

# The Diagnosis of Breast Cancer: Transition From Health to Illness

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**Purpose/Objectives:** To gain a better understanding of the common meanings and shared experiences that women encounter after a diagnosis of breast cancer.

**Research Approach:** Qualitative using Heideggerian hermeneutics.

**Setting:** Tertiary breast care center in suburban Buffalo, NY.

**Participants:** Purposive, convenience sampling recruited 30 women.

**Methodologic Approach:** Secondary analysis on tape-recorded interviews of women receiving their last cycle of chemotherapy. Narratives were interpreted using the seven-stage hermeneutic process.

**Main Research Variables:** Life experiences, shared meanings, and perceptions.

**Findings:** Four themes emerged: Changing Health Overnight, Erasing of a Former Self, Appraising of Illness, and Approaching the Future—Now What? The constitutive pattern was transitioning from health to illness.

**Conclusions:** Women experience a precipitous change in their lives after a diagnosis of breast cancer. How they mentally and emotionally approached diagnosis and treatment affected their symptom experience and outcomes.

**Interpretation:** This study provides oncology nurses with the awareness that beyond physical symptoms, women experience profound and precipitous emotional transformation following a diagnosis of breast cancer. It gives meaning to the devastation and symptom distress women experience that may be lessened if they are given adequate information and support. Women in the study who approached diagnosis and treatment more positively better incorporated the breast cancer process into their lives and better managed the side effects of treatment.

A participant in the current study said about her diagnosis of breast cancer, “I’ll never be the same again. I will always be different.” This quote indicates the truly personal meanings experienced during breast cancer treatment. Secondary analysis of data collected originally from women undergoing treatment for breast cancer explored the intimate meanings. The purpose of the initial study was to explore symptom experiences and symptom distress. However, early on, interviews illustrated the personal nature of the diagnosis and treatment experience and evidenced the fact that a woman’s perception of breast cancer influenced her illness experience. Therefore, the aim of the secondary analysis was to gain a better understanding of the common meanings and shared experiences that women encounter after a diagnosis of breast cancer. Hermeneutic phenomenology was used to analyze the original stories, uncovering the personal nature of the feelings and events surrounding diagnosis and treatment of breast cancer. Findings from the study provide oncology nurses with information concerning the value of a woman’s perspective as she deals with a diagnosis of breast cancer and its treatment. The knowledge, in turn, will assist nurses not only in their care of women but also in developing supportive interventions.

## Key Points . . .

- Women experience a precipitous transition in health after a diagnosis of breast cancer.
- Women who approached a diagnosis of breast cancer more positively experienced less distress and better endured treatment.
- Oncology nurses need to be aware that strong feelings of change occur in most women after a diagnosis of breast cancer, described in this study as an “erasure” of a former self.
- Oncology nurses must be supportive and foster positive attitudes during and after treatment.

## Background

Despite the rising incidence of breast cancer and relatively constant mortality rates, the emotional distress of cancer diagnosis is still profound. Diagnosis of cancer has a long history of calling forth popular fears. “The word cancer is a metaphor and usually is traced to Hippocrates, who in the fifth century BC likened the long bulky veins radiating from limbs in the breast to crabs (carcinoma in Greek and cancer in Latin). Cancer, like crabs, creeps along and eats away the flesh and the lives of patients” (Skott, 2002, p. 231). Recent changes in treatment protocols have resulted in an increase in survivorship rates, yet diagnosis of breast cancer still conjures feelings of fear and uncertainty and threatens a patient’s very existence. Breast cancer irrevocably changes the lives of women who have been diagnosed with the disease. Women with breast cancer experience emotional distress and mood disturbances, such as anxiety, confusion, and depression (Longman, Braden, & Mishel, 1999); worry about recurrence (Blume, 1993; Brandt, 1996); and have a decreased sense of well-being. The lifelong consequences of breast cancer need to be recognized, addressed, and treated so women can go on to live normal lives (Schnipper, 2001).

