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**Existential Meanings of Women with Breast Cancer: A Thematic
Analysis**

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A minor dissertation submitted in partial fulfilment for the degree of



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ABSTRACT

Breast cancer patients often experience psychological and existential distress due to the life threatening nature of their illness. This thesis focuses on the existential component of breast cancer and aims to shed light on how women with breast cancer come to terms with having a life threatening illness and make meaning of their experiences.

To accomplish this, a qualitative design with an existential epistemology was utilized. The data was attained through four semi-structured interviews and deductive thematic analysis was deployed for data analysis. Deductive thematic analysis was chosen as the research was guided by Yalom's existential theory which highlights four main domains of existential experience (death, freedom, isolation and meaninglessness).

The findings were presented in a narrative format and provided further insight into Yalom's theory. For instance, three time periods were identified as central times when mortality awareness was heightened. Moreover, women with an internal locus of control were found to be more optimistic about making life changes (utilising existential freedom) and experienced less psychological distress. A fifth domain, transformation was added that explored the participants' experiences of growth from existential experiences. The findings further suggested that most of the breast cancer survivors within this study experienced increased mindfulness, authenticity and altruism subsequent to their breast cancer diagnosis.

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Chapter 1

Introduction, Motivation and Objectives

1.1 Orientation

Breast cancer is the most common type of cancer found among South African women and thus is the focus of this research (Herbst, 2013). Research on breast cancer primarily focuses on the physical and biological aspects of the disease, but cancer confronts many psychological and existential issues that heighten and greatly contribute to patients' distress (Tacón, 2011). In oncology care there is a need to address all aspects of a patient's suffering. This includes the physical aspects such as pain, mental aspects such as depression, social aspects like financial strain and existential aspects such as mortality anxiety (Salsman, Yost, West, & Cella, 2011). In short, although addressing the physical symptoms of breast cancer is vital, addressing existential issues that are likely to manifest from the diagnosis are equally important (Landmark, Strandmark, & Wahl, 2002; Murata, 2003).

An existential exploration entails questioning how breast cancer impacts what it means to exist in the world and moreover how women make meaning of breast cancer (Crowell, 2010). Existential concerns have been found to be a common occurrence after a cancer diagnosis and patients have shown a need to express their existential distress (Westman, Bergenmar, & Andersson, 2006).

1.2 Motivation for Study

As breast cancer is a life threatening illness which may bring forth existential distress there is a need to adequately address this component and the first step to achieving this is through further qualitative research. The aim of which is to help shed light on the diverse existential issues of breast cancer patients (Lee & Loiselle, 2012; Little & Sayers, 2004; Rosedale, 2009; Tacón, 2011). Schoen and Nicholas, (2005) further pointed out that future research is required to explore the meaning making process women undergo after being diagnosed with breast cancer.

Additionally, research is required to understand the existential concerns of breast cancer patients at different phases of survivorship (Lee & Loiselle, 2012; Little &

Sayers, 2004). This study's focus is on breast cancer survivors, as existential issues have been found to be prominent in women living in remission (Tacón , 2011). "Cancer's uncertainty can be ever present, even years after treatment during survivorship, haunting like a ghost, making not only cancer worry common, but also existential issues" (Tacón, 2011, p. 644).

Research that has shown the value of addressing existential issues with cancer patients include studies conducted in Australia, Israel, Japan, North America, Norway and Sweden (Tacón , 2011). Further studies are required to understand existential concerns in different cultural contexts and ethnic backgrounds (Landmark et al., 2002; Moadel, et al., 1999). Few studies that explore existential concerns within South Africa have been conducted. Moodley (2011) initiated research about the existential experiences of women with breast cancer in South Africa. She recommended that further research is required to gain a comprehensive understanding of breast cancer patients' existential experiences.

In addition Mulder (2013, p.3) compiled a report for the Cancer Association of South Africa (CANSA) and reported that, "it would appear that there is a lack of qualitative research focusing on women's lived experiences, including women's illness anxieties, their uncertainties and their coping strategies throughout breast cancer treatment." Consequently, this research attempts to address the gap in the literature pointed out by the various researchers outlined above by gaining an understanding of the existential experiences of breast cancer survivors in South Africa.

1.3 The Study's Aims and Objectives

This dissertation has three core aims. The first is to provide a qualitative description and interpretation of the existential experiences of breast cancer survivors. To achieve this, a qualitative design will be utilized with an existential epistemology. Data will be collected through semi-structured interviews and analysed using deductive thematic analysis.

Secondly, this study aims to add to the current existential literature on breast cancer in the South African context. Lastly, the present study aims to elucidate how South

African breast cancer survivors make meaning of their existential concerns of death, freedom, isolation and meaninglessness.

1.4 Overview of the Study

The present chapter, **chapter 1** provides the reader with a brief introduction to the study, along with a concise description of the study's aim and objectives. **Chapter 2** begins by presenting the need for breast cancer research in South Africa.

Subsequently, a description of the psychological and existential components of breast cancer will follow. After which Yalom's existential theory will be introduced and each of the four ultimate human concerns (death, freedom, isolation and meaninglessness) will be described in detail. In **chapter 3** the research methodology will be outlined. This includes presenting a rationale for the use of a qualitative design, existential epistemology. Following this, the particulars of the method used for data collection; semi-structured interviews and the method used for data analysis; deductive thematic analysis will be detailed. In **chapters 4-7** an intra-personal analysis will be conducted from the interview transcriptions of the four participants in the study. Subsequently, **chapter 8** provides an integration of the intra-personal analyses through an inter-personal analysis. To conclude, **chapter 9** will provide a discussion of the study's findings, an evaluation of the strengths and limitations of the study and possibilities for future research will be recommended.

Chapter 2

Breast Cancer and Existentialism

The present chapter provides an overview of the current literature on existential research in breast cancer. The chapter will begin by orienting the reader about breast cancer, and the need for breast cancer research in South Africa. Following this, the psychological component of breast cancer will be discussed with specific focus on the existential component of breast cancer.

The chapter will continue with a discussion on existentialism and will provide a brief overview of its philosophical roots. Subsequently, the writing of existential psychologist Irvin Yalom will be introduced, as the current study is embedded in Yalom's (1980) existential theory of psychotherapy. Furthermore, the four ultimate human concerns; death, freedom, isolation and meaninglessness will be further elaborated within existentialism literature. Moreover, their connection to breast cancer research will be discussed.

2.1 Breast Cancer

Globally cancer is the cause of more deaths than the combined mortality rates of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS), malaria, and tuberculosis (Price, Ndom, Atenguena, Mambou-Nouemssi, & Ryder, 2012). Moreover, the rate of cancer has been predicted to increase due to more countries adopting an industrialized system (Price, et al., 2012). Of the different types of cancer, breast cancer is the most prominent found in women globally (American Cancer Society, 2013; Tacón, 2011; Tum, Maree & Clarke, 2013). Furthermore, it is the second most common cancer in South Africa (Bossom Buddies, 2014). It was once believed that breast cancer was more of a pressing issue in the developed world, yet it has become a salient concern in the developing world too (Maree, Wright, & Lu, 2013). In particular the World Health Organisation (2014) reported that women in Southern Africa are situated in an area of high risk for breast cancer.

In South Africa there has been a steady increase of younger women, under the age of 25, being diagnosed with breast cancer (Bossom Buddies, 2014). Of the different

racial groups, breast cancer is the most common cancer in white, coloured, and Asian women, with black women having the lowest incidence rates (Maree, et al., 2013).

The key to treating breast cancer is early diagnosis, as the survival rate is high when the disease is caught in its early phases (Maree, et al., 2013). In spite of black women having lower incident rates, the majority of black women diagnosed with breast cancer present with advanced stages of the disease. As a result treatment becomes ineffective, as patients are given poor prognoses (Apffelstaedt & Baatjes, 2008; Lo Castro & Schlebusch, 2006; Mugivhi, Maree, & Wright, 2009).

2.1.1 The psychological component of breast cancer.

Much of the research on breast cancer is concerned with the nature of the disease and developing new forms of treatment. In the past 30 years there have been vast improvements in cancer treatment allowing patients to choose from many different kinds of treatment that are less intrusive and cause less harm to the body (Breastcancer.org, 2014). However, despite these improvements, addressing the psychological effects of breast cancer is another important aspect of treatment. To be more precise, an individual's experience of breast cancer is more than the sum of its organic parts.

The American Cancer Society (2013) indicated that a cancer diagnosis causes notable psychological distress. Furthermore, research that addresses the psychological aspects of cancer requires sufficient focus, comparable to that which is placed on the physiological aspects. "In such a medically intense context, a patient's mental adjustment to cancer is of salient importance" (Tacón, 2011, p.645).

Incorporating psychological adjustment in cancer treatment has been found to be beneficial to patients (Breitbart, Gibson, Poppito & Berg, 2004; Vollmer, Wittmann, Schweiger, & Hiddemann, 2011; Westman, et al., 2006).

Studies have indicated that the psychological aspects of cancer are often not handled effectively by medical practitioners (Emilee, Ussher, & Perz, 2010; Murata, 2003; Vollmer, et al., 2011). Lantz and Gregoire (2000) noted that many patients felt a lack of empathy from medical physicians.

Couples consistently described their cancer specialist as a good technician but also as cold, distant, uncaring, and inhuman. Couples also consistently report being treated as a specimen and feel that their doctor was more interested in 'our cancer' than in 'us' as people, (Lantz & Gregoire, 2000, p.324).

Thus, there is a need for oncology research to appropriately address the psychological distress of cancer.

2.1.2 The existential component of breast cancer.

The present study focuses on a particular psychological aspect of the breast cancer, namely the existential component. Breast cancer is a life threatening disease and accordingly it poses a threat to an individual's existence, as patients have to deal with the uncertainty of how their cancer will progress (Shiozaki, Hirai, Koyama, Inui, Yoshida, & Tokoro, 2011). Breast cancer patients often have to make decisions about the course of their treatment. These decisions often have enduring consequences on the patient's life (Tacón, 2011). Westman et al. (2006) stressed that cancer patients have a need to express and receive psychological aid for existential distress.

Lee (2008) explained that breast cancer patients often experience a breaking of their worldview due to their diagnosis threatening their existence and beliefs about their future. The result of which often leads to existential anxiety. Research has indicated that existential anxiety plays a prominent role in patients' experience of breast cancer (Arman, Rehnsfeldt, Lindholm, Hamrin & Eriksson, 2002; Bolmsjö, 2000; Landmark et al., 2002; Lee & Loiselle, 2012; Sand & Strang, 2006). Moreover, existential concerns of patients have been found to be present throughout the cancer experience; from immediately after diagnosis to many years after treatment (Lee & Loiselle, 2012; Tacón, 2011; Westman, et al., 2006).

Westman et al. (2006) reported that healthcare practitioners lack the ability to discuss existential concerns and avoid many of the harsh realities patients have to face. Moreover, patients have expressed feeling rushed in sessions and serious topics that may impact on their continued existence are brushed over or ignored.

Patients expressed a want to be recognised as people with cancer, as opposed to bodies with cancer (Lee & Loiselle, 2012; Westman, et al., 2006).

Additionally, supportive programmes and psychological evaluations rarely evaluate patients' existential concerns (Lindemalm, Granstam-Björneklett, Bergkvist, Ojutkangas & Strang, 2012) Accordingly, cancer patients in the medical context are generally not screened or asked how they are coping with existential concerns (Lindemalm et al., 2012). As a result, many patients who are experiencing existential anxiety are not identified and therefore are not provided with support.

Richer and Ezer (2002) found that breast cancer patients struggle to communicate their feelings about death and their personal suffering with close friends and family. Many patients do not wish to be a burden, or be negative around their family members. They fear giving off the impression that they have given up hope. Many patients also feel a need to protect their loved ones from their fears and anxieties around death (Richer & Ezer, 2002). Breast cancer patients also expressed the concern that people will not be able to handle discussing depressing subjects like death (Richer & Ezer, 2002). Consequently, existential concerns are often ignored in the medical context and in the home.

Of the different types of psychological interventions Lantz and Gregoire (2000) recommend using an existential framework for working with breast cancer patients. They found that an existential framework has the ability to handle core issues of cancer patients'. Tacôn (2011, p.653) further stressed that existential issues must not be neglected within both clinical and empirical aspects of oncology care.

Furthermore, Rosedale (2009) discovered that healthcare practitioners whom were able to handle existential concerns were notably helpful to cancer patients. Simply allowing space to express existential issues has shown to alleviate patients' feelings of isolation and loneliness (Rosedale, 2009).

In the past 10 years little research has been conducted about the existential concerns that women with breast cancer experience (Tacón, 2011). Moreover, there is a need for greater understanding and awareness about the existential issues that

patients' experience (Rosedale, 2009). Landmark et al. (2002) pointed out that there is limited research that aims to understand breast cancer in its entirety, especially the existential components. Furthermore, Rosedale (2009) points out that there is still a need for qualitative enquiry to uncover the depth of breast cancer patients' concerns.

2.1.3 Clarification of the research aims.

This study aims to provide an in-depth qualitative description of the existential concerns of breast cancer patients. Furthermore, the present research aims to add to the current body of literature by exploring the existential concerns of South African women (discussed further in section 1.2). Lastly, the present study aims to elucidate how breast cancer survivors make meaning of their existential experiences of death, freedom, isolation and meaninglessness. Consequently, this research is an enquiry into how a breast cancer diagnosis impacts on the existential meaning making process, of how an individual understands death, freedom, isolation and meaninglessness.

Thus far, previous existential research on breast cancer was explored, and the need for the present study was highlighted. The aims of the study were clarified and the central research question that will guide this study was presented. Following from this section will be a discussion about existentialism, and Yalom's (1980) existential theory will be introduced.

2.2 Existentialism

Existentialism is conceptualized as a broad field with roots in many different disciplines such as philosophy, the literary arts, theology and psychology (Crowell, 2010). All these disciplines share a theme which broadly explores issues of human existence (Searles, 1961). Existentialism explores the consequences of the human ability of self-reflexivity (Crowell, 2010). Furthermore, existentialism explores the anxiety that arises from the givens of existence (Yalom, 1980). Part of existential enquiry is the exploration of humanity's awareness of their finite existence and how individuals make meaning of a temporal life (Crowell, 2010; Frankl, 1963). Existential literature also discusses the value of authenticity and inquires to understand what it means to live as an authentic being (Nietzsche, 1887/1998; Sartre, 1938/1989).

Existentialism disputes the notion that humanity is determined by innate drives or neural wiring and rather supports the concept of free will (Sartre, 1943/1993). Individuals who believe that their nature is governed by anything other than free choice would be termed as living in 'bad faith' (Sartre, 1943/1993). From an existential stance one of the givens of human existence is man's freedom to choose and create the narrative of his life (Sartre, 1938/1989). Additionally, existentialism explores the isolation that arises from living in a human body (Yalom, 1980). It explores how isolation arises from each individual's fundamental isolation to the external environment, as the mental theatre of the mind is private and separate (Yalom, 1980). Existentialism also questions, if there is any purpose to human life, and further contemplates the inherent absurdity in existence (Camus, 1942/1991).

2.2.1 Yalom's existential work with cancer patients.

Existential psychology is an approach that explores the conflicts and anxieties which arise in human existence (Yalom, 1980). Pioneers in the field of existential psychology include: Binswanger (1963), Boss (1963), Buber (1978), Frankl (1985), May (1983), Rank (1945) and Yalom (1980). The current research is embedded in Yalom's (1980) theory on existential psychotherapy as Yalom was renowned for working with cancer patients. Yalom (1980) stressed that it is fundamental to address and offer existential support for cancer patients. As Lantz and Gregoire, (2000, p.315) expressed, "Irvin Yalom in particular, has done an outstanding job of describing the importance of the psychosocial component in cancer treatment".

Yalom's (1980) existential theory postulates that human existence is bound to four ultimate human concerns; death, freedom, isolation and meaninglessness. Yalom (1980, p.4) further elaborated, "... the inevitability of death for each of us and for those we love; the freedom to make of our lives as we will; our ultimate aloneness; and finally the absence of any meaning or sense to our life [are the cornerstones of human existence]. However, grim these givens may seem, they contain the seeds of wisdom and redemption". Many other prominent existential psychotherapists are in agreement with Yalom's foundational theory (Boss, 1963; Frankl, 1985; Kissane, 2012; May, 1983; Vos, 2014).

Existential issues are not generally given much conscious attention under normal circumstances (Yalom, 1980). However, existential issues become prominent concerns during times of trauma, illnesses and tragedy (Yalom, 1980). It is during these times of pain, terror, dread and anxiety that humanity experiences their existence and questions their meaning within it (Berry-Smith, 2012). Furthermore, an individual's mortality is brought into conscious awareness when his or her world schema is altered or broken (Lee, 2008).

2.2.2 The four ultimate human concerns.

The previous section served to introduce some of the primary tenets of existentialism. The subsequent section will discuss each of Yalom's four ultimate human concerns; death, freedom, isolation and meaninglessness in further detail. Additionally, the relevance each ultimate human concern within breast cancer literature will be discussed.

2.3 Death Awareness

This section will explore Yalom's (1980) first ultimate human concern; death. This section will begin with a discussion about death awareness and the existential conflict that arises from death awareness. Following this, Yalom's (1980) theory of the psychological development of death awareness will be detailed. Furthermore, a discussion about the development of defence mechanisms that protect individuals from death awareness will be discussed. This will include a discussion about the two principle defence mechanisms of death awareness namely; the belief in personal specialness and the belief in the ultimate rescuer. These will be additionally explored within breast cancer research. Subsequently, death awareness will be further explored through Martin Heidegger's (1927/1962) concepts of forgetfulness and mindfulness. This section then concludes by outlining the different stages of death awareness.

2.3.1 Introduction to death awareness.

The first ultimate existential concern is death. One of the only certainties of human life is that it has a beginning and an end. Death awareness is the awareness that every man's entire reality, mental world, experiences and dreams will one day cease to exist (Yalom, 1980). Death anxiety describes the anxiety that arises from the

awareness that human life is finite. Tillich (2000) further explains that all anxiety is rooted in the awareness of non-being. The conflict that arises from death awareness is the want to live on and defy one's organic nature, while be thrown firmly within the natural world. Heidegger (1927/1962) wrote that man's greatest fear is the fear of nothingness, more specifically of being 'no-thing'. Non-existence is a state that is inconceivable, yet imminent for every man and is thus a primal source of human dread. "The ostensibly prosaic fact of the inevitability of death is, in actuality, one of the supremely potent sources of man's anxiety, and the feeling-responses to this aspect of reality are among the most intense and complex which it is possible for us to experience" (Searles, 1961, p.631).

2.3.2 Psychological development of death awareness.

"Death anxiety is a dread that is part of the fabric of being, that is formed early in life at a time before the development of precise conceptual formation" (Yalom, 1980, p.45). Yalom (1980) argued that death awareness starts early in life when a child inevitably experiences loss. For instance, the passing of a family pet, a grandparent, or even something simple such as the browning and dying of leaves from a tree can bring forth the conversation about the finite nature of all living things (Yalom, 1980). Death awareness is the realisation that everything in the natural world lives and eventually dies (Yalom, 1980).

The anxiety that is brought about from death awareness is comforted through the conversion of 'nothingness' into something (Yalom, 1980). Death anxiety is dread of 'nothingness', which as stated earlier is inconceivable. However, if nothingness is converted into an object then it becomes something that can be conceived (May, 1977). This dark unsettling presence may take the form of a monster under the bed or the boogiemán in the cupboard. Death anxiety longs to become fear because if death anxiety takes a form it becomes tangible. It becomes something that can be articulated, and more importantly something that holds the possibility of being conquered (Yalom, 1980). Yalom (1980) explains that parents generally wish to shield their children from the finality of death. Despite their personal beliefs, parents often instil in their children a belief in the existence of a benevolent afterlife.

The fantasy of overcoming mortality is not something limited to the minds of children but is present in the themes of popular films, novels and television series. For instance; The Twilight Saga, Buffy the Vampire Slayer, Van Helsing, the Underworld, Dracula, True Blood and The Vampire Diaries, all hold the common theme of vampires that offer an assuage from the mortal condition. They offer a fantasy where death can be overcome and one can live in a state of eternal youth (Burns, 2010).

2.3.3 Defence mechanisms of death awareness.

Yalom (1980) argued that humanity finds numerous ways to overcome the finality of death. For instance, a belief in an afterlife takes away the finality of death by making death a mere doorway or passage to another state. Secondly, creative endeavours such as monumental structures, art works, literature and music may serve as a means to surpass death by creating something that will transcend an individual's life (Yalom, 1980). It is in this way a part of man, even if it is a mere metaphoric part, which will endure and surpass the mortal condition.

The want to be remembered after death may also serve as a way to assuage death. Shakespeare, (1609, line 13-14) wrote in sonnet 18 "So long as men can breathe or eyes can see, so long lives this, and this gives life to thee". Shakespeare's intent was through the reading of his sonnet the reader breathes life into the person of whom he writes about. This in turn makes him or her immortal. Yalom (1980, p.47), summed it up as follows: "the wish to be loved and remembered eternally, the wish to freeze time, the belief in personal invulnerability, the wish to merge with another, all serve the same function; to assuage death anxiety".

2.3.3.1 The two main beliefs to buffer death anxiety.

In the subsequent sections Yalom's two main defences which buffer death anxiety: the belief in personal specialness and the belief in an ultimate rescuer will be discussed. Both defences will also be examined in terms of how they manifest in cancer patients.

2.3.3.1.1 The belief in personal specialness.

The first major buffer against the anxiety of death is that of personal specialness (Yalom, 1980). Personal specialness may be evident in professions which provide

individuals pseudo power over death for instance; doctors, judges, priests, etcetera. Since industrialisation a type of personal specialness that is socially acceptable and even encouraged is found in the obsessive drive for power and success (Yalom, 1980). This is depicted in the profile of the workaholic who constantly needs to be accomplishing things. The workaholic's behaviour may become compulsive if he loses the ability to choose to work but has to work. "Living thus becomes acquainted with becoming or doing... becoming is not living, but waiting for life to commence" (Yalom, 1980, p.123). The belief in personal specialness in an extreme form when the rights and specialness of others are deemed unimportant form the clinical picture of narcissistic personality disorder (Yalom, 1980).

