Living in It, Living With It, and Moving on: Dimensions of Meaning During Chemotherapy

Marie-Claire Richer, RN, MSc(A), and Hélène Ezer, RN, MSc(A)

The incidence of breast cancer has been increasing gradually for the past three decades (Hortobagyi, 1998). The American Cancer Society (2001) estimated that 192,200 new cases of breast cancer would be diagnosed in women in 2001 in the United States, and according to the Canadian Cancer Society (2001), one in nine women would develop breast cancer. Women with breast cancer and their families identified major psychological and physical consequences as a result of the treatments and their side effects (Hilton, 1993). At a time when issues of role identity, the effects of treatment, fear of recurrence, and the possibility of death are at the core of women’s experiences, evidence exists that individuals who are able to find meaning in their experiences cope better during the recovery period (Thompson & Janigian, 1988).

Purpose/Objective: To explore the meanings assigned to the experience of receiving chemotherapy.

Design: Descriptive exploratory.

Setting: An oncology outpatient clinic in a university hospital in Montreal, Quebec, Canada.

Sample: Ten women with breast cancer who experienced chemotherapy for the first time.

Methods: Semistructured interview using a grounded theory approach.

Findings: Women described three dimensions of their experience with breast cancer and chemotherapy: “living in it,” “living with it,” and “moving on.” Existential and situational meanings were an integral part of their experience. The existential meaning seemed to be present in varying degrees of intensity throughout the treatment, whereas the situational meanings were predominant at the beginning of the treatment phase and became less important as the treatment progressed.

Conclusions: The intrapersonal and interpersonal dimensions of the chemotherapy experience as well as the capacity to move on evolve within a context of both situational and existential meanings.

Implications for Nursing Practice: The study results suggest the potential value of exploring each woman’s inner world of meanings in relation to her sense of self, relationships with others, resources, and coping strategies during treatment for breast cancer. Because existential and situational meanings are an integral part of women’s experience, the nurse’s role is to create an environment that permits and facilitates dialogue about these dimensions of meaning.

Key Points . . .

- Receiving chemotherapy for breast cancer influences women’s perceptions of themselves and their relationships with the people around them.
- Finding new meanings of both situational and existential natures is an integral part of the experience of receiving chemotherapy.
- Nurses have a role in creating an environment that permits and facilitates dialogue about meaning.

Literature Review

The Concept of Meaning

The concept of meaning has been presented in the literature from two main perspectives: existential meaning as it relates to the individual’s perception of his or her place within the world (Frankl, 1984; Koestenbaum, 1976; Marris, 1974; Patterson, 1988; Thompson & Janigian, 1988; Yalom, 1980) and situational meaning, which is related to how individuals evaluate specific events (Lazarus & Folkman, 1984; McCubbin & McCubbin, 1993; Rolland, 1987; Taylor, 1983; Thompson & Janigian).

Existential meaning: Frankl (1984) viewed the search for meaning as a primary motivational force in humankind. For him, suffering creates a search for meaning that results in a powerful need to make sense of one’s life. Yalom (1980) referred to the search for meaning as a search for coherence and purpose in life, whereas Koestenbaum (1976) distinguished between meaning of life and meaning in life. Thompson and Janigian (1988) proposed a framework for understanding the search for meaning based on cognitive representations called life schemes, where a sense of order and purpose regarding the world are key elements. Richer and Ezer (2000) posited

Marie-Claire Richer, RN, MSc(A), is a clinical nurse specialist at the McGill University Health Center, and Hélène Ezer, RN, MSc(A), is an associate professor in the School of Nursing at McGill University, both in Montreal, Quebec, Canada. (Submitted July 2000. Accepted for publication December 22, 2000.)

Digital Object Identifier: 10.1188/02.ONF.113-119