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Women must assimilate into their lives physical scars, toxic effects of adjuvant therapy, emotional distress, and disruption in performing various family, work, and social roles (Nort-house, 1994). The diagnostic phase often provokes a range of emotional responses, including fear, shock, grief, anxiety, and anger (Somerset, Stout, Miller, & Musselman, 2004). Reactions also include feelings of isolation, vulnerability, uncertainty about the future, loss of control, and decline in sexual and marital functioning (Dow, Ferrell, Leigh, Ly, & Gulasekaram, 1996). During the time of diagnosis, women and their families are given a plethora of information about the disease process and often are called on to make immediate decisions about treatment choices, some of which can have lasting effects on their lives. Studies of women with breast cancer often focus on symptoms and symptom management; however, few have explored women's experiences and perceptions during newer and more aggressive adjuvant treatment regimens. The significance of the symptom experience from a patient's perspective has not been captured (Knobf, 2000).

In addition to the physical and emotional distress occurring after diagnosis of breast cancer, a patient's body and relationships with others are altered. Difficulty maintaining established relationships with significant others has resulted in feelings of loneliness (Knobf, 1986; Wolberg, Romsaas, Tanner, & Malec, 1989) and uncertainty. Wonghongkul, Moore, Musil, Schneider, and Deimling (2000) found uncertainty to be one of the major experiences women must face. In studying the experience of breast cancer, Nelson (1996) found that two out of five themes dealt with reflections of self in the world and putting uncertainty into perspective. Research has further identified vulnerability as an emotional feeling that women face. Knobf (2002), in studying women with early-stage breast cancer and menopause, found vulnerability to be a basic psychosocial problem for those women.

Therefore, the purpose of the present study was to gain a better understanding of the common meanings and shared experiences that women encounter after diagnosis of breast cancer as they complete their last cycles of adjuvant treatment. Two underlying questions were explored: (a) What are the common experiences, shared meanings, and life-altering experiences of women diagnosed with breast cancer undergoing adjuvant treatment? and (b) How do women's perceptions of the cancer diagnosis and its subsequent treatment affect the symptom experience?

## Method

### Design

This study was a secondary analysis of textual data (narratives) from a previous study involving Heideggerian hermeneutics that used a phenomenologic approach to obtain fundamental knowledge of a lived experience (Boehmke & Dickerson, 2005). The original study was designed to elicit symptom experiences during current adjuvant chemotherapy. Current therapies employ paclitaxel, which alters the symptom experience and symptom distress levels, and has not been studied extensively. Secondary analysis is a useful approach to expand on content that was not examined specifically in the original study or to make further use of an existing data set to answer questions that were not addressed previously (Hinds, Vogel, & Clarke-Steffen, 1997; McArt & McDougal, 1985; Szabo & Strang, 1997; Thorne, 1994). The previous interviews became the narratives that constituted the text for the present analysis. The secondary

analysis was conducted immediately at the end of data collection when the researchers realized that the women's symptoms and symptom distress were affected by their perceptions.

To maintain scientific rigor in the secondary analysis, researcher bias, contextual factors, and ethical considerations had to be addressed (Thorne, 1994). Two primary investigators from the original study provided contextual understanding for the analysis team. Researcher bias was reduced by careful attention to the text, use of a team approach for analysis, and verification of the findings with five participants from the original interviews. In addition, findings were supported in the text with verbatim quotes.

A Heideggerian hermeneutical study uses an interpretive phenomenologic approach to uncover common meanings in narratives and understand the context of a situation. Heidegger (1962) stated, "Discourse or talking is the way in which we articulate significantly the intelligibility of 'being-in-the-world'" (p. 204). Nurse researchers, by interpreting narratives describing the experiences of women with breast cancer, will gain insight into their feelings and begin to understand the practicality of their worlds.

### Sampling

Purposive convenience sampling was used to recruit 30 women newly diagnosed with breast cancer and receiving their last cycles of adjuvant chemotherapy. Inclusion criteria consisted of being diagnosed with primary breast cancer; having no previous history of breast cancer; having no other comorbid conditions such as diabetes or multiple sclerosis that might confound the symptom experience; and having no other major life event such as divorce, loss of employment, or death in the immediate family. Individual interviews were used for data collection.