2.3.3.1.2 Personal specialness in cancer patients.

Research on cancer prevention found that the belief in personal specialness played a role in delaying men from getting tested for testicular cancer (Singleton, 2008). Men reported being hesitant to get tested for testicular cancer as part of the masculine construct is to be stoic, robust and to deny physical pain. Consequently, a belief of being indestructible or immune to ill fortune was sometimes fostered.

Additionally, Miedema, Hamilton and Easley (2007) found that many young adults felt invincible before they were diagnosed with cancer. Many of them never thought they could be diagnosed with cancer (Miedema, et al., 2007). It follows that a cancer diagnosis often dismantles an individual's defence of personal specialness and the unconscious belief that although many bad things exist in the world, these things will not enter an individual's personal reality (Yalom, 1980). Being diagnosed with a life threatening disease often forces individuals to face their vulnerability within the world (Miedema, et al., 2007).

Intimate partners may also feel a breaking of the defence of personal specialness if they or their partner is diagnosed with cancer. Fergus (2011) argued that patients prior to having prostate cancer lived in a state of denial of their mortality. Moreover, the partners of these patients also expressed that they had taken for granted that their partner would always be there.

After a cancer diagnosis, many couples struggled with the idea that they might have to live without their partner. The notion that their partner would always be there was a 'constancy comfort' which many couples expressed as something they took for granted. Fergus (2011, p.109) further argues that a healthy recovery from cancer is seen when the illusion of personal invulnerability is reinstated. That is when mortality awareness is removed from the forefront of consciousness and an individual returns to living in a way that is in denial of their finitude.

2.3.3.1.3 The belief in the ultimate rescuer.

The second defence used to transcend death is the belief in an ultimate rescuer (Yalom, 1980). The ultimate rescuer refers to an entity that is external to the individual and has the power to save the individual. The ultimate rescuer may take the form of a God, an intimate partner, or a rehabilitation programme (Yalom, 1980). One of the possible negative manifestations of the defence of the ultimate rescuer is that individuals often try merge with or become highly dependent on the ultimate rescuer and therefore never get to fully develop their own being (Yalom, 1980). These individuals may act like the perpetual victim that always needs others' help or rescuing. In an extreme form of self-immolation a clinical picture of masochism may form (Yalom, 1980). Additionally, the belief in an ultimate rescuer is likely to crumble and is vulnerable to many realities of life such as a life threatening illness, a divorce or being rejected by the dominant partner or organisation (Yalom, 1980).

2.3.3.1.4 The belief in the ultimate rescuer in cancer patients.

Particularly in cancer patients Yalom (1980) explains that the ultimate rescuer may take the form of an intimate partner, the oncologist or in strong religious beliefs about an omnipotent being. The dependency on external sources for salvation, are more likely found in individuals with an external locus of control (Yalom, 1980). Patients with an external locus of control generally believe that external forces control their life. Dagan, et al. (2011) found that although spousal support was important for couples dealing with cancer, this support was only relevant to patients who scored low in personal control over their reality. It follows that social support was primarily important for individuals with an external locus of control. Dagan et al. (2011) found that the individuals in their study with an internal locus of control were not affected by spousal behaviour and their distress was less overall.

Lastly, Yalom (1980) observed that often cancer patients seek refuge in the oncologist and he or she becomes a symbol of the ultimate rescuer. Doctors are often placed in positions of power and responsibility over patients' lives. The patient's life is quite literally placed in the hands of the oncologist (Yalom, 1980). The relationship between patient and physician is imbued with God-like qualities which may reinforce the doctor's own belief in personal specialness (Yalom, 1980). The work of Best, Butow and Olver (2014) confirms that in patients dying of cancer, their relationship with their doctor determined how they processed their prognosis. Moreover, the relationship between doctor and patient often determined the patient's ability to find acceptance and peace of mind about his or her circumstance (Best, et al., 2014).

2.3.4 Forgetfulness and mindfulness.

The use of bringing death awareness into the therapeutic practice revolves around the central idea that, "although the physicality of death destroys man, the idea of death, saves him" (Yalom, 1980, p.30). This elucidates the idea that something can be gained from being aware of one's personal death. Heidegger (1927/1962) explained that there are two main ways of being in the world 'forgetfulness' and 'mindfulness'. The former is characterised as a state where an individual immerses him or herself in the everyday events of life. The latter being a state of 'mindfulness' and awareness of being. In the latter mode an individual views the world and his or her existence within it as a marvel (Heidegger, 1927/1962).

Heidegger (1927/1962) described that in 'mindfulness' an individual explores many facets of existence which include the fragility of life. In 'forgetfulness' an individual is consumed with everyday trivialities and feels the need to keep up with societal pressures. A state of 'forgetfulness' is also living in an inauthentic mode (Heidegger, 1927/1962). Heidegger (1927/1962) believed that a shift from 'forgetfulness' to 'mindfulness' was moving to a higher mode of living. Heidegger (1927/1962) described that death awareness often acts as a spring board to realising one's personal potential. It is only after one dwells in a space of 'mindfulness' that individuals may realise their potential and more than this, their freedom and responsibility to take ownership of their lives. However, the state of 'mindfulness' of

being is not one of contentment and tranquillity. Rather it brings forth anxiety and a process of individuation (Heidegger, 1927/1962). The move from 'forgetfulness' to 'mindfulness' is like taking off rose tinted glasses and seeing the world and one's place within it, in its stark reality.

The idea that living authentically is not a painless or an easy path, may be compared to a scene in contemporary film *The Matrix* (Silver, the Wachowskis Brothers, 1999). The main character Neo must decide to take a red pill or a blue pill. The red pill will allow him to enter the real world or the realm of truth in which he could see things as they really are. The blue pill will allow him to forget the entire experience and return to life as he lived it before. Neo chose to take the red pill, after which his reality dissolved and he awoke in a tube together with millions of other tubes holding unconscious, dormant people. He found his body weak and had to painfully remove the cords that connected him to the matrix (Silver, the Wachowskis Brothers, 1999). Neo's adaptation to the real world and the peeling away of disguises were painful. Similarly, Heidegger (1927/1962) explains that 'mindfulness' is not easy and is riddled with anxiety. Moreover, breaking away from social convention is often not an easy task, and individuation is connected to isolation. Thus death awareness and 'mindfulness' is not about existing without pain or anxiety, but rather is central to living fully and engaging truly with the world. Yalom (1980, p.14) sums up this notion through questioning, "Which would you rather have, wise madness or foolish insanity?"

2.3.4.1 The path to an authentic life.

Becoming aware of one's personal mortality is not to produce an individual who is inundated with death awareness and who spends his or her life consumed in anxiety. Rather death awareness produces a shift in awareness that takes one, "from a state of wondering about how things are, to the wonderment that they are" (Yalom, 1980, p.160). Moreover, it is a return to the awareness that in each moment one has the opportunity to choose from the vast array of possibilities what one can become (Heidegger, 1927/1962).

Living in denial of death is living in a way that is removed from the basic givens of human existence. Awareness of personal finitude allows one to live in a way which embraces the preciousness of existence. "Recognition of death contributes a sense of poignancy to life, provides a radical shift of life perspective and can transport one from one mode of living characterised by diversions, tranquilizations and petty anxieties to a more authentic mode," (Yalom, 1980, p.40). Yalom further (1980) discovered that while working with cancer patients many of his patients used their cancer as a catalyst for change. He remarks that he was often told "What a tragedy that we had to wait till now, till our bodies are riddled with cancer to learn how to live" (Yalom, 1980, p.165).

2.3.5 The different phases of death anxiety.

Little and Sayers's (2004) produced a model which describes different phases of death anxiety. Little and Sayers (2004) developed their model about death anxiety from the terror management theory which postulates that essentially every person fears death and when exposed to life threatening situations individuals seek comfort from social bonds to buffer their anxiety. For instance, individuals commonly seek a deeper connection to their society, culture or national identity in times of danger. This type of phenomenon is termed **mortality salience**.

Approximately two years after recovery from a trauma or life threatening illness individuals may experience **death salience** which is marked by the need to rediscover the self and rediscover meaning in life in the absence of the disease or survivorship (Little & Sayers, 2004). What occurs during this phase is fundamentally different to mortality salience, in that individuals seek solitude (inward) rather than appeal to social comfort (outward) when dealing with this dilemma. Death salience occurs after the 'honeymoon' period of survivorship that is characterised by a period when survivorship is no longer sufficient to give meaning an individual's life. In this type of death awareness there is an acceptance of the inevitability of death and the need to reconstruct meaning and personal identity as survivorship is no longer sufficient to define oneself (Little & Sayers, 2004). There is also another phase that is unique to patients with a terminal disease. It is termed **dying salience**, and is categorised by a period of time in which individuals grapple with finding acceptance about their imminent death (Little & Sayers, 2004).

2.4 Existential Freedom

In the previous section, death awareness was explained within existential literature and breast cancer research. Similarly, the following section will explore the second ultimate human concern; freedom. This section will begin with a discussion about the construct of freedom and additionally explain existential freedom. Subsequently the connection between existential freedom and responsibility will be explained.

Following this, some of the foundational premises of existential freedom are unpacked. This will include a discussion about non-essentialism and the notion of contingency. Next, the existential constructs of existential guilt and living in bad faith are discussed by highlighting their connection to existential freedom. To conclude this section a discussion about how breast cancer patients experience existential freedom is presented.

2.4.1 Introduction to existential freedom.

The right to freedom is something that is valued in current democratic societies. Many human rights violations deal with issues around personal freedom. For instance, slavery overtly infringes on an individual's right to personal freedom. Freedom is a dominant theme throughout the South African Bill of Rights which includes the right to freedom of movement, speech, religion, association and trade (The Bill of rights, 1996). Existential freedom is a construct that describes humanity's radical freedom to create their reality. Existential freedom holds the fundamental premise that individuals have the freedom to choose their actions in any given situation (Frankl, 1963).

Existential freedom is closely connected to responsibility, as existential freedom implies that every person is responsible for their lives. "Responsibility means to be aware of creating one's own self, destiny, life predicament, feelings and, if such be the case, one's own suffering" (Yalom, 1980, p.218). Sartre (1943/1993) discussed that every human life does not have a preordained purpose. As a result, human beings are free to create their own purpose, and are thus the sole authors of their lives (Sartre, 1943/1993). The core conflict that arises from existential freedom is the human want for a preordained purpose, whilst living in a world that is fundamentally

free (Yalom, 1980). Sartre (1943/1993) coined the phrase 'existence precedes essence'. This implies that human beings do not have an inherent essence, but rather an essence is often imposed onto them by society or the self. The phrase existence precedes essence, also highlights the non-essentialist epistemology of an existential frame.

2.4.1.1 Non-essentialism and the notion of contingency.

Sartre's above statement that human life does not have an inherent essence developed from the scientific exploration of contingency in the world. Sartre (1943/1993) founded his understanding of contingency on Darwin's theory of evolution. Everything that exists is the result of evolution, which favours advantageous properties in particular environments. It follows that there is no reason for things being the way they are, as under different circumstances they could have been different (Sartre, 1943/1993). There is no particular reason that the world evolved in the way that it did, as under different circumstances it would have evolved differently. As a result, human existence is also contingent and by chance. There is no particular reason or purpose for man to exist (Sartre, 1943/1993). Additionally, if there is no inherent design in the world then there is no meaning in the world other than that which humanity creates for it. If the theory of evolution is fully accepted, then one of the frightening implications is that "with death the meaning giver and the spectator of the world dies too and one is truly confronted with nothingness," (Yalom, 1980, p.221).

2.4.2 Bad faith.

Sartre's (1943/1993) existential theory further posits that when individuals live in a way that denies their freedom they are living inauthentically (Sartre, 1938/1959). Much of existential literature explores how often the masses live in a state that denies their freedom (Heidegger, 1927/1962; Nietzsche, 1887/1998; Sartre (1938/1959). By following convention without questioning, individuals are living in 'bad faith' (Sartre, 1938/1959). When humanity simply following convention without critically thinking about what they are doing, their lives are being written or prescribed by society. Moreover, they are being robbed of their authorship and their lives are no longer their own. However, the path towards living an authentic life is not

an easy task. “Individuals are faced with the discomfort of authentic choice and the temptation of comfortable inauthenticity” (Berry-Smith, 2012, p. 18).

2.4.2.1 Existential guilt

Existential guilt is the guilt of not fulfilling authentic possibility. “When a person denies his potentialities, fails to fulfil them, his condition is guilt,” (Yalom, 1980, p.279). Existential guilt is the manifestation of being removed from one’s true self. Apart from the theoretical component of existential freedom there is also a practical component, without which the former loses its significance. It is not sufficient for an individual to hold awareness of their freedom; he or she must act in an authentic manner in order to experience existential freedom.

Action is required for an individual to explore his or her potentialities. Yalom (1980) observed that many patients initiate therapy when they are in a state of stagnation. As a consequence, one of the therapeutic aims ought to be to create flow and movement in the patient’s life (Yalom, 1980). Yalom discussed that individuals need to have the will to change their lives. The therapist is limited in that he or she cannot infuse will into a patient (Yalom, 1980). The point of therapy for Yalom is to “bring the patient to the point where he or she can make a free choice,” (Yalom, 1980, p.329). Moreover, to help them elucidate their own will, so that they may become the self-narrators of their own life.

2.4.3 Existential freedom and breast cancer.

Existential freedom is experienced when individuals live in a manner that is autonomous and independent. That is when individuals are aware of their range of potentialities that exist and choose among them autonomously (Fuchs, 2013; Kissane, 2012). Cancer is an affront to personal freedom because of its debilitating effect on the body. During cancer treatment patients also become more dependent on others (Kissane, 2012). The loss of independence and freedom is a salient concern in terminally ill cancer patients who contend with the gradual decline in their functioning. Many terminally ill patients also fear the loss of their dignity in the late stages of the disease (Kissane, 2012). Additionally, terminally ill patients lose their freedom to choose from the potentialities of their future, and have to find acceptance about the loss of their hopes and dreams for the future (Kissane, 2012).

Vos (2014) offers an alternative opinion about terminally ill patients. Vos (2014) found that even dying patients are free in how they choose to approach their 'being' in the world and how they die (Vos, 2014). It must be clarified that Vos's (2014) existentialism view does not state that hardships and painful situations are controllable or are a choice. Rather Vos's (2014) view exemplifies that in any given situation individuals are free to choose how they respond to their personal hardships (Frankl, 1963).

There are many harsh realities in the world that individuals have little control over such as, poverty, war and disability. Individuals have no control over these factors however they choose how they face and react to any given peril (Frankl, 1963):

The experiences of camp life show that man does have a choice of action. There were enough examples, often of a heroic nature, which proved that apathy could be overcome, irritability suppressed. Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress. We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way, (Frankl, 1963, p.86).

2.5 Isolation

In the previous section, freedom was explained within existential literature and breast cancer research. Similarly, the following section will explore the third ultimate human concern: isolation. This section will begin with a discussion about the three kinds of isolation from Yalom's (1980) theory. These are namely: interpersonal, intrapersonal and existential isolation. Following this, a discussion is provided about how breast cancer patients experience each of the different kinds of isolation.

2.5.1 Introduction to isolation.

Yalom (1980) describes three main types of isolation: interpersonal, intrapersonal and existential isolation. Interpersonal isolation deals with the isolation from other

individuals. There are many factors that may cause interpersonal isolation such as physical location or poor social skills (Yalom, 1980). Intrapersonal isolation is the isolation of being cut off or alienated from parts of oneself (Yalom, 1980). This can include internalising the expectations of society and disregarding one's desires and aspirations. The notion of intrapersonal isolation or self-alienation is explored in Marxist theory which discusses living in a way that is removed from different aspects of human nature (Adams & Sydnie, 2002).

Yalom (1980) indicates that the bedrock of both interpersonal and intrapersonal isolation is a type of isolation that deals with existence. Existential isolation is concerned with the reality that each individual is bound within a body which is separate and isolated from its external environment. When a child develops a sense of self he or she also develops the understanding that everything else is separate to the self. Thus two concepts are developed; self and other.

These are inherently separate and isolated from each other (Yalom, 1980). Thus existential isolation is formed from humanities' physical and mental isolation. "It is a type that persists despite the most gratifying engagement with other individuals and despite consummate self-knowledge and integration, existential isolation refers to an unbridgeable gulf between oneself and any other being" (Yalom, 1980, p.355).

The mental theatre of each man is private and separate, and thus each person is bound to experience this world as isolated individual beings. Existence is inherently lonely and there is a human need to overcome, or alleviate the loneliness of being (Yalom, 1980). Thus, the conflict that arises from existential isolation is the reality of being a separate being, and the want to be a part of the greater whole (Yalom, 1980). Yalom (1980) discussed that humanity often does not acknowledge the loneliness of existence. "We are lulled into a sense of cosy, familiar belongingness; the primordial world of vast emptiness and isolation is buried and silenced, only to speak in brief bursts, during nightmares and mythic visions" (Yalom, 1980, p. 358).

2.5.2 Interpersonal isolation and breast cancer.

The first type of loneliness that breast cancer affects is interpersonal isolation. Rosedale (2009) argued that loneliness is a vital component of the breast cancer

experience. Moreover, grappling with loneliness not only occurs during treatment but is an ongoing experience for survivors.

Rosedale (2009) identified different components of loneliness that women with breast cancer experience. The first type of isolation is the isolation of physical pain. Despite having social support, breast cancer patients experience the physical pain of cancer in isolation (Rosedale, 2009). Also as no one is sincerely able to understand what they are going through, isolation is created between the patient and their social support (Rosedale, 2009).

Secondly breast cancer survivors expressed that social support disappears quickly when they are in remission. Cancer survivors are expected to get back to 'normal' and to quickly get over their experience (Rosedale, 2009). Thus, the isolation in experience is sometimes extended in survivorship.

Thirdly, Rosedale (2009) found that women are unable to express certain parts of their experience as the fullness of their experience is lost by the limitations of language. Consequently, this leaves them to deal with parts of their painful experiences in isolation. There are also various other reasons for not wanting to share certain experiences. For instance some women experience shame about struggling with bodily functions, and are ashamed about the appearance of their bodies (Emilee, et al., 2010). Women with vulva cancer often feel unable to talk about their diagnosis, due to the localization of the cancer (Jefferies & Clifford, 2011).

Furthermore, not discussing emotional distress may also serve as a means to protect family and friends. Cancer survivors expressed the wish to shield their close family and other breast cancer survivors from the distress and anxiety they experience (Rosedale, 2009). This was found to extend into withholding certain information in breast cancer support groups. Moreover, in survivorship many women feel the pressure to be a symbol of the hero and hide their ongoing fears and distress (Rosedale, 2009).

2.5.2.1 Intrapersonal isolation and breast cancer.

The following section will discuss two aspects of intra-personal isolation for breast cancer patients namely; isolation to the body and estrangement as a sexual being.

2.5.2.1.1 Isolation to the body.

One of the prominent features of breast cancer is the alienation felt from issues around the body (Emilee, et al., 2010). This includes the surgical removal of breasts, the loss of all bodily hair from chemotherapy, and the weakening of bodily functions (Emilee, et al., 2010). These factors challenge women's beliefs about their personal attractiveness (Regehr, 2012). Richer and Ezer (2002) found that the women in their study felt distress particularly about losing the hair on their head. One woman in their study expressed that, "When I first lost my hair, I put it into a bag; I couldn't bring myself to throw the bag in the garbage ... I've always been so proud of my long hair. You know for a woman, her hair is like her crowning glory..." (Richer & Ezer, 2002, p.115).

There have been significant improvements in breast surgery in the past 30 years, with the aim being to preserve as much of the breast as possible (Breastcancer.org, 2014). The muscle underneath the breast is generally no longer removed with a mastectomy and a lumpectomy with radiation has been found to be as successful as a mastectomy for early stage diagnoses (Breastcancer.org, 2014). Women who opt for reconstructive surgery, generally have a double mastectomy to increase the symmetry of the breasts. However, even with new technology in reconstructive surgery, the aesthetic look and feel of reconstructed breasts is sometimes unsatisfactory and there is often protrusive scarring (The New York Times, 2014).

Nipples until recently have not been reconstructed (The New York Times, 2014). Furthermore, plastic surgeons are limited in what they can recreate. The colour and shading of nipple reconstruction is something that remains inadequate (The New York Times, 2014). Single women in particular have expressed distress about the appearance of their breasts and the difficulty of explaining to a new partner the reason their breasts look different or their absence of their nipples. The need for breast and nipple reconstruction has become salient for many breast cancer

survivors to feel comfortable naked, and to regain a feeling of normality about their bodies (The New York Times, 2014).

Additionally, Thomas-MacLean, (2005) wrote that women with a mastectomy struggle with the lack of symmetry of their bodies. Many women expressed the need to hide their 'deformity' and often buy a prosthetic breast in an attempt to feel 'normal' again. Moreover, women who have had a mastectomy express shame about their bodies and try to hide their body's form from their family and friends (Thomas-MacLean, 2005). Emilee, et al. (2010) described that women who have lost one breast, felt that society perceives them, as being reduced to half a woman.

2.5.2.1.2. Isolation and estrangement as a sexual being.

Another aspect of intrapersonal isolation has to do with breast cancer survivors' sexuality post breast cancer treatment. Treatment procedures such as chemotherapy, undergoing a surgical mastectomy and chemically induced menopause (CIM) are all known to have physiological and psychological effects on women's sexual function and body image (Emilee, et al., 2010). The physiological effects occur mainly due to chemotherapy and CIM. They include; dyspareunia, decreased libido, numbness in breasts and an inability to orgasm. Examples of psychological distress include; negative body image and the loss of identity as a child bearer (Emilee, et al., 2010).

