Reclaiming Life on One’s Own Terms: A Grounded Theory Study of the Process of Breast Cancer Survivorship

Deborah Witt Sherman, PhD, APRN, ANP-BC, ACHPN, FAAN, Mary Rosedale, PhD, PMHNP-BC, NEA-BC, and Judith Haber, PhD, APRN, CS, FAAN

Breast cancer survivors comprise about 25% of all cancer survivors in the United States (American Cancer Society [ACS], 2012). An estimated 226,870 women are diagnosed with invasive breast cancer and an additional 63,300 women are diagnosed with in situ breast cancer in the United States annually (ACS, 2012). With the incidence rate continuing to rise but the overall five-year survival rate having improved for all stages, an increasing number of women with breast cancer are living longer than ever. For many, effective screening and treatment have transformed breast cancer into a chronic illness.

For women who have completed treatment, the literature suggests that symptoms of physical and psychological distress pervade the longer-term experience (Cartwright-Alcarese, 2004; Fu & Rosedale, 2009; Knobf, 2002; Rosedale & Fu, 2010; Samarel, Tulman, & Fawcett, 2002; Schmidt & Andrykowski, 2004; Thomas-MacLean, 2005; Tulman & Fawcett, 2002), and long-term survivors of breast cancer have continued informational and emotional needs (Vivar & McQueen, 2005). For years following breast cancer diagnosis, many women continue to experience pain (Gil et al., 2004; Mols, Vingerhoets, Coebergh, & van de Poll-Franse, 2005), fatigue (Gil et al., 2004), symptoms associated with premature menopause (e.g., sweats, hot flashes, sexual difficulties, fertility issues) (Ganz et al., 2002; Thomas-MacLean, 2005), changes in body image (Thomas-MacLean, 2005), and lymphedema-related symptoms (Fu & Rosedale, 2009). On an emotional level, many breast cancer survivors still express uncertainty (Dirksen, 2000; Sammarco, 2001; Tomich & Helgeson, 2002), emotional distress (Aranda et al., 2005; Carlsson, Arman, Backman, & Hamrin, 2005;