### Procedure

After the original study and secondary analysis had been approved by the Health Sciences Human Subjects Review Committee at the University at Buffalo in the State University of New York, women who met inclusion criteria were recruited from a breast oncology office in suburban Buffalo, NY. Women who agreed to participate were interviewed privately in the oncology office and given further information about the study, and informed consent was obtained. An addendum for permission to perform the secondary analysis was included on the original consent form. Women were interviewed in private cubicles to maintain privacy and confidentiality. Interviews were tape-recorded in a quiet, nonthreatening environment. The original study began interviews with the grand tour inquiry: "Tell me what it was like for you to be diagnosed with breast cancer." The inquiry was intended to elicit women's experiences and perceptions. If responses were unclear, women were asked to clarify or better explain their experiences. Personal and medical information was obtained from the medical record in the oncology office. Transcripts from the original study were used for the secondary analysis.

### Analysis

Secondary analysis was conducted immediately at the end of the primary study. Texts reviewed in the study were interpreted using a seven-stage hermeneutical process (Diekelmann & Ironside, 1998). The first stage involved each researcher examining the texts separately to gain a general

understanding of the women’s perceptions of their breast cancer diagnoses. Second, each researcher identified common meanings of the texts and supporting excerpts. Third, at weekly meetings, the researchers compared interpretations to obtain consensus, reaching further clarification by returning to the original text. Fourth, the researchers reread all of the texts to link the themes. Fifth, they explained a constitutive pattern that portrays the relationship among themes across all texts. Sixth, five participants from the primary study validated the themes approximately six weeks after being interviewed. Lastly, a final summary was written and included quotes for validation by the reader. The multistaged process allows for clarification and validation, which serve to eliminate unsubstantiated meanings. The hermeneutic circle involved continuous examination of the whole and the parts of the text, and constant reference to the text ensured that interpretations were grounded and focused (Diekelmann & Ironside).

Results

Demographics

Thirty women undergoing their final cycles of chemotherapy were recruited for the study. The mean age was 47 years (SD = 7.8, range = 33–68 years). All of the women in the study were Caucasian. Seventy-three percent of the women were married, 17% were widowed, and 10% were divorced. Clinical information is displayed in Table 1.

Four themes emerged that describe the life transition experience after diagnosis of breast cancer. Although individual themes are explicated for clarity, in reality they are interrelated in the women’s experiences.

Theme One: Changing Health Overnight

Women experienced a precipitous transition from a “state of wellness” to a “state of illness” almost overnight after finding lumps in their breasts or receiving mammogram results. One woman said, “Life suddenly changed. I was always healthy; now I’m sick.” The women described a surreal feeling that their worlds had changed so quickly and so chaotically. In many instances, women sought mammography as a preventive

health behavior. However, if a mammogram was positive for breast cancer, their lives were suddenly thrown into disarray as they were confronted with surgery and adjuvant therapy. One woman said, “I was healthy. This was supposed to be a routine exam. I never knew what hit me.” Many decisions, such as whether to have a needle biopsy, had to be made immediately. Previously healthy women who often never had undergone any type of surgical procedure were faced with biopsy, surgery, and frequently chemotherapy and radiation therapy, as well as accompanying adverse side effects. One woman tried to rationalize the sudden change in her expected life course: “I have always eaten well and exercised. I believe in wellness and disease prevention. Now, here I am. I thought you would feel a lump, or your doctor would. This mammogram was supposed to be routine.” Another woman related a common sentiment that, until diagnosis, she viewed herself as healthy and that the cancer diagnosis and subsequent treatments in fact made her ill, as she stated, “I have never been sick. I’m sorry to say this, but you all have made me sick.” Women are thrown into a whirlwind of frequent visits to physician offices to receive chemotherapy, often described by women as “putting poison in my blood.” Another described treatment and its long-term ramifications as “putting my life on the line.”

Younger women were bothered by menopausal symptoms. One woman described “feeling old. I have constant hot flashes, headaches, and can’t sleep. No one explained that I would go through this. I’m pretty upset.” Other comments focused on whether they would resume their menstrual cycles. “I wasn’t ready for this. I want to be normal again. I feel like my mother does. I’m not ready to feel like I’m in my 50s.” Several women believed that the symptoms affected their lives because they experienced disrupted sleep and early awakenings that impaired their functioning during the day.

Women also experienced a change in functioning and activity levels. One described feeling “always tired. I used to walk or go to the gym; now I can’t; my feet burn.” Another, a teacher, related that she had to quit her job because she could not stand on her feet because of numbness and pain.