Emilee et al. (2010) argued that in order to understand the psychological distress of breast cancer it is important to examine the way breasts are socially constructed within society. Emilee, et al. (2010) indicated that breasts are constructed in four primary ways within society. The first is the 'medical breast' which views breasts as part of the physical body and when cancerous they should be removed to save the functioning of the body as a whole. Next is the 'functional breast' which views the breast primarily as a means for breast feeding. Subsequently, the 'gendered breast' views the breasts as a symbol of femininity, attractiveness and beauty. Lastly 'the sexualized breast' views breasts in an erotic manner and as a source of sexual pleasure. Accordingly, when a woman undergoes a surgical mastectomy, all of these aspects need to be taken into consideration (Emilee et al., 2010).

Emilee et al. (2010) further points out that reviewing past literature about sexual function after breast cancer is problematic as most studies were conducted quantitatively. These studies seem to disregard that sexual activity is not synonymous with sexual satisfaction (Emilee, et al., 2010). In conclusion, in order to understand women's intrapersonal isolation to their bodies, there is a need to incorporate an understanding of how the bodies of women with breast cancer are positioned within society.

2.5.3 Existential isolation and breast cancer.

The most prominent existential crisis found in patients with terminal cancer is existential isolation (Rosedale, 2009; Sand & Strang, 2006). As human life is inextricably tied to the body, when diagnosed with cancer a person's connection to their physical existence comes into focus. A diagnosis of cancer makes the reality of death not something that is abstract or intellectualised, but rather something personal. Sand and Strang (2006) found that patients in palliative care often have to deal with numerous issues of existential isolation. These include, experiencing their disease in isolation, not feeling understood by loved ones or medical practitioners, and witnessing the deterioration of their bodies. All these factors bring about feelings of losing control and isolation to one's body and the external environment (Sand & Strang, 2006).

An example of the type of thoughts about existential isolation that women with breast cancer experience was described in Tacón's (2011) study. One woman expressed feeling "... alienated from everything in the universe . . . for the first time, I realized I was just a small speck on the edge of a dark cliff . . . I don't know what was worse, the sheer terror of being destroyed or feeling so alienated and trivial", (Tacón, 2011, p.651).

2.6 Meaninglessness

In the previous section, isolation was explained through the lens of existential literature and breast cancer research. Similarly, the following section will explore the fourth ultimate human concern: meaninglessness. This section will begin by defining meaninglessness. After which, a discussion about the rise of meaninglessness due to the age of enlightenment (scientific era) is given. In addition, meaninglessness in

industrial labour will be elaborated. Subsequently, an exploration about the search for meaning in the world is discussed from different existential theorists. To conclude this section there will be a discussion about how breast cancer patients' make meaning of their cancer experience.

2.6.1 Introduction to meaninglessness.

Gradually man has become a fantastic animal that has to fulfil one more condition of existence than any other animal, man has to know from time to time why he exists, his race cannot flourish without a periodic trust in life (Nietzsche, 1887, as cited in Clark & Dudrick, 2007, p.209).

Meaninglessness describes the negation of meaning in the world and in one's personal life (Academy of ideas, 2012). It describes the realisation that an individual's existence is a mere fleeting wave in eternity. Meaninglessness requires questioning if there is a reason to strive for anything; if all meaning is lost in the chasm of death.

There are two fundamental questions about meaning. The first asks if there is meaning in life in general; is there an overall structure or coherent form in the universe. Furthermore, if all living things form part of a bigger picture or system; is there an inherent design that governs all life? The second meaning pertains to personal purpose and questions if there is a plan or grand purpose for each individual to fulfil (Yalom, 1980).

2.6.2 The rise of meaninglessness.

Meaninglessness has become a more prominent aspect of the modern age as society has become less dominated by a two world theory (Academy of ideas, 2012). A two world theory believes in the existence of an afterlife. The afterlife provides meaning to the current existence, as it is believed that one's actions in this life will determine if one can access the afterlife. Subsequently, no matter how much suffering an individual endures in their present existence, if they have lived by God's will they will be granted access to an afterlife such as heaven, in which there is no suffering (Academy of ideas, 2012). This makes human suffering and pain serve a

purpose. Thus, historically in times of strong religious dominance, there was little need to question the meaning of life, as most individuals believed they already knew the answer. The meaning of life and human suffering was to gain entrance to a pleasurable afterlife (Academy of ideas, 2012).

Since the reign of science a new way of understanding the world and man's position within it has developed. A scientific view is sceptical of a two world theory and rather posits that man is an accidental by-product of evolution as there is no particular reason for man to exist (Academy of ideas, 2012). Nietzsche (1887, as cited in Academy of ideas, 2012) explained that this new era would bring forth an inevitable crisis of meaninglessness. He foresaw that much of the modern man's angst would root from meaninglessness as a consequence from viewing the world from a scientific lens.

Yalom (1980) confirms that in the current age there is an increase of patients who present with numbness to life and a sense of aimlessness in life. He described that humanity faces a new kind of emptiness, from their search for meaning, as meaning is not imposed upon them (Yalom, 1980). The absurdity of existence is that man is a meaning making being living in a world that is absent of inherent meaning (Camus, 1942/1991). The last existential conflict is thus the want for structure, meaning and purpose in a world that is void of these qualities (Yalom, 1980).

2.6.2.1 Meaninglessness in industrial labour.

Yalom (1980) further argues that much of the employment in the industrialized world is void of meaning. Other than the pay check at the end of the month; there is a lack of purpose in the work of man. Work that is void of human meaning is living in a way that is removed from the human condition and is more a mechanical existence.

The removal of meaning from the work that one engages in can also lead to intrapersonal isolation discussed earlier as it creates what is termed in Marxist theory as labour alienation (Adams & Sydie, 2002). Labour alienation is alienation in three regards; firstly, from the actual product produced (as workers generally do not get to use the products they make). Secondly, alienation forms the process of production (as workers are normally restricted to one isolated part of production). Thirdly,

alienation from human potential (as their work makes them act more like machines) and lastly from other humans (as the work is often interpersonally isolating) (Adams & Sydie, 2002). This void of meaning in the life of man is expressed by Pink Floyd (1979) who wrote music about the ethos of conformity in the education system; their message being, "all in all, you're just another brick in the wall".

2.6.3 The search for meaning.

For Frankl (1985) a fundamental aspect of human experience is finding meaning in life. This is confirmed by authors such as Maddi (1967) and Wolman (1975). These authors hold the core philosophy that human beings are essentially meaning making beings. Without meaning in life, man suffers, and this suffering is called existential sickness. Existential sickness describes a prevailing feeling that there is no reason to live and no reason to strive for anything as everything is essentially purposeless or hopeless (Frankl, 1985). Frankl (1963) found from his experience in the Auschwitz concentration camp that the men who were most likely to die were the men who had given up hope and all sense of meaning.

From Yalom's (1980) particular existential view, there is no solution to meaninglessness. Drawing from his earlier belief in contingency of existence, his beliefs about meaning follows that of Camus (1942/1991) and Sartre (1938/1959) who believe that the human position within the world is fundamentally absurd and indifferent. The only solution is to engage fully and truly in the momentary and temporal human condition (Yalom, 1980).

However, other existential authors do not come to the same conclusion. An opposing view belongs to Frankl (1985) who believes meaning is a potent human life-force and defines what man essentially is. Even without the existence of an afterlife, human life does not have to be meaningless, as human life can be worth something regardless of its finitude.

The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity - even under the most difficult circumstances - to add a deeper meaning to his life, (Frankl, 1963, p.88).

Frankl (1985) further clarifies that it is through acts of authenticity that an individual feels enriched and fulfilled. Living authentically requires an individual to dream and aspire with great effort to that vision to be the best being they can be (Frankl, 1985). As a result, it is through living authentically that life becomes meaningful despite that the meaning we give to our lives might be subjective and fleeting. Furthermore, as meaning is subjective and self-made it follows that each man has the freedom to create new meaning (Vos, 2014).

2.6.4 Meaning making and cancer patients.

Lee (2008) found that there is a need to aid cancer patients' meaning making process and work through the existential issues that are prominent. Moreover, meaning making helps breast cancer survivors rediscover and redefine themselves after cancer. Moadel, et al. (1999) found that one third of cancer patients had unmet existential and spiritual concerns. Morita, et al. (2009) argued for the importance of aiding patients' in palliative care to find meaning in their lives. In palliative care this is a particularly complex issue as many patients struggle with finding meaning in living, while awaiting imminent death. Studies indicate that existential concerns around meaning making can be alleviated by using meaning making interventions (Morita, et al., 2009).

Yalom (1980) also found that it was highly important for terminally ill cancer patients to find meaning in their lives.

In my clinical work with dying patients of cancer I have been in a particularly privileged position to observe the importance of meaning systems to human existence. Repeatedly I have noticed that those patients who experience a deep sense of meaning in their lives appear to live more fully and face death with less despair than those whose lives were devoid of meaning (Yalom, 1980, p.431-432).

Meaning making also provides an opportunity for breast cancer survivors to reframe the way their breast cancer experience is remembered and change the way these individuals face other challenges in the future (Richer & Ezer, 2002). The work of Breitbart, et al. (2004) explained that meaning making is a powerful tool for individuals diagnosed with life threatening diseases because it helps them make

sense of personal suffering. Certain human realities like death, pain and suffering require meaning so as to not make these experiences seem futile. The ability to find meaning in suffering may allow individuals to transform feelings of hopelessness into healing (Breitbart, et al., 2004). Meaning making may aid individuals to express their existential anxiety and rediscover meaning in existence.

Individuals who are able to find meaning in their illness or impending death have been found to experience personal growth, renewal, enrichment and greater understanding of themselves and how to live within the world (Lee, 2008). The ability for transformation is evident in prominent research about post-traumatic growth (Lee, 2008). Moreover, patients who report a higher sense of meaning in life also have a significantly greater satisfaction and quality of life (Breitbart, et al., 2004).

2.7 Conclusion

In conclusion, mortality is central to the definition of what it means to be human. Becoming aware of personal mortality is one of the core components of existential literature as this awareness creates closeness to the givens of human nature. It is this awareness that propels an individual from Heidegger's (1927/1962) state of 'forgetfulness' to a state of 'mindfulness'. Breast cancer patients are brought to this awareness through their life threatening disease.

It is through mortality awareness that many of the other existential realities become relevant. These include an individual's personal freedom in any given situation, the loneliness of existence and the need for meaning in life.

Chapter 3

Research Methodology

This chapter describes the suitability of the chosen methods, in so far as they appropriately address the research question. This chapter also clarifies the epistemological and ontological positions of the research, and explains their congruence to the research question. Furthermore, this chapter provides details about the data collection method (semi-structured interviews) and the data analysis method (deductive thematic analysis). In particular, the procedure used to conduct deductive thematic analysis is further elaborated. The chapter concludes with a discussion about the measures taken to ensure quality research and ethical practise.

3.1 Orientation to the Research Design

This research is an enquiry about how a breast cancer diagnosis impacts on the existential meaning making process, of how individuals understand death, freedom, isolation and meaninglessness. Furthermore, the central aim of this research is to provide an in-depth qualitative description of the existential meaning making process of breast cancer survivors.

3.1.1 Qualitative design.

Qualitative research is interested in the meaning of phenomena as well as gaining an understanding of the depth and texture of experience (Willig, 2008). Qualitative research is, "interested in how people make sense of the world and how they experience events," (Willig, 2008, p.8). As the core component of this research is to explore the meaning making process, it is well suited for a qualitative design. Additionally, in order to describe the various existential meanings of women with breast cancer, descriptive, in-depth and rich data was needed. All these aspects fall within the domain of a qualitative design.

Moreover, this study is embedded in existential theory and an existential approach to research is interested in thick or dense data that explores the complexities of human experience (Lantz, 2004). Lantz (2004) adds that an existential enquiry explores participants' vulnerabilities, responsibilities and the depth of participants' experiences. Qualitative research is suitably an approach to research that allows all

the complexities of a subject to unfold (Willig, 2008). In sum qualitative research is conducive to exploring subjective experiences and gaining an understanding of how individuals imbue their experiences with meaning (Willig, 2008).

3.1.2 Epistemological stance.

Braun and Clarke (2006) identified that an effective thematic analysis communicates a transparent description of its epistemological position. Thematic analysis can be used as a method for a variety of epistemological frameworks (Braun & Clarke, 2006). The current study holds an existential epistemology.

An existential approach to research does not try to answer questions about what the world is like, and give clear cut answers about human nature (Lantz, 2004).

Existential theory holds the stance that absolute truths about human nature cannot be discovered (Yalom, 1980). Humanity is not thought to have a set essence, as man's essence is thought to be fluid and moulded into form consciously or unconsciously through self-creation. The researcher must, "continuously struggle with the reality of uncertainty provided by existential enquiry rather than the erroneous comfort and confidence provided by experimental clinical research" (Lantz, 2004, p.334).

The ramifications of holding an existential epistemology is that none of the findings found within this paper can claim to reflect a true objective understanding of the experience of breast cancer. Rather it holds that each woman's experience is moulded through a particular context and that the interview content cannot represent the full scope of their experience but will suffice to give insight and an understanding of how the women in this study made meaning of their experiences (Braun, & Clarke, 2006).

3.1.2.1 Reflexivity and transparency.

This design acknowledges the researcher's role in developing the study. One of the means through which qualitative methodologies acknowledge the researcher's influence on the research is through the use of reflexivity and transparency. There are two types of reflexivity that were taken into consideration in this research (Willig, 2008). The first type of reflectivity required a reflection of each interview encounter and acknowledged my experiences of transference and counter transference.

Secondly, the research process and my particular epistemological stance were examined to explore if these aspects might have influenced the way the data was analysed (Willig, 2008).

The purpose of incorporating transparency into the research process is to produce a dissertation that is open and honest to the reader. Willig (2008) also argued that the correct use of reflexivity may serve a similar purpose to the therapeutic awareness of counter transference. That is the researcher's awareness of her emotional responses may further serve as a platform to derive insight about the participants. Reflexivity is not confined to discussing how I played a role in shaping the research but also how the research has played a role in shaping me (Willig, 2008).

3.2 Thematic Analysis

Braun and Clarke (2006) argued that although thematic analysis forms an integral part of many different qualitative methodologies it is a method in and of itself. "Thematic analysis is a method for analysing and reporting patterns or themes within data," (Braun & Clarke, 2006, p.6). In essence thematic analysis uses the data to draw patterns which tell something important about the data. Thematic analysis can be used for describing, organising and potentially interpreting the data (Boyatzis, 1998). This study is interpretive as it organizes and then interprets each woman's existential experiences.

Each theme found in this study aims to reflect an important aspect or essential pattern found in each woman's narrative (Braun & Clarke, 2006). Defining what constitutes a theme was not a straightforward process as there was no set minimum or maximum amount of instances which prescribed whether a pattern should become a theme or not (Braun & Clarke, 2006). As a result, the types of themes identified in the following chapters will address aspects of each woman's narrative that I found to be central to understanding their existential experiences.

3.2.1 Semantic and latent themes.

Themes can either be semantic or latent in nature. Semantic themes describe important patterns found in the text, however interpretation of the themes are not given. In brief, semantic themes aim to provide a rich overall description of the key

findings in the data (Braun & Clarke, 2006). Latent themes on the other hand aim to provide interpretations of what the themes mean and what purpose they serve in society. Moreover, latent themes provide an analysis of the overarching themes and underlying ideology that go beyond the surface findings of the data (Braun & Clarke, 2006).

This study developed latent themes as the themes reflected the latent content, or overarching patterns in each narrative. Using latent themes fitted well with an existential epistemology as the themes represented the meaning making of each woman's experience as opposed to reality of their experience.

3.2.2 Inductive versus deductive analysis.

One of main ways of analysing qualitative data is through developing recurring patterns that describe important parts of individuals' experiences (Braun & Clarke, 2006). An effective method for finding core themes that run through qualitative data is thematic analysis (Boyatzis, 1998). There are two main types of thematic analysis, inductive thematic analysis (data driven) and deductive (theory driven) thematic analysis (Braun & Clarke, 2006). This study used deductive thematic analysis as it was driven by Yalom's existential theory. The following section will explain what deductive thematic analysis entails.

3.2.2.1 Deductive thematic analysis.

Deductive thematic analysis is a well-used and popular form of analysis in the social sciences (Boyatzis, 1998). Research driven or deductive thematic analysis uses theory as a foundation to guide the research (Braun & Clarke, 2006). Deductive thematic analysis posits that knowledge can be built through the application of an established theory in order to gain insights into a phenomenon or to understand a new phenomenon (Boyatzis, 1998).

The present study was a specific inquiry about Yalom's (1980) four ultimate human concerns: death, freedom, isolation and meaninglessness. Due to the specification of the different facets that were examined, the interviews revolved around these theoretical themes which made the research theory driven.

One of the criticisms of using deductive thematic analysis is that the theory may confine and bias the findings to conform to the particular theory being used.

However, Boyatzis (1998) explains that all research is eventually aimed at developing theory. That is, all research aims to understand the nature of the world and more specifically the phenomenon in question. Thus, drawing on previous knowledge and established theory to learn something new about a phenomenon is a useful tool. As Boyatzis (1998, p.37) points out “you do not have to reinvent the wheel every time you want to get somewhere”.

3.3 The Research Process

The following section will detail how the research was conducted. First, the sampling method: semi structured interviews will be described and thereafter the inclusion and exclusion criteria for participation will be elaborated. Subsequently, the data analysis method; thematic analysis will be discussed in further detail. This will include a discussion about Braun and Clarke’s (2006) six steps for conducting thematic analysis.

3.3.1 Sampling.

This study made use of non-probability purposive sampling; that is participants were chosen due to their relevance to the research question (Willig, 2008). Accordingly participants were, “selected according to predetermined criteria relevant to a particular research objective” (Guest, Bunce, & Johnson, 2006, p.61).

3.3.1.1 Inclusion criteria.

Although men can also be diagnosed with breast cancer only women were included in the study. Men are 100 times less susceptible to breast cancer, and might experience the diagnosis differently to women (Herbst, 2013). Consequently, in order to make the participants more homogenous in nature only women were included.

Furthermore, women over the age of 18 were eligible to participate in the study as age was not found to be a defining factor that influenced existential crisis in cancer patients (Moadel, et al., 1999). Another inclusion factor was the amount of time after diagnosis. Previous studies found that the determining factor of whether interventions were helpful often depended on when they were implemented in relation to patients’ diagnoses (Richer & Ezer, 2002). A recent reaction to a

diagnosis of breast cancer may involve ego defences such as avoidance and denial. Therefore breast cancer patients were only eligible for this research three months post diagnosis, as this is the general period after initial shock and denial has passed (McDonald, 1985).

It was desirable to interview a homogenous group of women that shared similar qualities relevant to the study (Willig, 2008). The sample group was refined to only include white South African women with breast cancer. Women of white ethnicity are most susceptible to breast cancer in South Africa (Maree et al., 2013). Moreover, they were the most accessible group from the breast cancer support group forums. Due to time constraints of a minor dissertation I used the racial group that was most accessible.

Additionally, I ensured that all the women came from a similar socio-economic background which was the middle/upper income bracket. Women from different economic backgrounds may have had to deal with different challenges and social realities during their experience of breast cancer (Willig, 2008). Lastly the ability to speak English and willingness to discuss their experience of breast cancer was a prerequisite.

Four participants were chosen for this study. The small amount of participants allowed for an in-depth exploration of each case, while having more than one participant allowed for a variety of meaning making experiences to be expressed (Smith & Osborn, 2008). Participants were obtained through online breast cancer support groups. Additionally, a subset of purposive sampling; snowball sampling was also used to find participants within the area of Johannesburg.

An advertisement was posted on breast cancer support group forums which included details about the research and whom to contact if individuals wished to participate. Eligible participants were contacted via email or telephonically and were then provided with the invitation letter and the consent form (Willig, 2008). The invitation letters provided details about the study and a place for them to sign their consent to participate. Additionally, it informed participants about the purpose of the study and that a second interview may be necessary if not enough depth was found in the first

interview. Please refer to the invitation and participation form in appendixes B and C for further details.

3.3.2 Data collection

Choosing a data collection method is about deciding what type of data would be appropriate to answer the research question (Willig, 2008). This study aimed to explore the existential meaning making process of women with breast cancer. Accordingly, interviewing women allowed for each woman's stories and experiences to be heard first hand. This made semi-structured interviews an appropriate means of attaining this data. The semi-structured interviews were recorded by an audio recorder and then were transcribed verbatim. After which, the recordings were deleted and the interview transcriptions were encrypted with password locks.

There were five open ended questions guiding the interviews which were based on Yalom's four ultimate human concerns. These questions helped to guide the interviews and highlighted areas for discussion. The interview questions steered the direction of the interviews (Willig, 2008). The questions that were used to guide the interviews included the following;

- a) I am wondering if you could tell me a bit about your life since your diagnosis with breast cancer.
- b) Tell me your feelings about death. Since your diagnosis, how have you dealt with the uncertainty of death?
- c) What does freedom mean to you? Do you believe that you have free will? Has breast cancer changed the way you make choices in your life?
- d) After your breast cancer diagnosis did you experience loneliness? Describe the loneliness you felt and why you think you felt that way?
- e) What is your perspective on meaning, and do you think your life has a purpose? Has breast cancer impacted on your experience of meaning in your life?

3.3.3 Data analysis

Conducting thematic analysis is not a linear process in the sense that it often does not move smoothly from one stage to another (Braun & Clarke, 2006). Rather it entails a process of moving back and forward between the steps in order to ensure thorough research (Braun & Clarke, 2006). Boyatzis (1998) explains that thematic analysis is essentially a three step process. It begins with the ability to sense themes or to draw out important patterns from the data. Secondly, the researcher analyses the whole data set in a consistent manner. Lastly, the themes should be used to interpret the data and bring new or confirmatory knowledge about the phenomena of interest. This study used the six steps for conducting thematic analysis developed by Braun and Clarke (2006) to guide the analysis of the data. Each of these steps is described below.

