Although early detection and treatment of breast cancer is known to reduce mortality in African American women (American Cancer Society, 1998), little is known about the initial discovery, diagnosis, and treatment of primary breast cancer in this population. Furthermore, no one has studied this phenomenon during the early phase of diagnosis and treatment while the women were still able and willing to vocalize the "rawness" of their experiences.

Several researchers have looked at focused aspects of the breast cancer experiences with African American women. Ashing-Giwa and Ganz (1997) used key-informant interviews, focus-group interviews, and in-depth interviews of a diverse group of African American women in various income levels, in-depth interviews of a diverse group of African American women in the mid-South. In a study of 13 African American women (ages 30–66) purposefully selected from two oncology clinics in the mid-South, Ashing-Giwa and Ganz (1997) used key-informant interviews, field notes, and transcribed verbatim interviews and field notes were analyzed using Colaizzi’s method of phenomenologic description and analysis.

Findings: Experience Trajectory, Femininity, and Spirituality were the three major themes. The Experience Trajectory subthemes were finding the lump, getting the diagnosis, undergoing surgery and adjuvant treatment. The Femininity subthemes were loss of all or part of the breast, loss of hair, and sexual attractiveness to a man. Spirituality was reflected as a reliance on God.

Conclusions: Telling the story of their experience trajectory during their breast cancer experience is valuable in assessing African American women’s feelings, emotions, and fears of body changes that occur during surgery and treatment. Their spirituality helps them through this experience. Research involving both African American women and their partners would provide greater insight into specific relationship patterns and communication related to sexuality during this experience.

Implications for Nursing Practice: Nurses need to listen to the stories of African American women about the initial experience of discovery, diagnosis, and treatment of breast cancer so they can be more informed advocates for these women. African American women need more information from healthcare providers regarding the whole experience trajectory.

African American women are eager to talk about their experiences with breast cancer as they unfold. Nurses need to encourage women to talk and listen when they do so. African American women need encouragement to discuss their fears about sexuality during the surgery and treatment phases of breast cancer. African American women need specific and immediate information about changes in the size and appearance of the breast following surgery and how, when, and where their hair will fall out. The feelings, emotions, and fears generated by the breast cancer experience can be mitigated by the spirituality of African American women.

Purpose/Objectives: To describe the experiences of African American women living with breast cancer following the primary diagnosis and while undergoing initial treatment.

Design: Phenomenologic.

Sample/Setting: 13 African American women (ages 30–66) purposefully selected from two oncology clinics in the mid-South.

Methods: Phenomenologic interviews (transcribed verbatim) and field notes were analyzed using Colaizzi’s method of phenomenologic description and analysis.

Findings: Experience Trajectory, Femininity, and Spirituality were the three major themes. The Experience Trajectory subthemes were finding the lump, getting the diagnosis, undergoing surgery and adjuvant treatment. The Femininity subthemes were loss of all or part of the breast, loss of hair, and sexual attractiveness to a man. Spirituality was reflected as a reliance on God.

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African American women with and without breast cancer, to determine that the women received inadequate information and support to help them through the initial diagnosis and treatment phases of breast cancer. Mathews, Lannin, and Mitchell (1994) conducted in-depth interviews with 26 African American women who were in the later stages of breast cancer to examine how the women related the meaning of their illness episodes to indigenous models of health, popular American notions about cancer, and biomedical conceptions about the disease and treatment. Northouse et al. (1999) noted the relatively high quality of life exhibited in their study of 98 African American women with breast cancer. They also noted a higher level of optimism in women during their experience.

Studies describing breast cancer experiences in other cultural groups include Moch’s (1990) study of Caucasian women that examined the experiences of health within breast...