Theme Two: Erasing of a Former Self

Women described the diagnosis and treatment experience as an “erasing of a former self” because of physical and emotional alterations. Surgery and adjuvant therapy had changed women’s views of not only their bodies, but their very selves. Even though lumpectomy and sentinel node biopsy are considered by present-day standards as less invasive than a mastectomy, women in the study said that the change experienced because of surgery affected not only their body images, but how they viewed themselves as women, as one related: “I looked in the mirror and said, ‘What happened to you?’” Another woman described her self-view as, “You look cut up, disfigured. Clothes don’t fit right.” The surgical procedure altered their familiar body reflections, leaving them with a loss of normality and a wish for improvement, as one related: “I am a size D. I had a lumpectomy. I almost wished the surgeon had taken the same amount of tissue on the other side as the one on the lumpectomy. I would have felt more even.”

After chemotherapy and the resulting side effects of nausea, alopecia, menopausal symptoms, muscle and joint pains, fatigue, and neuropathy, women described feeling as though their former selves were being erased. One woman clearly explained the experience.

Table 1. Clinical Information

Characteristic	Description	n
Surgery	Lumpectomy	8
	Lumpectomy with sentinel node biopsy	9
	Partial mastectomy	7
	Mastectomy	4
	Mastectomy with reconstruction	2
Histology	Infiltrating ductal	18
	Lobular	6
	Adenocarcinoma	4
	Medullary	2
Stage	Stage IIB	13
	Stage IIIA	7
	Stage IIIB	10
Chemotherapy protocol	Doxorubicin and cyclophosphamide	30
	Paclitaxel	27

N = 30

Note. Patients could receive more than one type of chemotherapy.



I lost not only my hair, but my eyelashes, eyebrows, pubic hair, and nasal hairs. My best description is I felt like someone took a big eraser and erased me. I look in the mirror and say, "Who are you? What happened to you?" I don't think the person in the mirror is me. I don't look the same. Everything has changed. My hair and skin are different. Even my nails are weird. I'll never be the same person again. I will always be different.

### Theme Three: Appraising of Illness

A woman's view of a diagnosis of breast cancer affected her experience. Women who approached it seemed to deal with diagnosis and treatment of breast cancer much better than those who were negative and immobilized by the diagnosis. They offered fewer physical complaints and arranged treatment time so it "fit into their lives." They managed to take care of their families and even maintain their jobs. More than half of the women in the study viewed themselves as fighters and survivors. They approached surgery and chemotherapy as transient experiences to be handled in the short term so they could go move on with their lives. To that end, one woman described her diagnosis as "something to get through, and I know in the end I will be fine." Another woman related that her priority remained her family and not herself: "I'm a survivor. I have two small children. I will get through this for them. I just can't think about it." In that woman's story, her motivations were clearly on maintaining a sense of normalcy for her young family. One woman explained that the source of her courage came from the importance of her role as a mother as she stated, "I have a 12-year-old. There are no options. I will get through this."

Others who did not cite family as a reason for maintaining a positive attitude approached the diagnosis of cancer as something that "just had to be dealt with." One woman described it in this way: "This is a bleep on the radar screen of my life. It will last for a few months, and then life will go on." She was able to put the diagnosis of breast cancer into a more hopeful perspective and not see it as an event interfering with her life. Some of the women were able to maintain an optimistic perspective because of their previous life experiences. The experiences specifically involved knowing other family members who were diagnosed with breast cancer and survived, often dying from another chronic condition. One woman described this very clearly: "Several family members have had cancer and they survived. Most of the time, they died from something else, like heart disease or lung disease. I will, too. Like them, I'm a survivor."

Many of the women in the study could not get beyond the diagnosis aspect of cancer and approached the treatment negatively and consequently very stressfully. This attitude was noted particularly in women with no family history of breast cancer, who were in a state of shock and disbelief. For them, diagnosis represented a profound loss that needed to be grieved. They physically experienced a loss of energy and fatigue that, in turn, influenced and colored their illness experiences. One woman described feeling as though she had "hit a brick wall. I'm immobilized. I think about having cancer every minute of every day. I just can't get beyond it. It's ruined my life." The women also experienced a noticeable increase in reported symptoms, side effects, and symptom distress. One woman related her difficulty coping with the treatment experience: "My whole world is shattered. I always feel sick. Some days I can barely get out of bed." Women who

did not endure the experience as well had many complaints and symptoms and employed no self-care management strategies. Most were taken in and out in wheelchairs; one husband stated that his wife "came for her chemotherapy and went straight home to bed, where she stays most of the time in a darkened room." She quit her job. The treatment distress was exacerbated by the grieving process, as one woman expressed: "I just can't find the energy to deal with all this." The treatment experience intensified the profound difficulties, as one woman questioned: "Will I ever feel like myself again and not feel so sick?"