3.3.3.1 Familiarising yourself with the research.

This initial step is intended for the researcher to become familiar with the data (Braun & Clarke, 2006). This process began by transcribing the interview material verbatim. This was a lengthy procedure that required consistent concentration. This step served as an effective first step in becoming familiar with the data (Braun & Clarke, 2006). Thematic analysis does not prescribe any particular procedure for transcriptions but it does require that the transcriptions are done verbatim (word for word) and are good quality by remaining true and accurate to the original recordings. The next step taken to become familiar with the data was to read and reread the data set (Braun & Clarke, 2006). During these initial readings preliminary patterns and themes were written down and I began to organize the data into initial codes.

3.3.3.2 Generating initial ideas.

The second step was about creating a preliminary list of codes from the data set. A code, "identifies a feature of the data that appears interesting to the analyst" (Braun & Clarke, 2006, p.18). Codes divide the data set into identifiable patterns or groups of meaning.

I labelled as many codes as possible during the early stages of thematic analysis, as it was uncertain which codes would be important and which ones would not (Braun & Clarke, 2006). After the first sorting of the data I found over 65 codes that described

various aspects of the participants' breast cancer experience. These codes were then narrowed down to their relevance to the women's existential experiences.

Theory driven research focuses on finding themes outlined in the research question and aims to describe something important about these aspects of phenomena (Braun & Clarke, 2006). Codes were excluded if they did not address participants' experiences of death, freedom, isolation or meaninglessness. I kept detailed paragraphs of the original text that explained the codes; this ensured that there were sufficient examples to support the codes. Braun and Clarke (2006) advised that it is important to keep more information than less at this stage so that the context in which the paragraphs were found are not misinterpreted in the pending analysis.

3.3.3.3 Searching for themes.

This stage of the research was characterized by sorting the codes into themes (Braun & Clarke, 2006). Themes ought to summarize many codes and identify overarching patterns found in the data (Braun & Clarke, 2006). This process entailed sorting all the different codes into different sections and by identifying the higher ordinate and subordinate codes. Additionally, codes with similar scope were combined into one theme (Braun & Clarke, 2006).

It was useful to use a visual representation to organise the codes and I began to preliminary organise the relationship between the themes found. The relationships between themes indicated how the themes related to one another and identified which themes were subthemes (Braun & Clarke, 2006). Moreover, codes that lacked sufficient support due to the codes not having clear examples in participants' narratives were eliminated at this step.

3.3.3.4 Reviewing themes.

This step entailed refining and eliminating unnecessary themes (Braun & Clarke, 2006). In this step, themes that were similar in content were combined. This step also entailed the creating of a thematic map, which depicted all the themes and subthemes (Braun & Clarke, 2006). Lastly, the entire data set was reread. This served the purpose of ensuring that the themes on the thematic map were a good representation of the data as a whole (Braun & Clarke, 2006). Rereading the data

also indicated important aspects of the data that were not being represented and if any of the themes were being over represented. A master table of the themes produced from the intra-individual analysis is provided in appendix A.

3.3.3.5 Defining and naming themes.

In this stage each theme was defined and given a name that was concise and described the content of the theme (Braun & Clarke, 2006). Moreover, the scope of each theme was clearly defined (Braun & Clarke, 2006). Thus, the inclusion and exclusion criteria for each theme and subtheme were clearly defined. In essence a theme should be able to encompass the qualitative richness of what it is trying to define (Boyatzis, 1998).

Following this, each theme was analysed and explained in context of the data. Moreover, examples from the data that illustrated each theme were organised into their correct positions (Braun & Clarke, 2006). The examples were narrowed down and refined so as to only use those that best described each theme in a clear and precise manner. Boyatzis (1998) recommended that the labelling of themes should be one of the last steps of thematic analysis. The name should be conceptually meaningful and capture the main element of the theme which requires a strong understanding of each theme.

3.3.3.6 Producing the report.

The final step was to write up the final analysis. I went about this by describing the themes and subthemes in detail. The final analysis was written in a manner that made it possible to capture the main components of the data in a logical and systematic manner. The themes were written in a narrative format to allow the reader to grasp the essence of each participant's interview without needing to read the details of the transcriptions (Braun & Clarke, 2006). One transcription was added in appendix E to serve as an example and the other three can be made available on request via email. Finally, the meaning of the themes and overarching constructs were explored in greater detail and were discussed within in the existing body of existential literature.

3.4 Enhancing the Quality of the Research

Boyatzis (1998) identified three main aspects to enhance the quality of the research process and to increase trustworthiness. These were namely; projection (bracketing), sampling (interview quality) and interpretation.

3.4.1 Projection/ bracketing.

Bracketing is the process of mitigating the preconceptions and biases that may distort the research (Tufford & Newman, 2012). Bracketing entailed the awareness that qualitative research is inherently subjective and that my own assumptions, beliefs and history may interfere with the research process. Bracketing required the use of reflexivity (Tufford & Newman, 2012). Through awareness of these issues, conscious effort was made to mitigate these effects from the research process and interpretation. The purpose of incorporating reflexivity sections in the intra-individual analyses and the inter-individual analysis further created transparency of the research process.

3.4.2 Sampling/ interview quality.

Another area where bias may enter the research is from the raw information itself. The quality of the data in qualitative research is very important (Boyatzis, 1998). This research used semi-structured interviews to collect data and I tried to ensure that participants felt comfortable during their interviews. One of the means of doing this was by ensuring that participants had a full understanding of what was expected of them.

Moreover, participants were verbally informed before the start of the interview that they could terminate the interview if they felt uncomfortable. They were also informed that they did not have to discuss anything that made them uncomfortable (Willig, 2008). I further informed the participants that if not enough depth of information was found during the interview then another interview may be necessary to discuss topics that were brought up in the first interview, so that the topics could be explored in greater depth. However, this was not the case and sufficient depth was found in each of the interviews.

3.4.3 Interpretation.

The last element that could have served as a possible form of bias was the interpretation of the data (Boyatzis, 1998). The researcher's mood and style of writing may disrupt the process of good thematic analysis (Boyatzis, 1998). Conducting thematic analysis can be a taxing procedure and requires mental alertness (Boyatzis, 1998). Moreover, fatigue and sensory overload can hamper clear and coherent analysis (Boyatzis, 1998). I ensured that thematic analysis was conducted in a rigorous and consistent manner and that the necessary time was taken to conduct quality thematic analysis.

Braun and Clarke (2006) identify qualities of good thematic analysis. These include the ability of the themes to be logical, coherent and strongly reflect the data. Secondly, theory should be used appropriately to guide the research, yet the analysis should go beyond the theory. The findings should build on theoretical foundations and bring new insight into the phenomenon of interest. Lastly, themes should have clear definitions and easily be differentiated between.

3.5 Ethical Considerations

To ensure ethical conduct throughout the research procedure, an ethic of primarily protecting the participants' best interests was always upheld. The participants were informed in the consent form that the interview may bring up some psychological discomfort and they would be offered a debriefing session or referred for other psychological services if required. Additionally, Willig (2008) points out five core areas of ethical concerns that were taken into consideration in the planning of the present research design. These were namely; issues around informed consent, ensuring that there was no deception in the research process, giving participants the right to withdraw, offering a debriefing session or referral for further psychological assistance and ensuring that identifying information of the participants was kept confidential.

3.5.1 Informed consent.

Informed consent ensured that all participants were given an invitation letter and consent form which detailed all relevant information about the study and gave a place for them to sign indicating their written consent to participate in the study. The

invitations included information about what the research was about and what was required of them. Eligible participants were only allowed to participate after they had given consent.

3.5.2 No deception.

Participants were informed about the nature of the research and relevant information about the study was not hidden from them. The invitation letter informed prospective participants about the interview and explained details about the research procedure including that all interviews will be recorded and the identifying information will be kept confidential. In addition, all chosen participants were informed that they would be allowed access to the finished dissertation after it is published. Furthermore, the invitation letter detailed the inclusion criteria for participation and listed what was required of each participant. The language used in the invitation and subsequent consent form was articulated in a manner that was easy to understand and was free of jargon. Moreover, it was written in a clear, complete, unambiguous manner that was void of duress and impropriety.

3.5.3 Right to withdraw.

All participants were made aware that they could terminate the research at any point without any ramifications or judgment. Moreover, participants were informed that they had the right to choose what information to disclose and that they did not have to discuss anything that made them feel uncomfortable.

3.5.4 Debriefing.

All participants were informed that if the research affected them adversely they could attend a debriefing session by a registered psychologist. Furthermore, they would also be given referrals for further psychological treatment such as psychotherapy or support groups. None of the participants utilized the debriefing session as none of the participants reported distress after the interviews.

3.5.5 Confidentiality.

Lastly, confidentiality plays an important part in any research. The identity of participants was protected in this study through the use pseudonyms and any information that would compromise their anonymity was appropriately altered during

transcriptions. Participants were informed that it was necessary to initially record the interviews. Thereafter the recordings would be transcribed and the recordings would be deleted. Moreover, all interview transcriptions and accompanying material would be protected using password encrypted electronic files. Thus, no printed material would hold identifiable information about the participants.

When conducting thematic analysis from interview transcripts the raw information holds participants' personal words, feeling and stories. In order for the data to be rich and dense it would require it to be so. Westman, et al (2006) noted that existential issues are deeply personal. As a result, I ensured that these issues were handled in a respectful and non-judgmental manner.

As I am a registered student psychologist it was important for me to be aware of not taking on the dual roles of a researcher and therapist with the participants (Willig, 2008). I addressed this by working under supervision and discussing any of my concerns with my supervisors to ensure that these boundaries were maintained.

3.6 Conclusion

This chapter illustrated the good fit between the research question and the methodology chosen to answer that question. In brief, the usage of a qualitative design allowed for in-depth descriptive data to emerge. An existential epistemology provided the lens to guide the research and formed the foundation on which the transcriptions were analyzed through deductive thematic analysis. Lastly, this chapter concluded by discussing the ethical implications involved in the research process, and delineated the requirements of quality research. The subsequent four chapters will introduce the findings of the research by providing an intra-individual analysis of each participant's existential experiences.

Chapter 4

Intra-Individual Analysis and Discussion of Mary's Existential Experiences

4.1 Introduction

In the following section an introduction to the first participant Mary will be provided. This will include basic biographical details and information about her diagnosis. Following this, Mary's existential experiences will be presented in a narrative format. This will be structured by dividing the analysis into the four guiding domains; death, freedom, isolation and meaninglessness. An additional domain of transformation will be discussed which describes Mary's experiences of growth from the breast cancer experience. Within each domain there are sub-headings which explore specific existential issues that surfaced for Mary. This chapter will conclude with a section on reflexivity. This will explore experiences of transference and countertransference that may have impacted the data and interpretation.

4.2 The First Participant: Mary

At the time of the interview Mary was a 59 year old female and was diagnosed with stage three breast cancer 18 months prior to the interview. The surgical part of her treatment plan included a bilateral mastectomy. Mary is currently living in remission.

4.3 Death Awareness

Experiences of heightened mortality awareness in Mary's narrative were primarily present during times that she expressed as 'half living' and in the period after her diagnosis. Her thoughts after diagnosis will be interpreted through Yalom's (1980) concept, the defence of personal specialness. Additionally, Mary felt intensified mortality awareness due to her feelings of estrangement to her body. Moreover, she avoided looking at herself in the mirror, as mirrors brought the reality of her mortality and cancer. Lastly, Mary experienced periods of acute nausea and anxiety which hold possible existential relevance.

4.3.1 Defence of personal specialness.

Mary expressed that before she was diagnosed with breast cancer she never thought that something like this would happen to her. This describes Yalom's (1980)

idea of personal specialness which is a state many people live in before an existential experience.

- “Ja you feel, because this [being diagnosed with breast cancer] is never something that will happen to me. You know. It will never happen to me.”

Mary told that her cancer diagnosis made her think about her personal mortality.

- “You do [think more about death] because your mortality is in your face. Any of us can die today, we know that, but cancer is in your face it is something that is more real. So it was a great comfort for me to rest in. *(pause)* Are you a Christian?”

4.3.2 Half living.

Mary described her cancer experience as being in a state of not fully living. She discussed a state that was not fully in life or in death, but rather a surreal dormant state whilst having cancer. She shared the same physical space with her family and loved ones yet she experienced the hardship of not being able to really be a part of, contribute to, or engage in that space. She held regret that she was not able to connect to her daughter in law in the way she would have liked to during that period. Her family also felt a lack of engagement from Mary.

- “Ja, um in the middle of all of this [undergoing cancer treatment] my son the younger one had met his wife. And I felt sad because I didn't get to know her as I had hoped... I wasn't in the space to get to know her. She didn't get to know me, all she saw was this crying woman, *(laugh)*... And we were down in this magnificent place in [Umhlanga] and I was there and I wasn't there. That was my wake up to say you go and get help... And really I think it was my son saying to me mom you were there but you were not there that hit me hard.”

This idea of being there but not being there, describes the state that Mary lived in during her cancer treatment. Mary was not able to engage in the activities that she normally did. Mary also described that she was in a state of immobilisation and inactivity where she was often left alone with her own thoughts.

- “Then half way [through treatment] it became so bad, then I was pretty much bed ridden except for perhaps getting up and going to the bathroom.”

Mary also explained that during this time which lasted two months she was not able to concentrate on anything for a substantial amount of time.

- “No it was terrible, it was really terrible. I remember the days being very long, very, very long. I would lie, just lie upstairs, we have an upstairs, I didn’t want to lie here, I don’t know why, I would just lie on my bed, my husband bought me an Ipad, so I would have things to listen to like audiobooks. Just generally things I enjoyed listening to. And that would help pass the time. And there was one particular channel, a radio channel on the internet and they played music on that. Even now when I hear that music, I kind of get a chill, as I hear that music.”

This past passage describes her state of immobilisation, while still mentally holding clear consciousness. While in this state of half living and dormancy Mary experienced feelings of depression and hopelessness.

- “There was a time I didn’t think I would ever speak again, I didn’t think I would ever smile again, I had lost all concept of what it would feel like to be well.”

4.3.3 The body.

As cancer is an illness within the body, one of the sources of Mary’s existential anxiety roots from experiencing a weakening of her body. Mary expressed this connection between her physical state and her psychological state.

- “I think that one’s physical state in a very important sense supports one’s mental state.”

Mary described that looking at her body was a reminder of the cancer. When she looked in the mirror it was hard for to see the loss of her bodily hair and her scars from her double mastectomy.

- “I said to him [husband] look at what you are left with bald and boobless (*both laugh*). But our marriage is strong enough to handle that.”

Although Mary said this in a humorous manner it did express her hardship of losing important and valuable parts of herself. It also exposes her distress in viewing the

changes in her physical body from cancer. The fear of dying from cancer has not left Mary, even in remission Mary tells that she lives with the fear that it may return.

- “You live with facing it again. I don’t know what I’d do next time, if there is a next time. I don’t know. *(pause)* I don’t know. Maybe just be comfortable and die, I don’t know”.

4.3.3.1 The need to show physical scars.

Mary had a need to show her scars from her mastectomy. She mentioned that she showed them openly to her family, friends and insisted that I should see them too. I initially found this a little uncomfortable and inappropriate given that I had only met her half an hour ago. Yet, in hindsight I believe that Mary showing her physical scars served an important role in helping Mary make peace with her experience. Mary showed her scars in a very detached, medical manner which could act as a means to dissociate from her body and from the difficult experiences she underwent. Showing her scars could also express her self-acceptance of her new form and could be part of her personal process of self-reintegration and validation. Furthermore, by others seeing and accepting her scars she may introject their acceptance. Lastly, the physical scars may also serve as physical evidence of the emotional scars left behind.

- “Mary: That’s how it was, and then, I must show you my scars, you must see. I now have a prosthetic bra, which is those jelly things *(showing me)* see them?
 Researcher: I do.
 Mary: So in my bra it looks very nice you would never know.
 Researcher: It does look fine.
 Mary: You would hardly know except that it is indented there, but that was the good breast the voluntary one they cut off.
 Researcher: Yes.
 Mary: And this is the one, this was the cancerous one. The skin feels quite thin there because that is where the radiation went on, the side there *(showing with hands)*.
 Researcher: Okay.
 Mary: So I decided I was not going to hide, so I showed my boys my chest, my daughter in law and anyone who wanted to see it. I guess it was my way of dealing with it. I was brave about my surgery but skaam about my head *(irritated tone)*. I still can’t figure that one out *(laughs)*.
 Researcher: Maybe by showing it, it was your way of saying “I’m okay with this?”
 Mary: I’m okay with this, Ja.

Researcher: This is me now and I'm okay with this.

Mary: I am okay with this, this is not my issue. It's not nice, it's not pleasant. I sometimes look at myself in the mirror or get dressed or undressed and think did that really happen to you? It's like this almost disbelief, where have they gone? I had them for such a long time, where have they gone? And this feels so real (*laughs*) that I sometimes think am I imagining that they are gone."

4.3.3.2 The mirror: The changing self.

An experience that was highly traumatic for Mary was when she lost her hair during chemotherapy and had to shave her head. Without her hair she felt unattractive and like she had lost an important part of herself. Whenever she had to look in the mirror she saw the reality of having cancer staring back at her and she grew to dread seeing her sickly appearance.

- "The hair, um I can honestly tell you that the hair part of it was one of the worst. For me it was the worst, in fact it was worse than losing my breasts later on. To look in the mirror and see this most ghastly image and it is almost as if it screams at you, cancer, cancer, cancer."

Mirror avoidance was one of the techniques Mary used to distance herself to her cancer. She tells that for dressing she would only use a little mirror so that she would not see the full picture of what the cancer was doing to her body.

- "Mary: ...I think I hardly looked at myself in the mirror.
 Researcher: Really it was just too...
 Mary: (*interrupts*) If I put makeup on, I would hold a little mirror that you could just see a little piece
 Researcher: So you could only handle seeing little pieces of yourself.
 Mary: Ja, I mean I did obviously see myself but I didn't want to see myself in the mirror. I went bald at home, I decided that I had to. I had to be myself at home and with certain friends, there were certain friends that I was happy to be bald, call it bald.
 Researcher: And be comfortable enough to show.
 Mary: Ja, only certain friends. I wore my wig, and it was itchy and uncomfortable and I was very conscious of it. At other times I wore a rag thing you know, a doek."

In sum Mary found that in order to cope with the reality that cancer had on her body she avoided looking in the mirror and could only handle seeing little pieces of herself.

4.3.4 Nausea and angst.

Mary mentioned that she suffered from nausea twice in our interview; after her double mastectomy and after chemotherapy had finished for approximately a month.

- “I mean I have had lots of surgeries before, but this one [bilateral Mastectomy] was different, it was different. Ja, what can I say and you wake up so nauseous. And they say with breast cancer surgery that the nausea is terrible. They don’t know why, but apparently the nausea is particularly bad.”
- “But then [after chemotherapy] a strange thing happened, I would diagnose it, and I eventually I did get diagnosed, I got so sick. I had nausea from August and we went down to the coast till September, my son got married on the beach. And I just couldn’t sleep, I just felt so sick and I couldn’t talk because I was so sick. I wasn’t eating.”

She reports that she tried all sorts of methods and diets to get rid of the nausea and nothing really worked.

- “This [nausea] was post-surgery and I googled it and I googled it and I thought what on earth? I tried everything. I tried livers, things to cleanse your livers, multivitamins I went to the GP.”

Mary’s prolonged nausea despite possible physiological causes may also have existential significance. An existential explanation would include explaining prolonged nausea as a somatization of the revolt and sickening feeling after realising the full grasp of her personal fragility and her finite existence. Sartre’s (1938/1959) writing describes nausea as a sensation that plagued an individual due to the ramification of inward introspection about the realisation of the chaos and incoherence within the world. In the same way Mary’s nausea mirrored Sartre’s (1938/1959) notion as she had recently come to contact with her mortality and underwent a period having to face some harsh realities about the world. These included her doubt in her body’s strength, support from her community and religious beliefs. Connected to the concept of nausea and the harshness of seeing the world and self as they are is the concept of existential angst.

Mary reported experiencing high anxiety concurrently to her nausea. This included her developing new fear of driving and experiencing repeated disturbed sleep. She told that every night she would wake up in a state of intense panic at around four every morning and she was never able to pin point the source of the anxiety.

- “Mary: And with it [nausea] started what I would call it? I would wake up at four in the morning with the most terrible nerves, the most terrible state of nerves in my entire life. My sister had told me about this for years and years and years its part of her depression and calls them her morning devils. You wake and you can do what you like, and it is the most horrendous thing. Imagine nerves before an interview or exam. You know those nerves.

Researcher: It’s terrible

Mary: Or when you go for your driver’s licence?

Researcher: You almost feel paralysed.

Mary: That would come on every morning, four or five in the morning.

Researcher: That must have been frightening for you. It’s like this huge wave of anxiety would just wash over you.

Mary: Complete anxiety, and then it would fade for the rest of the day.

Researcher: And you were not able to pinpoint what was causing it? Just this general feeling of anxiety. Which is almost harder, because if you know what it is then you can almost deal with it.

Mary: Ja that’s right. So I went to the GP and she gave me Xanax, do you know what that is?

Researcher: Yes

Mary: And honestly it didn’t really help. (*shaking head*) it didn’t really help. I remember just feeling so sick that I was just breathing through, you know when you are so sick you just, I remember sitting at the holiday dining room table and plucking up the courage to eat, I just felt so sick. I lost 10 kilograms, which I could lose again (*she laughs*).”

