho (2008, 219), adolescents with cancer report that one of the most stressful factors is the change in appearance. In view of this, the psychologist, in his work, must consider this reality in their intervention, adapting their practice to the reality of the adolescent patient. Thus, Carvalho (op. cit.) states that “It is essential to consider the uniqueness of each person, seeking to reveal their particular way of receiving, signifying and differentiating the different situations to which they are exposed.” This is because each individual is unique, even if they face similar situations.

However, it is well known that every human being changes according to their experiences. Each experience changes the subject, who can be considered to be constantly changing. This is the case with adolescence, with growing up, with natural illness, in the construction of the identity of every human being. As Aberastury

(2011, p.9) puts it:

Identity, as we know, is organized on the basis of identifications with parents. Adolescents experience extreme imbalances and instabilities. This configures a semi-pathological entity, which I have called “normal adolescent syndrome”, which is disturbed and disturbing for the adult world, but necessary, absolutely necessary, for the adolescent, who in this process will establish their identity, this being a fundamental objective of this moment in life.

Adolescence is not an easy stage and it would not be impossible to compare the process of adolescence with the process of metamorphosis of a butterfly. Adolescence is a biopsychosocial process, i.e. biological, psychological and social. It is the period in which the individual loses their infantile body for an adult body. Depending on their experiences, they are often unprepared to deal with these transformations. Thus, as a cry for help, the individual starts to behave rebelliously, denying all the values that their family had passed on to them during their childhood.

At this evolutionary moment, the subject experiences adolescence with the loss of his infantile body, a mind that is still infantile and a body that is inexorably becoming an adult, which he fears, does not know and desires, and which he probably gradually perceives as different from what he idealized as a child.

Thus, whether they want to or not, adolescents are led to inhabit a new body and experience a new mind. Dying may only mean killing the body-threatener, but not necessarily the death of the mind. For Outeiral (2008), adolescents’ relationship with their bodies is one of the indicators of their personality’s adjustment and normality.

Adolescence is a transitional phase, a natural and necessary crisis. The human being is neither a child nor an adult, it is a moment of passage, accompanied by the mourning of the loss of the child’s body, often with a mind that is

still childish. This whole biopsychosocial process is a natural moment of biological (adolescence), psychological and social maturation, in other words, it's a broader process than puberty. For Balbinotti (2009), self-esteem and self-image are directly related. The bodily changes that occur mainly during adolescence and maturity can cause significant maladjustments during these periods of change, when there is no introjected self-confidence.

In these stages, the biological body is either being built or declining and, due to this process, oedipal conflicts and finitude itself emerge, requiring the elaboration of threatening feelings in order to make amends and new constructions.

When referring to family issues, it can be seen that there is currently little coexistence between family members, which has led to a lack of guidance for children in building a balanced ego in terms of the subject's ethical formation. Given this, it is clear that this reality occurs in the face of a contemporary crisis that the family is currently going through, due to the social evolution that consequently permeates this institution.

Singly (2007) discusses the crisis of the contemporary family and, as a consequence of this mismatch, the low fertility rate, the decline in marriage and, consequently, the rise in divorce. Faced with this reality, new family configurations have emerged as a result of this social context, as well as the inclusion of women in the job market and changes in the sphere of sexuality. This has led to the individualization of family relationships, which is currently resulting in social conflicts such as violence, the trivialization of sex, problematic relationships, school indiscipline, among other obstacles in the lives of children interpersonal relationships.

However, when you have a child undergoing cancer treatment, there is a natural change in family dynamics and some aspects change. Carvalho (op. cit.) points out:

As they experience the human world, adolescents with cancer experience ambiguities in their relationships; at times they perceive others in a relationship of harmony with their being, as caring, supportive and concerned: they identify the suffering of their parents and the attempt to assuage their pain. They feel that their parents often overprotect them, trying to compensate for "being sick" by making material concessions, buying objects and toys; and emotional concessions, giving them more affection and attention.

Therefore, in addition to psychological support, family support is extremely important, as well as considering the aspects of the disease and the peculiar characteristics of adolescence, such as the loss of the child's body, associated with the loss of hair, in other words, the transformation will be just like the natural process of adolescence, in a biopsychosocial sense. The family, faced with current social demands, will have to organize itself to support this suffering child.

In conclusion, there is a need for the support and guidance of a psychologist, who must consider the nuances of the various family configurations, as well as the peculiar phase of adolescence.

## FINAL CONSIDERATIONS

In the light of this research, it was possible to see the importance of the family in the construction of the subject's ego, given the conceptions of paternity and maternity in force in contemporary society, using psychoanalytic theory to support this discussion. However, there is the issue of cancer, linked to the adolescent phase, in other words, the work deals with contemporary family relationships with adolescents in the context of cancer. However, it is worth highlighting the nuances of adolescence, which intensify with the natural phase of the adolescent process.

The aim was to discuss the family, which is the first social group into which man

is inserted. In addition to its biological, protective and legal function, it is known that when it comes to the contemporary family there is not necessarily a biological function, due to the blending and reconstitution of families as a result of separations and/or remarriages. The educating function, then, is in the domestic sphere, which welcomes the subject, giving them their first instructions on how to live together, inserting them into their culture and contributing to the formation of their personality.

Thus, unsystematic education, in other words, informal education, is of great importance in people's lives when it comes to building their values. These values will be disseminated in their interpersonal relationships, in which their feelings will be translated into behavior, generating both kindness and aggression. At school we have an example of where the subject will receive Systematic Education.

Therefore, it is extremely important that in the ego formation of the human being, it is necessary for the family context to have a subject, an authority figure, to serve as a model in the construction of their identity. This subject could be their biological father/mother or someone who, throughout the child's upbringing, has built up and consequently exercised education, hence their authority.

As a result, during the research it was possible to see the lack of family life among their adolescents as one of the possible causes of the construction of bonds. This mismatch is due to the social evolution that has taken place over the years, in which parents need to work to meet financial demands. However, there is also a need for plasticity, a need to adapt to social demands in relation to adolescents with cancer.

As such, this academic work is of great relevance to the professional development of a psychologist who wants to work in the oncology sector and with adolescents, as its research shows that in order to work with the

subject, it is necessary to get to know them in their macro and micro contexts. This is possible through knowledge of their family dynamics, which contributes so much to the formation of their ego.

This work achieves the aim of inviting the reader to reflect, because the professionals who have access to it were obviously once adolescents, and I believe I have contributed, in the light of psychoanalytic theory, to the understanding that the problems of this phase are normal, as far as development is concerned, but it is necessary to know about the disease and its implications, in order to be able to deal with it.

Another fundamental point is rediscovering yourself, finding yourself again, putting yourself in the place of your child, patient, and even "reliving" and realizing that adolescence is an ephemeral process permeated by particular and non-transferable discoveries.

It needs to be lived with intensity, accompanied by all the "emotional storms", in a healthy way, always extracting a "lesson" from every cloudy situation.

The purpose of this work was to contribute to the academic community, psychologists, regardless of their approach; doctors; nurses; physiotherapists; parents, in other words, any member who works in the oncology sector and wants to have a biopsychosocial view of adolescents. With this in mind, I suggest that when you "see" the adolescent, you "look" at them and "read" them in a unique way that is at the same time based on these psychoanalytic principles. I hope that after this reading, judgment and the common-sense term "aboriginal" will be a thing of the past.

It is important to point out that, like all research, there are always recommendations for future work. Therefore, after carrying out this work, we are left to reflect on the psychologist's work with adolescents in the oncology sector, taking into account all the aspects inherent to this phase.

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