### Theme Four: Approaching the Future—Now What?

After diagnosis, some women felt as though their bodies had betrayed them. One woman described it most clearly: "My body failed me. I'm not supposed to be this young and this sick. I will always be worried about cancer coming back." Once considered healthy and vibrant, they now were faced with a serious diagnosis. The women reported their attempts to find meaning in the experience by questioning, "I have always been healthy. What happened?" They tried to understand and rationalize the diagnosis and openly questioned every symptom. "I think the nurse practitioner knows my voice. I question everything and call about everything. A year ago, I would never have done that." The women had a new awareness about their own bodies, intensifying their ability and desire to be prepared for recurrence: "I take every symptom seriously, when before I would have blown it off."

The profound change the women experienced was in the realization that cancer had struck them, where previously it had happened to someone else. This knowledge was pervasive, a part of who they are, and a part of their life stories. They also were faced with not only enduring current adjuvant treatment but possibly experiencing cancer again in the future.

You never forget you have cancer. You live with it daily. I'm scared because this is my last treatment. Even though I hate it and feel worse almost every time, I still feel while undergoing treatment you are fighting it. When this treatment is finished, what happens? Do you just wait for the other shoe to fall?

The study interviews were conducted as women were completing their last cycles of chemotherapy, and the theme of "now what" became evident in another context—aleness. Women were concerned about finishing treatment and going home alone. One woman said, "Every few weeks, I see the doctor and the nurses. Sometimes it's more often if I have blood work and need shots. I feel they're keeping an eye on me. Now I won't see anyone for three months." Another said, "When I was diagnosed, I had to work out a schedule to fit treatment into my life. It was a pain and disrupted everything. Now I've worked it out and it's over. I have to relearn how to live without treatment. I'm scared. I feel like I want to keep coming here just to check in." The sense of aleness was profound and moving.

### Constitutive Pattern

A constitutive pattern links related themes across texts. One constitutive pattern was identified in the study: transitioning from health to illness. The pattern depicts how healthy women had to transition to a state of illness, often in the course of 24 hours based on test results. All described how their lives had

precipitously changed. Their bodies were disfigured because of surgery, and their skin, hair, and nails were altered because of chemotherapy and radiation. The description that one woman used—"I felt like I was erased and I'll never be the same"—most eloquently and powerfully describes the transition. Even after undergoing treatment to successfully eradicate the disease, their lives were forever changed because they had to live with the realization that they had cancer and that they are confronted with uncertainty and watchful waiting.

## Discussion

Through hermeneutic interpretation of interviews with women recently diagnosed with breast cancer, newer meanings of life-altering experience emerged. As women face the diagnosis and treatment of breast cancer, oncology nurses need to appreciate that women endure more than physical symptoms. Healthy women had their worlds transformed and oftentimes shattered. Life patterns of family and work were disrupted. Symptoms were experienced, functioning was impaired, and women's lives were altered physically and emotionally.

### Theme One: Changing Health Overnight

Symptoms and symptom distress experienced by women diagnosed with breast cancer are well documented. The current study supports the work of Arman, Rehnsfeldt, Lindholm, and Hamrin (2002), who found that women experienced nothing as it was before breast cancer and everything in their lives became centered on that event. The current study depicts the suddenness of the change and supports Knobf's (2000) findings that the end of adjuvant therapy may be associated with emotional distress and increased anxiety. Healthcare providers need to be aware of what hearing the word cancer means to a woman and how the diagnosis of breast cancer precipitously changes a woman's life and functioning.