An existential stance would posit that confronting personal mortality is by its nature an anxiety provoking process. Mary had no recollection of the dream content which is the reason I refer to Mary’s experiences as night terrors as opposed to nightmares. Insight into this could be drawn from Perls and Baumgardner (1975) who believed that one of the purposes of dreams were to act as existential messengers. The reality of having cancer is difficult for any individual to process and it is understandable that some of this material might have been repressed. However, this deeply bothering material may have been surfacing in dreams; a domain for unconscious content. In this way her dreams become a very literal existential messenger which experienced the dread she could not allow herself to feel on a conscious level.

4.4 Freedom

Mary’s conceptualisation of freedom and her means of attaining freedom in her life were embedded in her religious beliefs.

4.4.1 Freedom in religion.

Mary's understanding of freedom is very much guided by her religious teachings. Mary believes that humanity has freewill as there is no external source guiding mankind's actions. However, if humanity is not mindful they may become slaves to their desires and primitive instincts. For Mary freedom is living the way of Christ and surpassing primitive instincts.

- "I believe that we are only free in Christ, I believe that only as a Christian I am free, otherwise I believe that we are slaves to our fears, desires, passions and habits. But becoming a Christian actually frees you from that because it gives you another set of values... We are not puppets we do have will, but what I would say is that I hope that my free will is governed by God's principles. So when I make a choice I would first want to find out what God would want, and then attempt to make the choice according to that. So should I go and live here or there or wherever? Our first choice as a couple would be is there a church there? That we would be involved in and find a church family in?"

Mary's religious beliefs have always been a salient source of strength for her, which further explains her distress when she went through a period of absence of faith. During her interview this was discussed as her dark night of the soul. This will be discussed in greater detail in the section of meaninglessness.

4.5 Isolation

Mary experienced all three aspects of isolation (interpersonal, intrapersonal and existential) in her narrative. Each of which provided a different layer of complexity to her experience.

4.5.1 Interpersonal Isolation.

For Mary being alone was very difficult and she found that cancer was very isolating. For three months during chemotherapy she spent most of her time alone and in her own thoughts. When Mary was very ill she did not want to be around people.

- "I withdrew completely into myself I didn't want to see anybody".

Mary found that she sometimes needed to have someone around her even if they were not interacting with her. Being physically alone was sometimes unsettling and

disconcerting for her. One of those times was when she woke up post-surgery from her bilateral mastectomy.

- “They [nursing staff] woke me at five o’clock and I phoned my husband and said to him please won’t you come, and this poor man came five in the morning. But you know he was happy to sit there, he was happy to sit there with his book and whatever and just sit there.”

4.5.2 Intrapersonal isolation.

As mentioned in the previous section one of the coping mechanisms that Mary employed to cope with cancer was to distance herself from her physical body and dissociate from it. Existentially this intrapersonal isolation played an important role in her being able to cope with the chemotherapy and surgery. In order to cope, Mary had to a certain degree cut herself off from her physical body. This was evidenced when she discussed her recovery after her double mastectomy.

- “Mary: Ja, they send you home [from the hospital] and they send you home with a pump. It’s like a wooden box and in the wooden box is a flask thing and it drains the fluid from both breasts. Then you had to carry this thing around with these pipes and this yucky blood would come out.
 Researcher: It must have been so uncomfortable.
 Mary: Ja but you know that to me wasn’t the worst of it. It was uncomfortable but it was physical, I could almost distance myself from it.
 Researcher: Oh, okay. I’m guessing that it helped to distance yourself from your body in order to get through everything?
 Mary: Then you had to empty it, did I have to empty it? We had to do something to it, I forget.... *(pause)*. Oh you had to mark the levels of how much was coming out each day. When you got to a certain level then they would take it out. I went back after a week and mine was fortunately it was at the level where they could take the drains out. Distancing myself from my body, yes that is a good way to put it...”

Her appearance and body became something that she avoided and there was a sense of being afraid and alien to what she saw.

- “Then you look at yourself in the mirror and you don’t have any makeup on and you’re getting old and there are wrinkles and there is no hair.”

4.5.3 Existential isolation: Phony support.

Mary discussed that she felt disconnected to her friends and community while she was undergoing treatment. She discussed that she could not feel their support and discussed that the conventional niceties were not effectual in providing her what she needed.

- “You know in our circles [the church community], they pray for you and they would send me love. What does it mean we’re sending you love? How can you send me love? (*exclaimed*)”

The idea seemed strange to her that something abstract and non-tangible like love could be sent. She expressed anger and frustration with what she perceived as the phoniness of people’s sentiment. Essentially, she found that the routine things that people would say, such as sending love did not help her in any tangible way.

- “What are you sending me, what am I getting? How do I touch this thing? How do I use it, how do I imbibe it?... we thinking of you, we are sending you love, it actually to be honest it didn’t mean that much to me. It didn’t help me, it didn’t help my nausea, it wasn’t helping my sick feeling, it wasn’t helping anything...”

She expressed that no one was able to help with the things that affected her mattered the most. The effects of the chemotherapy, constant nausea, weakness and anxiety were all things she had to bear alone. It was here that she felt the loneliness and isolation inherent in life.

- “No it [others’ support] did not, it didn’t, I think it was because I knew that no one could actually take that away from me, no one would carry that nausea no one could carry that sick feeling, no one could carry that even my husband who is closest to me he couldn’t carry it. I used to say to him, it’s these long days that really get to me. Where you are too sick to do anything you just have the ipad going, um ja the loneliness was terrible. It doesn’t help, nobody on the face of this earth helps.”

4.6 Meaninglessness

Mary experienced meaninglessness when she went through her period of doubt in religion. It was during this period she felt abandoned by God during her cancer experience.

4.6.1 Existential sickness.

In the beginning of my interview with Mary, she indicated that her faith was always a source of strength for her.

- “So in the meantime I have a strong faith and right throughout [treatment] that was my strength.”

Her faith also served a protective function when she thought about death. She said that she does not fear death because she believes in the existence of a soul that lives on after physical death.

- “I don’t believe that I am a piece of meat that just lies...I have no need to fear the life hereafter...”

However, at a later stage during the interview Mary expressed an opposing point of view. Mary expressed that it was hard for her to acknowledge her period of doubt in her faith as it was not socially acceptable. She told that there was a period of time during her cancer that she lost her faith and could not feel or believe in God. Yalom (1980) wrote that often with a cancer diagnosis or when an individual experiences great trauma the defence of the ultimate rescuer is broken down. That is the individual questions the ultimate rescuer and the reason they were not saved from the traumatic event. Mary expressed a disparity between the way she was supposed to feel and the way she felt.

- “It is not very socially acceptable to say that... I doubted everything, but you are supposed to say my faith is strong and my faith got me through it.”
- “When I say to you, you could use the cliché’s, the Lord was my strength. I would say to my husband, how is He my strength? How (*exclaimed*) is He my strength? I still feel so sick how is He my strength?”

One of the deeply frightening parts of this experience for Mary was that she felt like she had lost her protection from God.

- “There were times that I remember speaking to my husband and saying God’s gone, God is gone! I can’t get Him. He is gone. He has gone.”

4.6.2 The rebuilding of meaning.

For Mary her faith plays a vital and important part in her life and losing that only made her cancer experience more traumatic and painful. It is in this way that Mary experienced meaninglessness; that is the breaking down of meaning and her fundamental belief system. This period was her dark night of the soul. Since she has been in remission she has been able to regain her faith.

- “I can only say it now [there was meaning in her experience] that I look back and I can see the purpose in it [breast cancer]. But at the time there was just nothing. It is almost as if I had no faith at times.”

Mary expressed that slowly she did rebuild her belief system. Everything that lost its meaning during cancer started to have meaning again.

- “Things start to matter again. And I start to look at little dresses for my little granddaughter. They matter again. But with a different, I don’t know they are different. I think I’ve grown, I’ve mellowed I’m certainly not as feisty as I thought I was.”

Since Mary’s experience of a dark night of the soul she told that she has been rebuilding her meaning in her life and has re-established her faith. The purpose and meaning in life for Mary is strongly tied to her belief system. She intimated that there are two types of purposes one can find in life. The first one is the purpose that God has made for everyone. The second one is the purpose that individuals create for themselves from their ambition.

- “Yes there is a purpose in life we are not just here to drink and to be merry, and tomorrow we die. I don’t believe that at all. Um I’ll give you two perspectives. In Christ and out of Christ the meaning is different, because if I say to you the meaning in Christ is that everything has a purpose in order to please God but because we are still in the flesh and we are still sinners we sometimes step out of that and we have other purposes and other meanings. Perhaps wanting to live for your children or wanting to live for your grandchildren, or wanting to grow them so that they are respectable citizens and that can become your purpose. So I have had

that dual kind of identity in wanting something for my own ambitions good sons, good kids, nice house, good reputations but then ok now the better way is to do all things according to God's standard and for His purposes which is bearing fruit, pleasing Him and obeying Him".

Mary has found great meaning in her life through her religion and found that by choosing every action in accord with God's will her life becomes meaningful. So religion is a great source of meaning in her life.

- "Okay so now it's my son aged 10 and he's playing a cricket match or a tennis tournament, and he's got to win because I've got to be proud of my boy winning. And he wins, a few months later you don't even remember the day or the date. That moment is life on a pinhead. I think unless at that moment, in my own heart and in his heart, I can say yes you can enjoy this game of tennis because God has given you strong arms and legs and you can say yes the Lord helped me, um and I can say thank you Lord for that. Without that God dimension life is meaningless".

Mary believes that everything that has happened in her life has happened for a reason. Mary saw her cancer as something that was part of God's will and happened to help her grow and teach her an important life lesson.

- "This experience that I was going through [cancer] was not outside of Gods control, that this was for a purpose that he would use this to grow me as a person and to grow me closer to Him. Just to grow me generally as a person and it did."

In this view cancer became something from which she could learn from. She was inspired by reading about the idea of not wasting the cancer experience.

- "There is a preacher out there John Piper and he wrote about not wasting your cancer, he said don't waste your cancer. He did guide my thinking and the first weekend I was diagnosed I remember praying and saying don't let me waste this somehow or another don't let me waste this."

More specifically Mary believes that her cancer served as a type of cleansing process.

- “So you know we believe that God sends us trials as a refining process to burn away the dross. I think that is true, I think that in my case, I hope that it is true”.

4.7 Transformation

Mary experienced transformation in three main domains. The first was her personal departure from living in ‘bad faith’ to living more authentically. Secondly, she has become more altruistic through her breast cancer experience. Lastly, she has found that she now lives more mindfully than she did before breast cancer.

4.7.1 Departure from living in ‘bad faith’.

Mary described that her experience with breast cancer has changed her life in many ways. She mentions that she no longer feels the pressure to live up to societal pressures that previously consumed her life.

- “Things don’t matter so much anymore. No they don’t. Because when you are lying there and you’ve got no boobs and no hair and no makeup and you don’t want to eat. I think to myself that I went to so much trouble to have this and that, and the next thing. It doesn’t matter.”

Mary became more authentic in that she spends more time with people who are meaningful to her and doing things for her own enrichment. Even though she has returned to living normally she found that things have started to matter again but in a different way.

- “Relationships became very important [post cancer]. A whole new set of values, although you get back into life and you start to live again, and things start to matter again.”

4.7.2 Altruism.

Mary also found that her breast cancer experience has made her more altruistic in that she wishes to spend her time making an impact in other peoples’ lives.

- “Mary: Ja, I think I was a lot more inward focused and selfish [before being diagnosed with breast cancer], I’ve definitely stepped out of that. Now I will think of being fruitful, yes fruitful is the word I am looking for. Bearing some kind of fruit at this stage of my life. I don’t know how long I’ve got, but I want to bear some sort of fruit in it.

Researcher: What would bearing fruit in it mean?

Mary: It would be inputting into other people's lives, making a difference in places, an example would perhaps be my [maths organisation], where the little children do not want to be there, so you can make it nice for them or make it boring for them. In as far as I have interaction with children, I think I am making a difference in them wanting to be there. I know some of them ask for me, and when I was sick a lot of them asked where I was."

It seems that Mary has entered a period in her life where her focus is on improving the quality of life of others and making a positive impact in her environment.

4.7.3 Mindfulness.

Mary's experience with breast cancer made her more mindful about her existence and the time she has remaining. It made her more aware of her 'being' in the world and shifted her focus to using her time to the maximum.

- "I don't want to waste my life, I don't want to loll around, we don't have TV, loll around wasting my life watching the TV, no I have to grow mentally, I have to grow spiritually, and I have to grow in relationships. I want to grow by inputting into other people's lives as I said earlier."

4.8 Reflexivity

Overall, Mary and I quickly established a good rapport during the interview. She opened up willingly and felt safe enough to cry deeply and speak about her period of absence of faith, which must have been very difficult. I remember Mary as being a motherly figure and being soft and rich in her speech.

Mary's faith had always been a deep sense of comfort in her life. Moreover, her principles and morals were built from her faith. Feeling these core beliefs crumble only intensified her hardship as they were the model on which she had come to understand and give meaning to the world. It was important that Mary felt contained and not judged in the interview. I attended to this by being neutral but engaging during the interview.

I felt uncomfortable at two points in the interview. The first was when Mary discussed that she did not want to see a particular psychologist because she was a proud Jewess. I did feel uneasy at this point as I am Jewish and I wondered if she was anti-

Semitic. I kept these thoughts at the back of my mind and I do not believe it prevented us from exploring her religious beliefs or from the topic of religion. I also felt slightly uncomfortable when she showed me her chest scars. I believe that I was able to contain my personal feelings and in hindsight I recognise the significance of her need to show me her scars.



Chapter 5

Intra-individual Analysis and discussion of Freyja's existential experiences

5.1 Introduction

In the following chapter Freyja's existential experiences will be explored. As with Mary, the same format will be followed here by detailing her biographical details and information about her diagnosis. Mortality awareness was not a prominent part of Freyja's breast cancer narrative however other existential experiences of freedom, isolation and meaning were strong components. Despite mortality awareness not playing a prominent role she experienced a crumbling of her worldview after being diagnosed and expressed how frightening it was to experience the fragility of her body during treatment.

Existential freedom was a central theme that ran throughout her narrative. There were numerous accounts of how she assumed personal responsibility for her well-being and healing. Freyja took charge of her transformation by making positive life changes and by re-evaluating what was important to her. This chapter will conclude with a section on reflexivity.

5.2 The Second Participant: Freyja

At the time of the interview Freyja was a 32 year old female and was diagnosed with stage two breast cancer 10 months prior to the interview. The surgical part of her treatment plan included a skin saving mastectomy and a latissimus dorsi flap (this entails using a muscle in the upper back to aid the reconstruction process).

5.3 Death Awareness

Freyja's narrative held minor accounts of mortality awareness as she refused to entertain the idea of death. However, after her diagnosis she experienced her worldview crumbling. Heightened mortality awareness was also more prominent when she experienced the physical changes of her body, especially when she lost her hair.

5.3.1 Lack of mortality awareness.

Freyja indicates that although she was diagnosed with breast cancer she never thought she was going to die and her thoughts did not dwell on death.

- “I never thought I was going to die.... Never once, as much as there were dark days and I lay in bed and I thought to myself I actually can’t anymore. There was never a moment in time when I actually thought I’m not going to get through this. Mortality was never part of the plan for me.”

Unlike some of her friends who were undergoing a similar treatment she never needed to discuss death with her doctor as she never thought she was going to die.

- “oh I never had that conversation [about death] because I never needed to have that conversation because I was never like oh, what if we don’t make it through. That was never part of my reality. It was like okay this is what we are going to do and this is how we are going to do it and then it will be done. And then we were going to be fine.”

More than a fear of death, Freyja described that not being in control of her life and body were more fundamentally difficult aspects of her cancer experience.

- “I don’t know [how it feels like to know you are dying] because I didn’t really come close to death, I think if my journey was different and if I had been a lot less lucky then maybe, I just think that when you are forced to let go of control more than faced with death.”

However, despite not having thoughts about death Freyja did feel helpless at times as she was unable to make herself feel less ill or heal her cancer. She also found that no-one else could help her out of her predicament.

- “You literally you sit in silence and you stare, you literally sit and think about what next, what next? Because you don’t have answers, you don’t have answers on how to get to the next point, and then you think, oh sh*t, is there a light at the end of the tunnel? There were some really dark days. Not dark days when I wanted to kill myself or off myself, but just dark days of I just don’t know, I just don’t know and I didn’t want to answer my phone I didn’t want to speak to people. It was really just like dark times.”

Thus, Freyja’s hardship had more to do with feelings of helplessness and loss of control over her life.

5.3.2 Crumbling worldview.

Freyja described that she never thought she was at risk for breast cancer as she was young when she was diagnosed and consequently the diagnosis was a big shock to her. Her diagnosis made her feel like her world was crumbling and everything that she thought she knew was turned on its head.

- “That’s exactly what it was [like her life was turned upside down], it was literally like someone pulled the rug out from underneath you, and it doesn’t matter how prepared you think you are when it comes to that moment when you have to deal with it, it’s a different story, it’s a completely different story. It tests your character.”

5.3.3 The body.

Heightened awareness of mortality and the effects of cancer were felt through her experiencing the weakening and fragility of her body. Freyja had experienced life as an attractive young woman and felt like she was losing her physical attraction and personal worth when she first lost her hair.

- “Totally look that’s exactly what it is [The changes in her body made her question her self-worth] especially because I’m really, I lost, I mean I’m used to being this skinny girl who gets away with, you know a smile and charm. You know and with beautiful hair. In the beginning you don’t really stop to think about it, you’re just depressed. You go into a depression and you kind of ask yourself what do I have to offer? You know it’s weird because what you have to offer has nothing to do with your hair because we, even society, places so much on the way we look, you kinda go, well who am I now?”

Freyja’s whole sense of self was altered as her bodily changes made her reshape and question what makes her who she is. Moreover, she describes how it felt like to lose parts of herself that used to be her source of pride. She explained that it was a tough process to reconstruct her vision for her new self and body.

- “I had to let go of all of that [superficiality], I had to go balls what now, not only do I have to do reconstruction next year but my boobs will never be the same again. You know my weight will hopefully go back down, eventually when my physio is done and I can actually use my arms... Ja this has changed me forever, I’d say hopefully for the good”.

5.3.3.1 Shaving of the head (the Samson effect).

One of the hardest experiences for Freyja was losing her hair. At first she tried to keep her hair as long as possible.

- “I think when my hair started falling out I didn’t brush or wash it for five days. Because in the beginning it was very slow, and you would kind of get up and there was a bit of a clump and then by day four nearly half my hair was coming out and that was without brushing and stuff.”

Freyja tells that people do not understand the reality of being bald as it is a different experience from people who shave their head.

- “So now I thought I was going to be very cool with it [being bald] and that I was going to rock the shaved head, but shaving your head and being bald is two very different things. As much as these people who do all of these ‘shaveathons’ and they shave their hair and it really is a beautiful sentiment. I don’t think you can actually truly understand what it is like to actually have no hair, because there is a massive difference between the two.”

Her hair was also an integral part of her femininity and witnessing her hair come out was like losing a part of her femininity.

- “So the doctors tell you then when that starts to happen just shave it because it is more traumatic to watch it come out and it really is to try to hold onto that last bit of femininity.”

She tells that before cancer she had long beautiful hair and it was a source of personal power and female attraction.

- “Mm my hair was really my mane”.

Like a lion’s mane is a symbol of his pride, strength and power so too Freyja’s hair held that same symbolism. Moreover, just as the biblical figure Samson lost his strength and power when his hair was cut so too the losing of Freyja’s hair came with a feeling of powerlessness. She tried covering her head with an array of different things yet nothing made her feel better.

- “Shame one of my other friends went to Woollies and bought me a whole selection of beanies and hats and nothing satisfied that void.”

It was as if the hats and beanies could not hide or cover the emptiness or loss of power she was experiencing.

5.3.3.2 Symbolism of the wig.

Freyja did find a way to cope with the loss of her hair and that was through playfully using wigs. The wigs allowed her to feel comfortable enough to go around socially and eased the void she discussed.

- “Then at one of the stores there was this lady who had this wig shop, I put on a wig and it was like instant satisfaction, so that’s when I bought my first wig, which then turned into 11.”

Freyja tells that buying the wigs became something she could laugh about and have fun with.

- “This is where I embraced my journey and started to actually have fun with it. I had two pink wigs, one red wig, I had a blue wig, I had blonde, I had brown, I had long I had short. So I have an entire collection of different colours and styles. Yip, literally my brother would invite me to an event, and he would say what hair are you wearing tonight? You know like not what shirt or what shoes, what hair are you wearing tonight?”

The wigs played an important role in covering her most sensitive and vulnerable area. The wigs covered her head and masked that ‘void’ she expressed earlier. Freyja discussed that the wigs never represented how she was feeling emotionally.

- “And none of them [wigs] actually go with my personality or the way I feel. It’s literally like, okay I’m going out, I’m wearing this outfit, it’s the weirdest thing, you dress your hair according to your outfit. It’s an interesting turn of events.”

In many ways the wigs concealed her vulnerability and hid her hardship with light hearted humour which served as an effective coping mechanism. Existentially, Freyja’s use of wigs may be seen as a metaphoric way of concealing the emptiness or “void” that she experienced.

5.4. Freedom

Freyja's narrative held strong components of existential freedom. She discovered that she held the ability to control her thoughts and maintain a positive mind-set. During her breast cancer experience she underwent two paradoxical experiences about existential freedom. On the one hand, Freyja felt a loss of freedom when her body was weak and fragile. However, she discovered that despite her physical limitations during treatment she also held the freedom to choose her attitude towards her cancer.

5.4.1 Assuming personal responsibility.

Even though Freyja did not discuss having undergone serious thoughts of dying the theme of existential freedom and responsibility was a prominent theme throughout her interview. Freyja told that an important part of her cancer journey was not allowing her cancer to take control of her life. Her linguistic choice of words showed that she dissociated from her cancer and saw it as separate from her. In this way she maintained control over her life. She emphasised her personal choice in how she approached her cancer. This exemplified Frankl's (1963) concept that every human being is free to choose how they approach any given situation.

