Breast Cancer Survivors’ Perception of Survivorship

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A n estimated one in eight women will be diagnosed with breast cancer (BC) in their lifetimes and, of those, 94% live for at least five years after diagnosis (Centers for Disease Control and Prevention, 2010). Although much has been written about cancer survivorship, few qualitative studies have explored how BC survivors experience life after diagnosis (Montazeri, 2009). Most qualitative studies focus on the needs of BC survivors (Ashing-Giwa, Padilla, Bohórquez, Tejero, & García, 2006; Beatty, Oxlad, Koczwar, & Wade, 2008; Buki et al., 2008; Thewes, Butow, Girgis, & Pendlebury, 2004). For instance, among BC survivors, those diagnosed before age 51 have more needs related to career and family (Thewes et al., 2004). Quantitative studies confirm findings regarding those diagnosed before age 51; they are more likely to experience psychological distress (Bloom, Stewart, D’Onofrio, Luce, & Banks, 2008; Wenzel et al., 2005) and a reduction in the number of social relationships (Ashida, Palmquist, Basen-Engquist, Singletary, & Koehly, 2009).

Few authors have focused on issues of BC survivor identity—that is, what it means to be a survivor. Two articles (Kaiser, 2008; Morris, Campbell, Dwyer, Dunn, & Chambers, 2011) explored the issue of survivor identity among women diagnosed with BC from a qualitative perspective. Kaiser (2008) explored what it means to be a BC survivor in terms of the “dominant” versus “alternative” cultural images of survivorship. She pointed out that although the BC survivor usually is described in terms of a “triumphant, happy, healthy and feminine” woman who has conquered BC through medical treatment (p. 80), this image is not embraced by all women with BC. Kaiser (2008) noted that a need exists for research on how the typical patient with BC views survivorship and that research in this area “would contribute to our understandings of the process of adjustment following cancer” (p. 81). Morris et al. (2011) sought to understand the “lived experience” of BC survivors who participated in a challenge-based peer-support program (i.e., a 1,000-mile motorcycle ride). They found that when asked if they identified with the term BC survivor pre-ride, women’s responses varied. Those who identified themselves as a BC survivor attributed positive meanings to the term. However, after completion of the event, some women reported a change in their perceptions of themselves as a cancer survivor. They were more likely to perceive themselves as survivors and connected being a survivor with a strong sense of belonging to the group of riders. The authors did not find any research

Purpose/Objectives: To explore (a) how women who were diagnosed with breast cancer (BC) defined themselves as survivors and when this occurred, and (b) the types of benefits they derived from their experiences.

Research Approach: An exploratory, qualitative approach.

Participants: 112 women who had BC (response rate = 70%).

Setting: Participants were recruited from two cancer survivor organizations in a northeastern U.S. city.

Methodologic Approach: Responses to open-ended questions in telephone interviews were examined by age at diagnosis using thematic analysis. Chi squares were used to conduct analyses by age (younger than 51 years; aged 51 years or older).

Main Research Variables: Meaning of survivorship, defining moment, benefits derived from surviving from breast cancer.

Findings: Participants’ perceptions of survivorship included two main components, a defining moment and the meaning attached to being a survivor. Becoming a survivor is an active process, except in the case of those participants who realized they were survivors when informed by a third party. Meanings differed by age at diagnosis. Most participants listed at least one benefit from surviving cancer.

Conclusions: The definitions of survivorship and benefits outlined here suggest that many positive aspects of the survivorship experience exist that may inform future interventions’ designs.

Implications for Practice: Providers should acknowledge the strength survivors show in the process of meaning-making and finding benefits in their adverse experiences. The use of expressive and supportive interventions may hold promise for women facing difficulties in coping with their diagnosis.