Presently, breast conservation is the surgery of choice; however, women in this study believed that even though they did not have mastectomies, their bodies had been forever altered and disfigured. Healthcare providers who recall that mastectomies were performed almost routinely 20 years ago often do not appreciate these feelings. Women described feeling uneven and that their clothing did not fit appropriately. Their physical changes affected their view of their bodies. Affording information prior to surgery as well as being given an opportunity to have plastic surgery on both breasts to reduce such feelings would be helpful to women.

Patients said that they changed their activities of daily living and functioning because of muscle pain, joint pain, and peripheral neuropathy. The symptoms call into question whether exercise, an intervention recommended to combat fatigue, is appropriate for women undergoing treatment. Many said that they were unable to stand or walk around the house, much less exercise, because of severe burning and numbness in their feet. The study provides insight into the breast cancer experience and the power and impact that diagnosis has on women's lives. It also affords an understanding of how breast cancer changes women's perspectives on their lives and their futures.

### Theme Two: Erasing of a Former Self

The side effects of chemotherapy and radiation are well known. Many patients who receive doxorubicin and cyclo-

phosphamide experience nausea, vomiting, and hair loss; those who receive paclitaxel experience muscle and joint pain and very often peripheral neuropathy; and those who receive hormonal therapy undergo chemical menopause. Study findings support the notion that the symptom experience when treating breast cancer has changed as a result of new standards in adjuvant therapy (Major, 2000). The findings also lend support to Knobf's (2002) research on the effects of menopausal symptoms on women's lives.

Women in this study added another dimension to physical symptoms experienced by describing feelings of being "so different" that in many respects their former selves no longer existed. The findings reaffirm Boehmke and Dickerson's (2005) work concerning the symptom experience of women undergoing chemotherapy as they described how their bodies would be forever changed. Similarly, Carver et al. (1998) described issues concerning body image and a woman's view of what her body was like after cancer. Beyond body image and integrity, they also described how women felt irrevocably changed because of their diagnoses. Study findings confirm the research of Cohen, Kahn, and Steeves (1998) that described how the mental and emotional impact of treatment for breast cancer affects the way the body is experienced.

Lastly, concern with loss of former self and body image changes could cause a change in personal relationships. Bakewell and Volker (2005) described how breast cancer affects personal identity, self-esteem, self-efficacy, and relationships and partnerships. The determination of the present study that women do experience a feeling of personal erasure and not being the same person lends support to the potential life adjustment problems as well as problems in emotional relations. Findings postulate that women and their significant others may need to rebuild and reconstruct a new self.

### Theme Three: Appraising of Illness

Scheier and Carver (1985) identified that patients who are optimistic and expect to have things go their way generally fare better when dealing with crisis and illness. Women in the current study who approached the diagnosis of breast cancer as "just a bleep on the radar screen" and not as though their worlds were falling apart seemed to do far better enduring the cancer experience, symptoms, and symptom distress associated with adjuvant treatment. This study also supports the research of Rustoen and Begnum (2000), who found that "women who reacted to their cancer diagnoses with a fighting spirit were alive without recurrence 5, 10, or 15 years after diagnosis as opposed to those who reacted with fatalism and helplessness" (p. 419).

Perceptions of the meaning of cancer were very important in the current study and reaffirmed the work of Armstrong (2003), who found that the meaning that patients attribute to the experience of symptoms may influence the perception of a symptom regardless of the frequency or distress associated with the symptom. Knobf (2002), studying menopausal symptoms in younger women with breast cancer, reported the importance of assessing women for symptoms bothersome to them, the level of symptom distress, and women's appraisal of the symptom experience.

Maintaining a positive perspective seemed to be very important to young women with families. They revealed that they had young children to take care of and had to "kill the cancer" and survive the diagnosis. Positivism and hopefulness seemed

to arise from the fact that several younger women had relatives who had been diagnosed with breast cancer, had undergone chemotherapy, had done well, and had survived. Four women in the study stated that their mothers and grandmothers had “undergone treatment back in the day, and treatment is so much better now.” That positive awareness and fighting spirit of women with a family history of breast cancer is an important finding and demonstrates the value of performing a thorough history as well as an assessment of previous cancer experiences. The finding needs further exploration.