- "Don't let it [cancer] take control of you, you choose how you feel every day, you choose how to approach it, you choose where and who you want to talk to, like don't let the disease own you."

Finishing chemotherapy for Freyja symbolised her regaining independence and personal freedom. What was fundamental to Freyja's notion of freedom was the ability to live her life as she wants to or how she envisions it to be. She felt that during chemotherapy this freedom had been taken from her.

- "hmm it's so funny my last chemo was on the 4th of July, my independence day, so in retrospect of my journey it was about starting to take my life back. Because I was so powerless for so long...Freedom is not being controlled by people or cancer."

5.4.2 Responsibility of personal mind-set.

Freedom for Freyja was the ability to actively choose how she lives and not be held back by circumstances. Freyja also spoke about internal control and freedom. For Freyja this had to do with choosing her thoughts and being aware of how she controls her personal mind-set. She found that keeping an optimistic mind-set allowed her to cope and eventually start healing from the difficulties of her cancer experience. Of the women she knew who also had breast cancer, those who were generally more pessimistic also experienced more hardships.

- “I think we do [control our lives], definitely if the last nine months of my life are anything to go by, in comparison to people who were walking right next to me, the same journey and how they decided to handle it. I think we definitely control more than what we think we do.”

Control was a salient theme in Freyja’s narrative. She expressed the need to control her thoughts, which elucidated the existential need to take responsibility of her life. She found that cancer becomes what each individual chooses to make of it. The experience of cancer as a gift as opposed to an unjust punishment was a choice.

- “Well I don’t think you actually have a choice, the only choice is to choose, that is it, am I going to go appreciate and reevaluate, or am I going to lie in bed and try and become a victim?”

She struggled to understand people who play the role of the victim and people who feel that the world has done them wrong.

- “It makes me very angry when I see people take the victim part because it is such an easy mind-set to change.”

5.4.3 Loss of freedom due to cancer.

However, Freyja described that one of the hardest parts of her cancer experience was that she could not control parts of her journey or determine the outcome of her treatment.

- “Well it sucks [going through chemotherapy] especially if you’re someone who’s a strong personality who likes to be in control”.

When Freyja felt a loss of control over her life she would also experience feelings of helplessness.

- “I think it was a moment when I kinda went, like I don’t know how to fix myself. I think that was the frustration of I’m doing everything that is being asked of me, and I don’t know how to fix it. And that’s what the thoughts were because I got frustrated with not being able to change my current situation.”

Besides going for chemotherapy and radiation there was nothing that she could do to get rid of her cancer. She could not solve cancer like she had solved other experiences in her life by systematically taking steps to eradicate the problem. She had to let the doctors take control and follow their plan; making her role was more passive. An example of one of the times she felt a loss of control was during chemotherapy as she spent a lot of time at home by herself.

- “And there is nothing you can do hey, there is nothing you can do...It was just like that I’m stuck and I don’t know how to get out.”

It seems that Freyja’s experience with cancer taught her two paradoxical lessons about existential freedom. Firstly, it taught her that she did not have control over how her life would unfold. Some circumstances, like being diagnosed with cancer was not in her personal control. However, she also learnt that she did have control over how she reacted to her cancer diagnosis and controlled her positive mind-set even in very difficult times.

- “Ja because we try and control everything in our lives as human beings, we try and control everyone and everything and honestly none of it is in our control. None of it, we can only go about, how do I want to react to this situation”.

5.5 Isolation

Freyja experienced interpersonal isolation when she went through a period of social withdrawal during her cancer treatment. She discussed the hardship embedded in isolation and her difficulty depending on other people during her treatment phase.

5.5.1 Interpersonal withdrawal.

Freyja was very vague when talking about her support structures. She found that her normal support structures were unable to effectively help her. Her feelings of helplessness in her situation were elevated when she found that her family and friends had very little knowledge that was helpful. This perpetuated and heightened her feelings of helplessness.

- “When I didn’t know what was coming next and everyone kept asking what’s next, what’s next? It was then I realised that they know less than me and I don’t know anything. I think that’s when I went like oh cr*p, this sh*t is getting real. That’s when I felt like no one can help me because everyone was looking to me for the answers and I didn’t have them. The isolation I felt was people knowing less than I do. That’s scary because generally when you have a problem you can go to your friends and your family and go how do I deal with this.”

Even though Freyja experienced the need for interpersonal isolation during cancer she explained that she is not normally introverted. During chemotherapy she found it difficult to engage with people and the world around her. In the past she had always loved being around people and being a part of what was going on around her. So being interpersonally isolated during her treatment was a necessary but difficult experience for her.

- “For me that [her social life] was being taken away all I wanted to do was to stay at home and stay in bed and I didn’t want to go out and do dinners, you know what I mean that’s my livelihood, people are what make me happy, and that was tough, it was tough for me.”

She found it difficult to have people around her and often did not know how to handle the friends and family that wanted to visit her. She felt uncomfortable to allow people to see her in such a depressive and vulnerable space, and she worried about bringing other people into her depression.

- “The worst for me was the people who wanted to see me at home. But I felt so ill and like such a negative abyss. I didn’t want people around me because I didn’t want people to actually rub off on them”.

Not only did she find it difficult to get support from friends and family emotionally but this also extended practically. Freyja expressed that it was really hard for her to receive help from others. She indicated that she did not ask any of her friends or family to drive her to chemotherapy or drop food over when she was too weak to make food herself, rather that she would wait until people offered. Her friends did come through for her and she received what she needed when she really needed it.

- “Every single time I never planned ahead for chemo lifts someone would always say do you need a lift for Friday. It was incredible, oh do you want me to bring over soup, you have no idea that’s exactly what I need... So I didn’t think of my chemo on a Friday until someone would phone and say cool do you need a lift? I didn’t think that I needed dinner until someone said can I bring you some soup because I am in the area.”

Additionally, Freyja discussed that she would selectively spend time with people that needed her most.

- “Okay, because I spend so much time with so many different people, I needed to go who needs my time, rather than just hand it out like in a candy store you know like a kid in a candy store. And that was tough for me because I like to spread myself thin and be with everyone and make sure everyone is happy”.

5.5.2 Difficulty with loss of independence.

In previous section it could be noted that Freyja’s own needs did not feature and her prioritisation of time revolved around the needs and happiness of others. It seems as though she did not prioritize her need for receiving support. The theme of Freyja not prioritising her own needs was further supported when I asked her if it was difficult living by herself during chemotherapy and radiation. Her response was that when she did receive help she felt guilty about receiving support. Moreover, this seems to be a theme that has played out throughout her life.

- “I’m actually grateful that I was on my own to tell you the truth, Ja it was really difficult for me to rely on people to take me to treatment, to bring me food when I couldn’t cook, I really felt guilty being so reliant, because of being so independent my entire life”.

Cancer placed her in a position where she had to receive help however uncomfortable it made her feel.

- “For me it was really a dark and difficult time to say okay I have to surrender myself, and taking those baby steps it was comforting knowing that I have that space and that me time. I don’t know how badly someone in my space would have been treated if they were with me in that dark time. I don’t know how much I would’ve taken out on them.”

This last comment further highlights she was not concerned about her own needs of being taken care of but rather her focus was placed on how she would affect others. When she discussed other people she talked about them in a manner that showed they were a bit of a hindrance and that her role was managing and handling them in the best way possible.

- “I think you are so busy trying to deal with your emotions and how to feel and to try and manage yourself that there is no energy for many other people and other people do become quite hard to manage during that time. In the beginning it was very frustrating and that’s when I wrote to everyone else because I couldn’t actually deal with everyone. Because I was trying to do the blog everyone was also actually trying to touch base with me what next, is it terminal blah... bla... bla...”

Freyja did however discuss one source of social comfort which was her connection with other cancer patients. She could relate to the challenges they were facing and they could understand her journey. She felt like she could connect to them in ways that she could not with other people.

- “Obviously us little cancer patients you know we all stick together... I think that is when it is important to surround yourself with people that are going on the same journey and at times your loved ones might think that you are being quite selfish because you are spending more time with those people, but those people know what you know and at that point you are asking the same questions”.

However, even in her relationships with other cancer patients she expressed that she tended to take on the role of the mentor, again displaying that she was giving and not receiving. This could have existentially been a means for her to gain some sort of control over her relationships and compensate for her loss of control in her life. The following is an example of Freyja describing her relationship with a fellow breast cancer patient.

- “Friend B had just been diagnosed and to see that face and those eyes saying no one is telling me anything. I had to sit her down and say you’ve just started you don’t even know what you are in for, what part of the journey do you want to know when you don’t even know what yours is.”

5.6 Meaninglessness

Freyja’s experience of breast cancer did not hold strong elements of meaninglessness. Rather, she found meaning in her breast cancer as it served the purpose of leading her to become a mentor for other women who have breast cancer. Moreover, her journey has inspired her to create a documentary about breast cancer for women who are newly diagnosed.

5.6.1 Meaning making of breast cancer.

Freyja found that her experience with breast cancer helped her find greater meaning in her life. She found meaning from breast cancer in that it has propelled her to educate and help others who are going through cancer. She experienced that very few people understand what it is like to have cancer

- “Um a lot of people don’t understand cancer, so their first initially reaction is OMG this person is going to die of cancer, because of what movies tell us and because of what we see... I already contacted all my media friends and said that is what we are doing, [make a documentary about breast cancer] so the end goal is to educate people because there are so few people who understand the journey”

Her journey has inspired her to create a documentary about breast cancer for women who are newly diagnosed, to help prepare and comfort them about what lies ahead.

- “And as much as there are movies about cancer there are not real stories that explain it step by step. There is no real story that shows you how it happens in the chemo ward and how it is administered, there is nothing like that. So I definitely think that this has brought meaning into my life.”

Thus, Freyja found meaning in her breast cancer in that her experience shed light on what she should be doing with her life, which includes telling her story and the lessons she learnt from cancer. One of her means of fulfilling this is by becoming a facilitator in a new breast cancer support group that aims to support younger women who are diagnosed.

- “Well the wonderful thing that has come out of it [breast cancer] is that Dr A has asked me to help to launch [a support group] for the younger group of breast cancer [patients].”

5.7 Transformation

Freyja experienced many different kinds of transformations due to her breast cancer. She experienced her own departure from living in ‘bad faith’ by re-evaluating many different aspects of her life. She also lives in a more mindful way and experiences a deeper appreciation for the little things in her daily routine.

5.7.1 Departure from living in ‘bad faith’.

Freyja found that since breast cancer she has seen a shift in the way she lives. Previously, she consistently tried to accommodate the needs of others and now she lives more for herself. She re-evaluated what was important in her life, and found a work environment in which she feels more fulfilled. Lastly, she underwent a ‘soul diet’ in which she got rid of people who were no longer good for her. She aspired to surround herself with people who bring her joy. All of these aspects describe her personal departure from living in ‘bad faith’ to living a more authentic life.

5.7.1.1 Re-evaluation of what is important.

Freyja expressed that cancer made her re-evaluate the importance of things. For instance, she no longer allows little things to upset her. She also found that she could no longer relate to others’ exaggerations about their problems.

- “I think I learnt so much from this whole journey in like re-evaluating what upsets you, what makes you angry and what you spend energy on. You have plenty of time to think obviously but you look at other people and what they react to and why it upsets them and you go this is weird.”

5.7.1.2 Re-evaluation of employment.

There was also a re-evaluation of her work environment. She emphasized the importance of being in a job that she enjoys, as a wealth of her time is spent at work. She also encourages her friends and family to change their jobs if they are unhappy with their employment. This transformation exemplifies Yalom's (1980) emphasis on the importance of doing a meaningful work.

- “I don't know if it's because I'm doing what I actually love doing, or if it's my team members, but that is freedom from not spending 90% of your time in a job you hate. I mean for me that is massive, and I keep telling everyone after this year that if you are not happy with what you are doing, you'll never feel that feeling of happiness, and just being able to be passionate.”

5.7.1.3 Re-evaluation of time spent with others (soul diet).

Freyja underwent a process of eliminating people from her life that no longer served her. She re-evaluated who she would like to spend her time with. In order to do this Freyja explained that during her cancer experience she went on a 'soul diet'. A 'soul diet' is the culling or removing of people from your life that are no longer good for you.

- “As far as freedom is cutting people out of your life, that don't need to be there. You do something called the 'soul diet' when you go through something like this [cancer journey], where you re-evaluate how you are spending your time and who you are spending your time with. Sometimes it is important to cull...So Ja, I really had to cut a lot of people out, and I'm okay with it because I realise now that I didn't really need them.”

Freyja also found that since her diagnosis she has prioritized to spend more time with her family.

- “So this year it was re-evaluating time I spend with my family, so I've done a lot more of that. We make more of an effort to do dinners and spend weekends with each other and things like that.”

5.7.2 Mindfulness.

Freyja described that her life has changed in that she is a more deeply aware of living and the beautiful nuances in her daily experiences. She has found that she spends time contemplating the preciousness of existence.

- “you stop to smell the roses which you don’t do when you don’t appreciate life...You sit in your car and watch a sunrise and go wow where normally you would be like ahhh traffic hoot hoot trying to get ahead of everyone. It’s little things it’s like when there is a kid who is laughing you stop and stare and say wow there is so much energy, for me I appreciate life a lot more now and that life is beautiful.”

5.8 Reflexivity

Freyja and I quickly established a good rapport. I feel that she was slightly resistant to talk about heavier topics. Her avoidance to dwell on painful experiences I believe may have served as a coping mechanism to help her get through difficult experiences and enabled her to positively reframe her breast cancer experience. She is aware that she blocks some of her emotions which was expressed when she described some of her thoughts.

- “The rest of the days were like we are going to get through this, next step don’t get stuck and think about it, don’t get emotional.”

During parts of her interview I felt like she wanted to educate me about breast cancer. This included asking me if I knew the different chemotherapy treatments and how they affect the body. I remembering feeling frustrated and wondering if she thought I did not know enough about breast cancer. This in turn made me want to relay my knowledge about breast cancer. This may have made the process between us more intellectual than experiential for a portion of the interview. In retrospect, I realise that Freyja’s need to teach me about cancer was an important aspect of her finding meaning from her cancer experience. In this way her teaching me about breast cancer was partly fulfilling that need.

Chapter 6

Intra-Individual Analysis of Sige's Existential Experiences

6.1 Introduction

In the following chapter, Sige the third participant will be discussed. Like the previous participants, the same layout will be followed here. This includes detailing her biographical details and information about her diagnosis. Following this, Sige's experiences will be explored within the four existential domains in narrative format. Transformation was not a prominent aspect of Sige's narrative and therefore this domain was not included as it was with the other participants. This section will be concluded with a section on reflexivity that explores experiences of transference and countertransference that may have impacted the data.

6.2 The Third Participant: Sige

At the time of the interview Sige was a 30 year old female and was diagnosed with stage two breast cancer, two and a half years prior to the interview. The surgical part of her treatment plan included a bilateral mastectomy with reconstruction as part of her treatment plan. She is currently living in remission.

6.3 Death Awareness

Sige experienced heightened mortality awareness in the period after her diagnosis. Her diagnosis created turmoil in her worldview and disrupted her feelings of stability and safety in the world. The result of which led her to live with persistent underlying anxiety.

6.3.1. Crumbling worldview.

Sige described that her cancer diagnosis made her feel like she was robbed of the life she should have lived. Sige felt that having breast cancer was not part of her life plan and was not meant to happen to her. Sige did not know that she was at risk for getting breast cancer as she was young when she was diagnosed and it took her time to process and accept her diagnosis.

- “No you know you never see that [cancer] being a part of, you know when you are little you have these dreams and aspirations and it's a huge let down, it's more than just a let-down.

You know as you get older you have to be responsible for things and you've got to be accountable for things. But you don't in your wildest dreams think that this is something that is going to knock you. So that was a huge shock so yip that was the hugest thing."

Sige's believed that cancer was not something that she had to worry about. This exemplified how her diagnosis broke her defence of personal specialness (Yalom, 1980). More specifically, Sige's personal safety from bad things within the world was peeled away.

- "Ja my life just fall apart, [after being diagnosed] it was low. It just hit rock bottom".

6.3.2 The world is not a safe place.

One of the results of experiencing a collapse in her belief system was that Sige lost her sense of safety within the world. Sige expressed that the world that she knew growing up no longer existed and that the goodness she believed existed in the world simply was not there.

- "Because the world is no longer a safe place it's not, I don't know when it ever was? When I was little? But it's not anymore, it's scary."

Sige felt vulnerable and the world became a place she was afraid of. She could not understand the reason bad things happen to good people and felt like there was injustice in the world.

- "It makes me cross and angry... Mmm ja like some people are optimists and some people are pessimists I think I'm a pessimist I feel sad and sorry for myself."
- "Yip that's what it feels like [an injustice has happened] and that life is cruel and unfair and those negative things... That life sucks".

Sige told that she continues to feel vulnerable and unsafe in her daily experiences.

- "Like I don't feel safe, like I'm waiting for impending doom, like I'm still waiting for something to happen."

In other words even though Sige was in remission, she felt like she had not regained her stability in the world and was still experiencing continued dread and anxiety.

- “I don’t feel safe, I’m still not okay. I don’t feel happy.”

6.3.3 Existential anxiety.

Sige told that she suffered from anxiety and had fears of death and dying.

- “But I still feel like now every night when I go to bed I don’t know if I am going to wake up in the morning...Ja I would say every night you go to bed and you don’t know... It still feels like it’s looming around me like it’s hanging around my head... When I was going through chemo I was very scared [of dying]”.

Since her diagnosis she became more cautious and fearful of getting other illnesses. She became almost paranoid; as minor occurrences might turn out to be bigger health problems. It’s almost like she had to live in a manner that was highly cautious. She described her lived experience in a manner which depicted her constantly walking on eggshells as any step she takes might break the fragile shell of life.

- “Absolutely, it [fear of dying] makes you feel very nervous it makes you feel very anxious yeah I think anxious is a big word.”
- “But when you’ve been through it, you have this ache, what is this ache exactly? I feel something in my leg what do you mean because I have had something, I don’t have just aches and bumps I have hectic stuff so you always a little bit more fearful.”

6.4. Freedom

Sige’s expressed a great desire for more freedom in her life. She described that freedom in her life would mean no longer being controlled by things external to her. Sige believed that there were many factors which were preventing her from living her truth and finding her freedom.

6.4.1 The desire for freedom.

Sige described freedom being able to choose how she lives. Moreover, freedom is the ability to work towards her dreams. She felt that freedom is hard to achieve due to the reality of living in a society that is embedded in cultural and financial constrictions. She also discussed desiring freedom from her own harmful thoughts.

- “I think freedom is having the opportunity to develop you. And help you fulfil your dreams and help you become the best so you can, do what you want to do, and I not to be told that you can't, for financial reasons. Mm and to not be judged and that's what I think, and to not be judged, unfairly...If I got rid of those thoughts then I would be free. If I got rid of those negative thoughts that hound me then I would be free. If I could just accept things, that this is just the way it is. I would be free”.

6.4.2 Responsibility Avoidance.

A large part of existential theory is about assuming personal responsibility and in Sige's narrative she often placed responsibility in external factors. This may be seen as responsibility avoidance from an existential stance. For instance, she often expressed that people and life events have deeply disappointed her, which positioned the responsibility of her life satisfaction in things external to her.

- “Ja I was feeling really let down, by people by life”.

Sige's responsibility avoidance extends to her personal behaviour which she too believes are not in her control as she holds an external locus of control.

- “Yes I do think, [others things control her life] ... I do think that there is something... that makes me makes me do things that are not good for myself. It makes me do terrible things that are not healthy and are detrimental and I mustn't do it but I still do it”.

6.5 Isolation

Isolation was a dominant theme in Sige's narrative. Sige underwent a long period of interpersonal withdrawal and did not want to engage socially even after her cancer treatment and whilst living in remission. She expressed that by withdrawing from people she was able to protect herself from being hurt by other people.

6.5.1 Interpersonal withdrawal.

Sige found that she needed interpersonal isolation while undergoing cancer treatment. She discussed that her mother and a cancer organisation were important sources of support for her. Despite this, her narrative was predominately about the lack of support she felt. She especially felt hurt and let down from her social circle and consequently she decided to isolate herself in general. This experience

reshaped her view of people and friendships and whilst living in remission she seldom goes out and avoids social encounters.

- “Yip I didn’t want to go out. I didn’t want to see people or do anything [during the treatment phase], I’m still like that. I’d, for me I really struggled, I didn’t want to be around people at all, I didn’t want to speak to people on the phone, I didn’t want to message people, um people wanted to visit but I didn’t want it. I just wanted to be away from people.”

In sum, Sige expressed a deep need for interpersonal isolation while she had cancer and that need has not subsided. She told that she found comfort in her isolation and she made a conscious decision to isolate herself from others.

- “But like I don’t mind being alone and going out somewhere I don’t mind that, but I’d rather be alone than be with a whole group of people I actually find that too much.”

Even my presence in her home was something she was aware of, as generally she finds it difficult to be around people.

- “I still like, I don’t mind that you are here because we are taking about this, but I still don’t invite people over or I don’t want to be around people because I don’t feel safe, I’m still not okay. I don’t feel happy.”

Sige did not trust people’s intent and she did not feel her friends support when she was diagnosed. She found that her cancer was something some of her old friends may have derived joy from. One instance that confirmed this for her was when she spoke to a friend whom she had lost contact with.

- “I believe that people were like really happy, this one person told me like, she didn’t care [that she had cancer]. I said to her why did you not do anything? I didn’t, I honestly didn’t care. This was someone who I thought was close to me, so I learnt that it is better to sometimes distance myself from people as a rule of thumb.”

She found that the only way to protect herself was by cutting herself off from others and not engaging with the world around her.

- “I’m now very quiet I stay away, um when I do say too much I usually get into trouble for it, when I say anything at work it’s usually not a good thing. Um so it is better to stay in the background and stay away from people”.