#### **Theme Four: Approaching the Future—Now What?**

The present study supports Mishel’s (1988) work on uncertainty and an unknown future, a common thread foundational to the breast cancer trajectory. It also supports Knobf’s (2002) research on uncertainty and vulnerability. Healthy women found that their bodies had betrayed them. Oncology nurses need to understand that uncertainty for women who have been diagnosed with breast cancer is a lifelong challenge. Women, even after treatment, need to be followed carefully and given lifelong support. In their study on quality of life and breast cancer, Rustoen and Begnum (2000) described women feeling as though they were “left alone in a big black hole” (p. 417). Normally, nurses and physicians hypothesize that women are relieved when treatment is completed. Women in the current study were interviewed during their last cycles of chemotherapy and clearly stated that they were afraid to stop treatment. Women described receiving chemotherapy as a double-edged sword. On one hand, they were miserable while receiving treatment, but on the other hand, they felt that they were fighting their cancer when they received chemotherapy.

#### **Limitations**

The primary limitation of the study was that the women were demographically similar: All were Caucasian and middle class and most were married. Replication of the study to include women of color, a more diverse clinical setting, and those with recurrent disease would provide greater insight into the breast cancer experience, symptom distress, and life transition in a more diverse population. The social support network, assisting women to maintain a more positive and hopeful attitude, also was not explored and would provide insight into what sort of supportive mechanisms women need to maintain an optimistic attitude so they can go on with their lives.

#### **Nursing Implications**

A large number of women will continue on to be survivors but also will live in fear. Oncology nurses need to be cognizant of these feelings of aloneness and provide consistent supportive care in the years of survivorship. Sammarco (2001) found that women younger than 40 years had poorer perceptions of personal resources, emotional strength, and social support than women older than 60 years. Younger women often are treated more aggressively, experience early menopause, worry about disfigurement, and fear recurrence. Nurses should encourage women to voice the demands that diagnosis and treatment have placed on their lives. Wounded with a threatened body, women must express how they feel and they must be heard. Patient-centered communication and unrushed time must be afforded to women so that they can voice their fears and concerns.

In the current study, some of the women worried about symptoms unfoundedly, and hours of worry and concern could have been alleviated if they had been given a simple explanation about the causes. Women who experienced severe muscle and joint pain were fearful of self-medicating with over-the-counter medications. They were afraid of adding “more poison” to their bodies. Some were concerned that over-the-counter medications would interfere with chemotherapy. Information from healthcare providers about self-treatment could have dissipated those fears and would have increased the women’s quality of life.

Understanding personal appraisal will assist nurses to recognize who is at greater risk for developing symptom distress. This study determined that younger women and those with no family history were unprepared for the diagnosis and experienced more shock and disbelief than older women and those with a family history of the disease. Realizing who is at risk for distress allows nurses to provide information about diagnosis and treatment as well as multidisciplinary referrals to assist women both during and after treatment.

#### **Research Implications**

Lazarus and Folkman (1984) studied stress, appraisal, and coping. Their model is most relevant today because appraisal and self-view affected the symptom experience in the present study. How threatening the diagnosis of cancer is perceived to be affects symptoms experienced. Knobf (2001) postulated that nurses need to better understand how women appraise symptoms in the context of their recovery. This posit was evident in the current study in that how women approached the diagnosis seemed to be a good predictor for how they would experience symptoms and symptom distress; further exploration into this area is needed.

Fatigue is the most common symptom patients endure during treatment for cancer. All recent interventions recommend some form of exercise to combat fatigue. Women in this study experienced severe muscle pain, joint pain, and peripheral neuropathy precluding them from normal functioning, much less exercising. Some alternative to the exercise interventions currently advocated must be investigated.

#### **Conclusion**

All of the women in the study experienced a precipitous change in their lives. How they approached the diagnosis of breast cancer and adjuvant treatment affected how they dealt with symptoms and symptom distress. If their attitudes were positive and they had fighting spirits, they did better with the diagnosis of breast cancer and subsequent treatment. If they had a family history of the disease and had relatives who survived, they likewise seemed to do better.

Oncology nurses need to be aware of the sudden transition in the life of women so they can provide more effectual and holistic care during this difficult time. Nurses need to be aware of a multitude of factors, including motivational reasons influencing coping mechanisms of patients newly diagnosed with breast cancer. Lastly, they need to recognize that care does not end at the completion of active treatment but will continue for years to come.

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