She chose to no longer engage socially and even when her husband went out with friends she did not join him.

- “No none of us are trustworthy... People are nasty, people are flipping nasty... so even now on the weekend friends say come we are going to do things and I say to my husband I’m not going you can go but I’m not going. I’d much rather sit here by myself or go to the shops by myself and enjoy my own company because I can’t hurt myself like another person could. Ja so isolation can sometimes be a wonderful thing, because you can protect yourself to some degree and it’s okay to be alone and to do things at home alone... So socially and emotionally, I’ve learnt stay away from people.”

6.6 Meaninglessness

Sige’s experienced meaninglessness after her diagnosis and questioned the purpose of her life. She described how everything became pointless and she no longer knew how to engage with the world. Sige however did reach a stage where she was able to find meaning from her breast cancer experience and offered many different explanations for her diagnosis.

6.6.1 Existential sickness.

Sige expressed that after her cancer diagnosis she felt that life had lost its value. The inevitability of death and the eventual loss of everything that she works and strives for made it difficult for her to find a purpose in anything.

- “It makes life feel pointless, I don’t know but for me it makes life seem so pointless I put so much effort and care into things and it can be taken away from you. What’s the point? What’s the point of caring so much?”
- “It just such a disappointment, it’s just a deep sadness that life is not worth living.”
- “The darkness, it is a feeling of deep, deep sadness, deep pain in your heart, it’s just never ending, it feels like there is no opportunity to get rid of that pain and you can’t really put your finger really on when you were happy. It just such a disappointment, it’s just a deep sadness that life is not worth living.”

Sige was very hesitant to make plans for the future because every time she has done so in the past she has been disappointed. She described feeling like her plans did not matter in the large scheme of things.

- “Well it doesn’t even matter because there is like a destiny for every person and in your mind you may have wanted something but it’s not part of what’s meant to be of the plan, but it’s a deep sadness I think I was depressed proper, proper depressed... Mm like what is this, what is the point? What is the point, it just takes too much energy.”

6.6.2 Rebuilding meaning.

Sige did reach a point when she was able to find the purpose of her breast cancer and discussed various different possibilities. She firstly thought that her cancer may have been from the influence of the evil eye. This is essentially the belief that an individual can be cursed by another person’s malevolent intent.

- “So I try not to believe this but you know the evil eye, I sometimes think that maybe I have the evil eye and that may have caused it.”

Sige also considered that her cancer might have been a punishment from God. She expressed that before she got diagnosed with breast cancer she was already feeling let down by life and by God and this made her stop performing religious rituals. Consequently she believed her breast cancer was a punishment.

- “Ja I was feeling really let down, by people by life. I was really feeling f*cking p*ssed off with God before I got diagnosed and I said to God once, I said if You don’t do this, I had been begging Him to do something for me, a private thing in my mind, God I do this for You and nah nah nah, and if You don’t do this for me, I’m stopping... He didn’t pull through... and I thought screw this I’m not doing all these things and a few weeks later that is when I found out, and immediately I thought it was a punishment from God, I still do think it was.”

Later in her interview Sige explored another alternative reason for having cancer. She contemplated that she might have manifested her cancer from harbouring negative thoughts and beliefs. That is, her depression might have manifested somatically in the form of breast cancer.

- “That’s what I do think happened, because I was so down mentally, I was just so depressed that I do think it manifested [as cancer]. What was in my mind in my heart came out in my body. Very much so, I believe that. And every time something does happen I do think it has to do with your emotional state, [as it] is very much linked to your wellness.”

Sige feared that she may be re-diagnosed as she had not been able to get rid of her negative thoughts.

- “Definitely I still worry that those feelings have not been dealt with and I’m almost waiting for the cancer to come back. I’m waiting like a sitting duck for the next terrible thing to happen, because I haven’t been able to eliminate those feelings that I believe caused the cancer, which means I’m still carrying them which means...”

Sige’s many different explanations for explaining the purpose of her cancer reflects the complexity of creating meaning of her cancer. This may provide insight into how difficult it can be for individuals to find meaning. This process may be a life-long process.

6.6.3 Death salience: Finding meaning in survivorship.

Sige told that her journey after cancer had been hard and difficult as she had to return to an environment that did not recognise what she had been through. Also returning to her past environment forced her back to the mind-set she had before cancer. This made her feel like she was regressing and she felt condemned to live out the problems of her past.

- “When things go back to normal and people move on and people start treating you like you’re nothing special anymore. So you went through chemo, okay so now you are healthy again so... Things are back to normal um, you got to be careful not to forget the trauma you went through, but it is easy to forget. It’s easy to forget that you have been given a second chance.”

She felt like she had fallen back into the mundaneness of life. She expressed what Little and Sayers (2004) described as death salience; finding new meaning in the absence of cancer. The way Sige described this kind of living relates to Heidegger’s (1927/1962) notion of living in a state of ‘forgetfulness’.

- “When you get better, don’t go back to the way you were before because it is so hard. Last year I was in such a good space I was like a recovering addict and he is doing so well and you just need one bad thing and then you go right back. Ja you know I just imagine someone who uses cocaine and they stop and they are fit and then they just have one little bit and they have to start again.”

6.7 Reflexivity

Sige was able to easily discuss deep and unsettling content. Due to this, there were moments when I found it difficult to be in the interview space. At certain points I changed the topic as I felt that at certain points we may have paddled into deeper waters, while discussing some of the existential topics. I felt that the issues we discussed at times were not completely a result of her breast cancer but were deeper issues. I did not avoid heavier or depressing topics but I did steer the conversation when I felt it was going out of the scope of her breast cancer experience.

The interview itself provided me with an understanding of how uncomfortable and unsettling it can be to explore existential issues. This echoes Yalom’s (1980) idea that my feelings of being uncomfortable might also come from my personal existential anxiety and from sitting with uncomfortable truths. As existential issues are not isolated for patients with life threatening illnesses but rather are issues all humanity has to grapple with.

Chapter Seven

Intra-Individual Analysis of Hathor's Existential Experiences

7.1 Introduction

In the following chapter the fourth participant Hathor will be discussed. Like the previous chapters this will detail her biographical details and information about her diagnosis. Following this, an exploration of Hathor's existential experiences in the four domains will be presented in narrative format. An additional domain of transformation will detail the various experiences of growth from Hathor's narrative. The chapter will then conclude with a section on reflexivity.

7.2 The Fourth Participant: Hathor

At the time of the interview Hathor was a 40 year old female and was diagnosed with stage three breast cancer nine months prior to the interview. The surgical part of her treatment plan included a bilateral mastectomy and reconstruction as part of her treatment plan and she is currently in remission.

7.3. Death Awareness

Hathor initially experienced a heightened awareness of her mortality in the period after her diagnosis. Her diagnosis not only affected her existentially but also impacted her husband. This resulted in his personal contemplation about the temporary and fleeting nature of life. Lastly, Hathor's awareness of her mortality was intensified through the physical changes she experienced in her body.

7.3.1 Mortality awareness.

Hathor described that she felt her mortality potently just after being diagnosed. The reason being that important information about the severity of her cancer and the possibility of treatment was ambiguous. The space of "not knowing" was the hardest space for her.

- "Until you've actually seen the doctor and actually got a treatment plan that is the hardest and scariest part, because you don't know anything. You think OMG how bad is it? Is it terminal? That's the first thing you think of especially because of my history..."

- “Ja ... I just remember lying in bed every night thinking no I can't believe this. Okay if this kills me it's okay... I mean there is not much I can do about it. If I'm going to die I'm going to die there is not much I can do about it.”
- [Questions that ran through her mind included] “What does that [having cancer] actually mean? And especially because you don't know what is going on and anything, you think, Jesus is it going to be quick, am I going to die quickly? What's going to happen?”

Hathor described some of the thoughts that ran through her head when she was processing the concept of having cancer. These thoughts included a disbelief that this was actually happening to her; like the diagnosis was surreal.

- “After I was diagnosed I really just remember looking at myself and going, oh man you've got cancer. You've genuinely got cancer.”

Accompanying those thoughts were thoughts about the existential consequences of her diagnosis; how cancer had endangered her existence and she began to think about her mortality.

- “I was just like sh*t I have cancer and the reality of it might be that, sh*t what would happen, what would happen to my husband if I died, what would happen to my animals, I wouldn't be here every day what would life be like? I would have these thoughts of okay the world would carry on spinning, you know I would die. I would drop off it and the world would carry on spinning.”

Hathor expressed that she has a fear about the cancer returning.

- “And I think that I realise that I will live with that fear for the rest of my life”.

The way that Hathor came to terms with her mortality was through her accepting the fact that she had little control over when she would die.

- “I mean do I want it [to die], h*ll no there is still loads to do in life and it would be desperately sad to die like this now.”
- “What have I done, what have I left behind that somebody would actually remember I existed? Would I have those kinds of thoughts, where is my mark on the world that will be remembered? Would someone say, I remember her? Did my life have a purpose? The actual living part of it, of course you sit and you think to yourself if I die, what is it? Is there pain?”

7.3.2 Mortality awareness: Effect on an intimate partner.

Hathor's diagnosis of breast cancer also affected her husband and their relationship. Hathor explained that her husband also had to face the mortality of his wife. Hathor expressed that she felt in the past her husband had often taken her for granted and expected that she would always be there.

- "Absolutely, and for him I think he realised how fragile it could be, that, is she always going to be around? I mean he never considered that."

Her cancer diagnosis resulted in him appreciating her more. It brought them closer together in that she felt that he made her his primary priority during her cancer treatment. He became a strong source of support for her throughout the process.

- "I think the biggest complaint I had with my hubby was, I used to say to him I don't think you make me a priority in your life. Ja you know he has a child from a previous marriage and he looks after his parents and that. And Ja I always felt like I was like the last in the row. When this happened he didn't, I mean he literally stopped everything, stopped everyone and said right lets sort you out. Which is his nature to do so, I suppose it was just for me, when he was doing that for other people I didn't need it, but this time I did and he did do it for me. I realised I had resented it, but that is who he is and that is what he does. He takes a problem head on, sorts it out. If you need the most attention I will give that to you now because that is what you need that is your priority. You know what, I think it gave him a new perspective"

In sum, Hathor's breast cancer diagnosis also affected her husband and he experienced a greater awareness of his and his wife's mortality. This led them to live more in the present and in a more mindfully. This will be discussed in greater detail in the transformation section 7.7. Her diagnosis served as a catalyst for them to realise how important they are to each other.

7.3.3 The body.

Hathor found that the reality of her cancer was highlighted every time she looked in the mirror.

- "I would often I think just after I was diagnosed, every time I looked in the mirror I was like I have cancer and I was like no, you know actually you do. Oh sh*t what does that mean?"

Hathor also felt a deepened awareness of her mortality through the physical weakness of her body during treatment. Hathor found that when she was very ill it was difficult for her to psychologically keep a strong mind set. She told that there was a strong relationship between how her body felt and where her mind was at. Moreover, whenever she had to face another chemotherapy session she felt like a prisoner to her disease and the treatment process.

- “It’s easy to be positive when you are feeling good and healthy; it’s very difficult to feel positive when you are feeling sick. Those red chemo’s that made me feel revolting for days, those five days were the hardest to be positive. So know someone who is chronically ill I can understand why they get grumpy. I understand that it is mind over matter but it’s difficult. It’s easy to be positive when you are healthy. That I can tell you it’s not so easy when you feel dreadful...you know you have to go in for that red chemo again, you feel like a prisoner”.

Despite the difficulties she experienced during treatment Hathor found there was always a part of her that would not give up.

- “There is the part of you that knows that life is worth it.”

7.4 Freedom

Hathor’s narrative held strong themes about freedom. Firstly, through her breast cancer experience she rediscovered her freedom and the large array of potentialities she possess. In this way her experience exemplified the existential freedom discussed by Sartre (1943/1993) and Yalom (1980). Hathor also described that she had ceased her negative self-talk, and that she had discovered a newfound freedom due to this. Her discovery of personal freedom and the desire to be the author in her new script of life will be described in further detail in the following sections.

7.4.1 Radical self-freedom.

The first type of freedom Hathor discussed was the personal freedom she possesses. This kind of freedom was about regaining a zest for life and exploring the potentialities in her life. She told that her journey with breast cancer renewed the way she sees the world, and her place within it. Having breast cancer made her re-

evaluate how she would like to live her life. This has enabled her to see the vast opportunities she has to live a full and engaged life.

- “I all of a sudden have this thing that anything is possible. Which you have or you normally have in your early 20’s. You think, I could do anything, and then you start getting older and you get into a career But before I felt like I was in a prison and I was like I’m never going to get out of what I am doing, and explore and find what makes me feel alive. Now I am like, oh course I am going to find what makes me feel alive. You think I’m never going to get out of this..... So yes I have to pay the bills along the way but I am going to find out what makes me want to jump up in the morning. Because I am not prepared to live in that prison anymore, I’m just not. So in some ways I have that youthful innocence that anything is possible and I honestly believe that I can do anything that I want to do.”

This desire to live in a meaningful way and leave things that were not congruent to herself resonates well with Nietzsche’s (1887/1998) writing about not being a herd animal and living a life that is true to oneself.

Yalom (1980) wrote that the realisation of death comes hand in hand with the realisation of freedom. For Hathor her breast cancer diagnosis (mortality awareness) made her more aware of her freedom to choose how she lives her life (existential freedom). In sum, Hathor’s experience of existential freedom was her realisation that she is free to change her life and live in a manner that is authentic and fulfilling. Existentially she assumed responsibility for her life and the changes she would like to see within it.

- “It comes back to what I was speaking about earlier about being young again and speaking about feeling that everything is possible. I have got that freedom, I achieved that freedom... It made me realise I can’t be doing this every day... there is no soul food in what I do, at work I need soul food. That gave me freedom, the freedom in knowing that I must follow my soul.”

7.4.2 Freedom from harmful self-talk.

The second type of freedom that Hathor discovered through her breast cancer journey was the freedom from her negative cognitions. She no longer judges herself in a negative light and has much more compassion and empathy for herself.

- “I’m also not so bad of a critic, self-critic anymore, I’ve lost my self-critic. She doesn’t exist in my head anymore, which is wonderful. It must be chemo brain (*laughs*) and I don’t miss her at all.”

Before being diagnosed with breast cancer Hathor used to over analyse things and be harsh on herself. She would replay scenarios in her mind about how events played out and how others would think of her. However, since her diagnosis she has become more compassionate towards herself and there has been a notable reduction of her negative cognitions.

- “I don’t live in my head anymore, I don’t live in my head, before like we, and we’d have conversations and we’d be like, what did she mean when she said this, I’m sure you know what I am talking about? If you’re not like that, I’m sure you had people who are like that, people who live in their heads. Well I have had such a holiday from my head the past ten months, I do not live in my head. Now I just cruise, I don’t live in my head, if I say I will deal with that tomorrow I genuinely will deal with it tomorrow. I will not sit and analyse it in my head and spend all night thinking about it and then dealing with it. No I’ll deal with it tomorrow, and that’s exactly what I will do. I’ll go hmm I can’t change that, whereas never would I have behaved like that before.”

7.4.3 Freedom to create meaning in life.

Lastly, Hathor found that she had the power to choose her attitude towards her cancer. Hathor highlighted Frankl’s (1963) existential notion that each individual has the ability to choose how they approach any given situation.

- “Eventually you are going to feel like cancer has taken away instead of given. I think you choose that.”
- “As a summary I think you choose if it [the breast cancer experience] gives you freedom or if it does not.”

7.5 Isolation

Hathor did not experience loneliness and isolation as prominent aspects of her breast cancer experience. Consequently, this section will explore Hathor’s experiences of togetherness and social support during her breast cancer experience.

7.5.1 Social support buffers isolation.

Hathor did not experience loneliness during breast cancer; on the contrary she felt a wealth of support.

- “Ja I didn’t I didn’t feel too isolated I must be honest. In fact I always felt surrounded by people at all times.”

Hathor’s main source of support came from her husband.

- “My Hubby was a very big support for me because he would be with me for every appointment and ask lots of questions, he would remember everything.”

She also told that practically it was important to have someone with her in appointments as, it was difficult to take in all the information from her doctor and manage her emotions at the same time.

- “You know it’s very scary to hear that stuff on your own, and you don’t hear everything you hear one thing, and you just think OMG, and then you forget the next thing that the person said.”

Hathor also indicated that other breast cancer patients she met during treatment were a great source of support for her. Bonding and sharing experiences with these women not only took away feelings of loneliness but fostered an experience of togetherness.

- “I had found the sisterhood in chemo and then I didn’t feel so alone. I think it is vitally important that you find people who are going through what you are going through or you use a support system like bosom buddies or whatever it is. I don’t even think that is good enough as it is better to be with someone who is kind of on the same course as you.”

Having close relationships with other breast cancer patients provided Hathor with inspiration and motivation. There was also a feeling of mutual understanding between them as these women had an experiential understanding of what she was going through.

- “[the breast cancer sisterhood] ... will say, we can do this, we can do this together, we will be okay. But having said that just imagine doing this and somebody’s road goes in the other direction. And they don’t fight and they don’t succeed and that could have devastating consequences on you. But the majority of women who have breast cancer let’s be honest they are succeeding. I mean the moment I went to the radiation room I couldn’t stop talking and the doctor goes, “oh you all know each other”, we go “Ja man we have all spent hours together in the chemo wards of course we know each other”.

Hathor found that her friendships were sufficient in providing her with psychological support as it was for this reason she did not require further psychological counselling.

- “Ja, I personally didn’t need counselling at all, because we chatted among ourselves and I think between ourselves we were our own arm chair psychologist, if you know what I mean”.

7.6 Meaninglessness

Hathor’s breast cancer experience did not hold strong themes of meaninglessness. Rather, Hathor’s narrative was imbued with various meaningful breast cancer experiences. Firstly, she found that breast cancer served as a platform for personal transformation in many aspects of her life. Her breast cancer propelled her to help create a documentary for newly diagnosed patients. Lastly, Hathor found meaning from the hardships she experienced during breast cancer as they provided contrast and a deeper appreciation for her life in remission.

7.6.1 Meaning making of breast cancer.

Hathor’s breast cancer experience was a period for her to reflect on her life and served as a catalyst to restart her life.

- “Researcher: It just seems like this whole experience has been such a transformation for you.
Hathor: It has
Researcher: And even-though the actual transformation was really hard, you come out of it as a new and evolved being.”

Hathor's breast cancer experience inspired her to help make a documentary about breast cancer for newly diagnosed women.

- "I probably met friend A, half way through the white [chemotherapy] and we just gelled. I said to her you know we should make a documentary, which is still on the cards. Because what we wanted to do is to put something together for the person who is in that moment. When they think OMG I've been diagnosed with breast cancer, it's the end of the world. So rather the people who have gone through it say, this is how you feel. It's actually not the end of the world, it's just scary until you have got a plan. That's how it felt for me. This is how chemo looks like this is how it feels etc. etc. etc."

Hathor admitted that breast cancer was very difficult to go through. However, she found meaning from her suffering and from her hardships, as going through hard experiences provided contrast to her life in remission. She found that in order to understand fully what happiness was, she first had to understand sadness in its fullness. That is, her suffering helped her to greater experience joy. Likewise, light is only understood through the contrast of darkness. Moreover, her experience of having a life threatening illness made her appreciate her health and vitality more profoundly.

- "Absolutely and you know life is full of contrasts as much as I believe in goodness and goodness has been shown to me, I do believe, I know that the world is full of contrasts. The darker it is the more you appreciate the light, I understand that so, what happens is because you have seen the dark you have you have seen the light that much brighter, and I don't want to lose that if you get lost in the everydayness you forget how dark it can get."
- "You know it's such a contrast ... as I say 95% of the time I am really glad and grateful and excited to be alive even 98% of the time and then there are other times when you will just sob from the bottom of your heart. You will go really, Really? ... But those moments are the ones that define the other 98%. Do you know what I am saying because that is the contrast you can't, I've realised, you can't be positive 100% of the time because that is not real. Because sh*t is going to happen. It's not all rainbows, people have absolute tragedies and it is sad, it is flipping sad sometimes and you get, angry and you feel it is not fair."

7.7 Transformation

During Hathor's interview she often discussed how her breast cancer experience was a source of personal transformation. For instance, she experienced her own

departure from living in 'bad faith' as she aspired to live out her truth and no longer seek the approval of others. She also found that she became far more grateful, patient and kind in her daily encounters. Breast cancer also propelled her to live more mindfully, and taught her learnt life lessons about the concept of surrender. Lastly, Hathor stressed the importance of honouring her breast cancer experience and the life lessons ingrained within it.

7.7.1 Departure from living in 'bad faith'.

Hathor described that since her breast cancer experience she no longer needs to please others. In this way her experiences have become more authentic and less about conforming to societal prescriptions.

- Hathor: Ja you know, I don't have to please people as much anymore and I need to reserve that energy for somebody else. When I say people pleasing I would say I wanted you to admire me.
 Researcher: To be liked by other people.
 Hathor: Ja I don't really care anymore. And I don't mean that in a horrible way like I don't care, I genuinely don't care. If I like me that's fantastic, but if you don't (*pause*)
 Researcher: It's also cool
 Hathor: It's also cool, the only person I am trying to better is myself, everyday. I only want to be better than I was yesterday. If I achieve that, that is cool! So ja I've also become less judgemental of other people."

Hathor also found that since her diagnosis events or situations that use to bother her became trivial. There was a shift in how she evaluates the importance of things.

- "Since this [being diagnosed with breast cancer] has happened we [Hathor and her husband] were in the kitchen and were about to bite each-other [have an argument] and we looked at each-other and said sh*t sorry what are we doing. It's just nonsense why are we doing that... instead of fighting back I just walk away... The reality is that we love each-other we're together we don't know how many days we are going to have together..."

Her new attitude of 'not sweating the small stuff' or not complaining as much as before was noticed in her social circle. One of her friends remarked how she no longer wants to complain about things and that she is more positive too.

- “We were laughing the other day with some friends the other day and she said ag God you don’t b*tch anymore, I said ja I know, she said you are all bloody rainbows and care-bears.”

7.7.2 Gratitude.

Hathor found that her breast cancer experience made her realise how important it is to cherish every day of her life. She was further inspired by a particular story she read whilst in a waiting room.

- “Anyway in one of these books it said my friend has a son, a down syndrome son, and every day he gets out of bed and opens up the windows he screams and he says, “this is the day that the Lord he made and I will be glad in it.” And I was like wow this kid is facing Down-Syndrome that is really special. So every day now for the last week I have been going while opening the curtains ‘this is the day’, and sometimes I’ll be driving and I’ll say sh*t I forgot “this is the day” and I will be glad in it. I actually think what a great way to face the day.”

Hathor’s transformation has thus fostered a greater sense of gratitude for life. Hathor discussed a very existential conclusion about her experiences of transformation. She found that what she went through was not specifically because she had breast cancer but rather because she came close to death. She believes that anyone who escapes death may experience something similar to her.

- “Ja and I think a lot of people who miss dying by mistake or who have these big car accidents and walk out scot free, probably have the same the kind of idea they must think OMG I missed that by the hair. Ja, so that to me has been the gift of this. And if I had to go back and change it I wouldn’t change it.”

7.7.3 Mindfulness.

Hathor described being more mindful in that she wants to live her life to the fullest and not delay experiences. A new philosophy in their household is that they no longer wish to postpone doing things they love to some later date. For instance her dreams of travel and adventure were often postponed.

- “We [Hathor and her husband] did ,we talked and we laughed and we realised that we put off things that we shouldn’t have put off. We went overseas because we had to put off going overseas, so in between the chemo and the surgery we went to Thailand for a week, and that was fantastic it was everything that I hoped it would be.”

7.7.4 Patience and kindness.

Hathor told that cancer taught her about patience and kindness. She learnt patience because before her diagnosis she was constantly rushing to get everything done during the day and when she got diagnosed she had to stop everything, stop rushing around, and be okay with spending numerous hours in the oncology ward. She had to wait long periods for treatment and she learnt to be patient. She also learnt kindness through the kind acts of other people. She found that she was surrounded by people who were abundantly kind to her. This made want to embody the kindness she had experienced.

- “Everyone was fabulous they were really nice and kind and sweet... and they say, everyone will say to you that cancer will teach you patience. One thing it will teach you is patience and it will teach you kindness, because people are so kind. You think sh*t was I as kind in my life to other people? Have I been as kind as I should be? And I think I haven’t been. I like to think I am a good person but sometimes, I stop being as kind as I should be because you get so busy with life and people irritate you and you have things to do and have places to be. It made me take a big look at myself and put the brakes on and say you can’t carry on like that anymore. Funnily enough most of the women that I speak to that were in the waiting room say that they were control freaks, or they were always doing this or that and then there was a screeching halt, they got cancer. Okay guess what, now you have to face something else. Actually you have to calm down, and I’m not saying I was this heavy career woman, but you know when I did things at work I was a very busy person working constantly multitasking. You’re running a household and you’re doing that and you’re doing this. I think one of the things I took from it is that I always try to be kind. Because you really don’t know what somebody else is dealing with. Because I experienced nothing but kindness...”

7.7.5 Surrender.

Hathor learnt the art of surrender from her breast cancer experience. She found that there were certain things that she could control and there are certain things that she could not. During her cancer treatment there was little that she could really control, she had to put her trust and her faith in her doctor and trust the process set out for her.

- “I also had to learn to trust, I don’t think I’m a distrustful person but I really needed to surrender here and say oh okay I’m going to trust these professionals that know what they

are doing. I believe that they are there I see honestly the hours they put in and I honestly believe that they are dedicated. I don't believe that they are just doctors that are trying to get money out of you, you know".

- "I did surrender and that is actually a wonderful word and I don't know if I used it."

Hathor reflected that in the past she felt like she had to fight her way through life. This was reflected in a metaphor she used by describing herself as a warrior. One of the things she learnt from her breast cancer experience was to discriminate between times when she should fight and when she should surrender.

- "Oh I did, and it was probably one of the first times in my life I did surrender. Because I think I fought and that is probably the reason why I don't like the word survivor. When I was young when I was about 21 he said to me you can stop fighting now. What do you mean? You've survived. I was like what do you mean, and he was like just stop fighting. I felt like my whole life I had fought and now I surrendered, okay ja I am not fighting anymore. That is actually quite powerful hey. I never thought of that... It just shows you. This time [during her experience of breast cancer] I fought but I also knew when to surrender."

7.7.6 The importance of remembering.

Hathor found that it was important for her to remember and honour her breast cancer experience. She wished to remain close to her breast cancer experience by becoming involved with cancer organisations. She explained that this will keep her real. The word real can be understood existentially as being true and authentic to oneself. By helping other breast cancer patients she also recognises her own journey.

- "But I do think that I need to become involved, you know a lot of people tend to become involved with the cancer charities after [treatment], and I understand why. Because hey maybe you just have that compassion and empathy for people who are going through it too. Who have gone through what you've gone through but I also think it is about keeping me real because if I don't keep myself real what happens if I lose this?...That is why I have to kind of keep close to it. I need to retain knowledge and almost be around people in it all the time so that I remember what I went through. What happens if I lose this gift."

Hathor's transformation can be likened to Heidegger's (1927/1962) notion of living in a state of mindfulness and she reflected that does not want to return to a state of forgetfulness.

- "It [her current state of being] is beautiful and now hopefully I won't lose it."

Hathor also found that is it easy to slip into her previous way of living and consequently, she has to consciously remind herself of what she went through.

- "I don't want to lose that if you get lost in the everydayness you forget how dark it can get".
- "What I can do is make sure I do the best with what I have left, the days that I have left ..."

7.8 Reflexivity

Hathor being a very expressive person had an abundance of stories and opened up easily. She shared a wealth of knowledge and personal experiences. I felt like she was willing to give of herself and had so much to give. My countertransference during the interview included feeling grave empathy and admiration for her, I kept this in mind throughout my analysis and I do not believe it biased the data or interpretation.

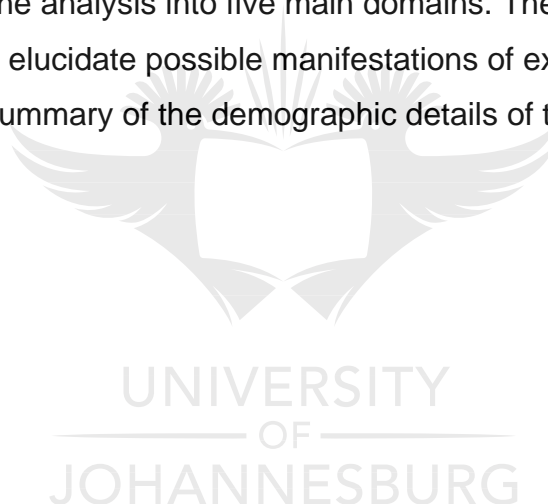
There were many topics that she brought up during the interview that were not in the scope of my research. For instance, she mentioned that the waiting room became a scared space for her and that she missed it. She also discussed the loss of sex drive many women experience after oestrogen blocking therapies and how younger breast cancer survivors struggle to re-enter the dating world and are conscious of their bodies. She brought up many prevalent topics in breast cancer research and inspired me to think of possible avenues for future research.

Chapter 8

Inter-individual Analysis

The previous four chapters provided an understanding of each participant's existential experiences during breast cancer. This chapter aims to bring this knowledge together through conducting an inter-individual analysis. This will be achieved by integrating the findings from the intra-individual analyses in chapters' four to seven. Accordingly; the commonalities that ran through the participants' existential experiences will be presented and discussed within prevalent existential literature.

This chapter will be structured much like the structure used for the intra-individual analyses, by dividing the analysis into five main domains. The fifth domain transformation aims to elucidate possible manifestations of existential experiences. Table 8.1 provides a summary of the demographic details of the participants in the study.



Name of participants	Mary	Freyja	Sige	Hathor
Age	59	32	30	40
Stage of diagnosis	Three	Two	Two	Three
Surgery	Bilateral Mastectomy	Skin saving Mastectomy with a latissimus dorsi flap	Bilateral Mastectomy with reconstruction	Bilateral Mastectomy with reconstruction
Time since diagnosis	18 months	10 months	Two and a half years	9 months
Currently undergoing treatment	No	Yes; Radiation	Yes; Tamoxifen	Yes; Radiation
Home language	English	English	English	English
Racial group	White	White	White	White

Table 8.1 Demographical summary of participants.

8.1 Inter-individual Analysis of Death Awareness

Issues about mortality were prevalent in three main time periods from the women's narratives in this study. The first was the period of time after diagnosis, the second was during times when their physical bodies were very vulnerable and weak and lastly, in times when the women viewed their changing bodies in the mirror. These findings will be further discussed within prominent existential literature.

8.1.1 Period after diagnosis

One of the salient commonalities that surfaced in the participants' narratives was experiencing a crumbling worldview after diagnosis. It was during this period that many women contemplated their lives and the possibility of death. After receiving

their breast cancer diagnosis they felt like their place in the world was under threat. Their breast cancer diagnoses challenged what they believed to be true about their lives.

Mary never conceived that she would be diagnosed with breast cancer and as a result became more deeply aware of her mortality. Sige discussed that she was very young when she was diagnosed and previously did not believe that she was at risk of getting cancer. Freyja felt like the rug was pulled from underneath her, as her diagnosis was also highly unexpected. It made her place in the world feel unstable. Lastly, Hathor discussed how the thought, "I have cancer" replayed in her mind in the days that followed diagnosis and she spent a wealth of time ruminating about the daunting reality of having breast cancer. Their experiences confirm Lee's description (2008) of how a cancer diagnosis shatters an individual's world schema.

8.1.2 Changing reflection.

The second time period when many of the women in this research had prominent thoughts about their mortality was when they viewed their changing appearance in the mirror. This was generally during chemotherapy and after surgery. Mary and Hathor described how mirrors served as a physical reminder of the reality of what was happening to them. Viewing their bodies change in the mirror often brought up feelings of dread and anxiety. Emilee et al. (2010) highlighted that there are many aspects of breast cancer that can make patients feel alienated from their bodies; these include the loss of breasts, loss of bodily hair and the weakening of the body. All of these aspects were found in the experiences of the women in this study as they battled with their concept of self, and processing how their physical appearance was changing in front of them. Some of the women developed mirror avoidance and tried to keep away from seeing their reflection.

8.1.3 Fragility of the body

The last time period when many of the women had intensified death anxiety and mortality awareness was in times of physical pain and weakness. Three of the four women (Mary, Sige, and Hathor) found that during these periods they often contemplated their existence and questioned if they would survive. Mary and Hathor recognised that when they were physically very ill their mood dropped substantially.

When they were physically very ill they were also low psychologically. All the women in this study expressed periods of immobilisation due to chemotherapy. The weakness of their bodies and the inability to be active during this time brought forth many days of hardship where they struggled to keep themselves preoccupied with anything. They battled to concentrate on anything and the women were often left alone in their thoughts. Owing to experiencing the vulnerability and malfunctioning of the physical body, they intricately came into contact with human existence and its fragility. Thus, many issues around mortality were brought about due to experiencing the weakening of their bodies during their breast cancer treatment.

Mary, Sige and Hathor discussed that it was in this immobilised space that they contemplated death and if they would survive cancer. Sige discussed her fear of dying while having chemotherapy and reported still experiencing death anxiety. During chemotherapy Hathor thought about what would happen to her husband and animals if she died. She also contemplated what the world would be like without her existence.

Contemplation about death had the ramification in Mary and Sige of producing existential anxiety. For Mary this was evident in recurrent night terrors. Even whilst living in remission, Sige described living with a persistent fear of dying. In contrast to the other women in this study Freyja told that she did not allow herself to have thoughts about death as she never thought she was going to die. Emilee, et al. (2010) stressed that all aspects of how the body is constructed within society must be addressed when working with breast cancer patients. Even though Freyja did not ruminate about death her bodily changes made her question her worth and what she has to offer in potential relationships, in this way her self-concept was also compromised. Emilee et al. (2010) conceptualized the 'gendered breast' which described how breast cancer challenges a woman's self-concept of femininity and physical attractiveness. Accordingly, Freyja contended with different existential issues about herself and her worth in the world.

8.1.4 Discussion of death awareness within existential literature.

All of the women in this study experienced heightened mortality awareness or consciously decided not to allow their thoughts to dwell on death. This contemplative

ability runs to the core of existential literature, as it is this self-reflexive ability to ruminate about one's existence and place in the world that is essential to 'humanness' (Crowell, 2010).

Before their diagnosis many of the women described living in a state of being unaware their human fragility in what Yalom (1980) terms 'personal specialness'. For various different reasons they explained that they never thought they were at risk for breast cancer and their diagnosis disrupted this defence. Their diagnoses broke down the defence that they were safe from the ill-fortunes of life. This confirms that a cancer diagnosis can make an individual feel their fundamental vulnerability within the world (Miedema et al., 2007). Their diagnosis not only affected them but also affected many people close to them. Freyja and Hathor described how their intimate partners felt heightened mortality awareness. This confirmed Fergus's (2011) work about how a cancer diagnosis can existentially affect not only the patient but those close to the patient.

This study however differs from Fergus's (2011) findings as her research proposed that in order to resume normal functioning in the world, cancer survivors must return to a state of being in denial of death a 'reinstatement of the illusion'. In order to be functional in the world survivors return to the mind-set that is not cognisant of death. However, the findings in this research seem to indicate the contrary, the women in this study expressed a great need to be existentially cognisant by remaining close to their breast cancer experience and wanting not to forget what they had been through.

Hathor and Sige described how joining breast cancer organisations and doing projects to help breast cancer patients helped them honour their experience and reminded them of what they have been through. Mary discussed how breast cancer made her more altruistic and more conscious about making her time worth something. This study seems to indicate that breast cancer survivors do not want to return to a state of 'forgetfulness', but rather wish to bring the lessons of 'mindfulness' into their lives.

The women in this study expressed how easy it is to return to the type of living they had before cancer. They discussed how it takes effort to not fall back into previous ways of being. Sige expressed her frustration of returning to an old environment and re-enacting old ways of being. However traumatic it was to feel their human fragility and contemplate their personal mortality, it resulted in three of the women viewing their time as more precious. It is this viewing of the world and one's existence within it as a marvel that consolidates Heidegger's (1927/1962) notion of living in a state of 'mindfulness' that encompasses the wonderment for life.

In sum, this study explored how mortality awareness unfolds in breast cancer patients, and confirmed much of the prominent existential literature. This study adds to Yalom's existential (1980) theory by highlighting three time periods when mortality awareness might be most prominent for breast cancer patients. These were namely: the time period after diagnosis, during times of physical pain and weakness and when viewing changes of their body.

8.2 Inter-individual Analysis of Freedom

Each woman provided their own definition of what freedom means to them in their lives. However, a common thread that ran through most of their definitions was the desire to freely choose how to live their lives; to be the authors of their lives. They expressed wanting to live a life that was not controlled by other people or by cancer.

Heidegger's (1927/1962) conceptualised that mortality awareness brings forth existential freedom. Many of the women in the study found a need to change their lives or are still in the process of changing their lives since their breast cancer diagnosis. Each woman's journey for greater authenticity was found to be an important part of their narratives. This reflects the existential drive towards authenticity (Sartre, 1943/1993). This study found that each woman's belief about their ability to achieve authenticity was found to be connected with their locus of control. The findings above will be elaborated and discussed within existential literature in the subsequent section.

8.2.1 Conceptualisation of freedom.

Freyja, Sige and Hathor's conceptualisation of freedom held core similarities. They defined freedom as the ability to choose how to live their lives and not to be controlled by external things such as breast cancer or financial constraints. These three women further described different components of freedom that can be divided into external and internal components of freedom. External components included freedom from breast cancer and societal demands whilst internal components comprised of freedom from their own negative cognitions such as negative self-talk. Mary's definition of freedom differed from the other women as it was strongly tied to her religious beliefs. She expressed that one can only find freedom through Christ.

8.2.2 Internal and external locus of control

Yalom (1980) found that individuals that adopt the defence of the ultimate rescuer also have an external locus of control. These individuals turn to external sources for aid or salvation. The women in this study can be divided into those with an external locus of control and those with an internal locus of control. Depending on their locus of control they were found to differ in how they perceived personal freedom.

Mary and Sige expressed having generally an external locus of control. Mary believed that she could only find freedom through religion and her life is ultimately in God's hands. Sige also expressed that there is a greater plan for her life and her personal dreams are of little significance to this plan, thus she holds little control over it. In this way Mary and Sige believe that their lives are being controlled by forces greater than themselves. Freyja and Hathor on the other hand expressed generally having an internal locus of control. They spoke about how they are in control of their lives and responsible for their well-being. They discussed how they chose their attitude during their cancer treatment. They discovered that this allowed them to cope through hard times and aided them to find positive meaning from their experience.

The women who expressed having an external locus of control reported experiences of existential anxiety while the other women did not. This confirmed the work of Dagan et al. (2011) who found that women with an internal locus of control experienced notably less psychological distress and experienced less anxiety overall during cancer treatment.

8.2.3 Authenticity

Freyja, Sige and Hathor discussed the importance of living an authentic life in which their daily activities bring them joy and fulfilment. In the past they lived in a state that often neglected their freedom and they described a strong need to create a new way of living that is more authentic to their personal dreams and aspirations.

Freyja and Hathor's experiences with breast cancer seemed to teach a paradoxical lesson about existential freedom. They described the difficulty losing their physical freedom during cancer treatment. This phenomenon was pointed out by the work of Kissane (2012) who explained how cancer is often an affront to personal freedom. Despite this, it also allowed them to rediscover other elements of freedom. They experienced what Frankl (1963) and Vos (2014) discuss as the freedom to choose their attitude during their cancer treatment.

In brief the women in this study had an increased need for authenticity and utilising their existential freedom after their breast cancer diagnosis. Women with an internal locus of control had greater confidence in their ability to define their lives and experienced less psychological distress. A deeper understanding of Yalom's existential (1980) theory of freedom was found as the women with an internal locus of control in this study experienced a paradoxical experience with existential freedom; they had to contend with losing physical freedom whilst simultaneously discovering the freedom to choose how they approach their breast cancer experience.

8.3 Inter-individual Analysis of Isolation

Of the three different kinds of isolation identified in the literature review the women in this study mainly experienced interpersonal isolation which was expressed in their want for interpersonal withdrawal during cancer treatment. Other aspects of isolation namely intrapersonal and existential isolation were only found in one of participants. The women's experiences of isolation in this study will be further elaborated and discussed within prominent existential literature in the subsequent section.

8.3.1 Interpersonal withdrawal.

Three of the four women in this study (Mary, Freyja and Sige) described isolation in their breast cancer narratives. They described finding it hard to be around people during their cancer treatment. Mary further told that even though she found it hard to be around people and needed to withdraw herself, she also found being isolated difficult and often needed to have her husband around her even if they were not interacting.

Freyja described herself as being extroverted and enjoying surrounding herself with people. Consequently, when she wanted to withdraw from people during her cancer treatment it was a foreign experience for her. She expressed that cancer took away what she enjoyed the most. Sige also described a need to withdraw from social interaction and found that isolation served as a means to protect herself from the ill intent of others. On the contrary, Hathor did not experience isolation during breast cancer. Hathor surrounded herself with her loved ones and found people very supportive. She also made new friendships with other cancer patients and they became an important part of her support system. The reason Hathor had such a different experience to the other women is not clear from the research undertaken.

Little and Sayer's (2004) existential theory postulated that when an individual's life is under threat, he/she will initially seek closer social bonds. However the majority of women in this study while undergoing treatment needed solitude as opposed to social support. Their experiences were more congruent with Little and Sayer's (2004) notion of death salience which is meant to only occur in survivorship. It entails an inward as opposed to outward search for meaning and strength. This could indicate that due to the nature of cancer treatment and its debilitating effects on the body, the process of mortality salience to death salience may not work in the prescribed order they suggest. Three of the women in this study found that during their experience with breast cancer they sought solitude and an inward search as opposed to outward search for meaning.

8.3.2 The other aspects of isolation.

Intrapersonal and existential isolation were prominent issues in Mary's narrative. She described separating herself from her body during difficult periods and she often

spoke about her body in a distanced and medicalised manner during the interview. Mary also experienced existential isolation from her realisation that she alone had to fight her cancer. As much as others supported her, they would inevitably be distanced and separate from her experience.

As intrapersonal and existential isolation was only found in one of the participants in this study these factors were not important elements of the women's narratives. Studies that have dealt with existential and intrapersonal isolation seem to indicate that these issues are more relevant for terminally ill patients (Rosedale, 2009; Sand & Strang, 2006). Terminally ill patients have to face imminent death and thus issues of existential and intrapersonal isolation may be more prominent experiences.

In sum, interpersonal isolation was the most relevant kind of isolation experienced by the women in this study. Three of the women desired solitude during their treatment which led to a more inward search for meaning. The other components of isolation were not prominent in their narratives which could indicate that intrapersonal and existential isolation are more prominent concerns for terminally ill patients.

8.4 Inter-individual analysis of meaninglessness

Two of the four participants (Mary and Sige) discussed experiencing meaninglessness. Although meaninglessness only played a role in half of the women's narratives the need for finding meaning from breast cancer was important for all of the participants. Every woman found some kind of meaning from their breast cancer experience. The role of meaning in each of the participants' lives will be explored and situated within prominent existential literature.

8.4.1 Meaninglessness.

Mary and Sige described experiences of meaninglessness. Mary described feeling the absence of God and consequently meaning in her life, when she was very ill.

Sige felt meaninglessness when she thought that there was no reason to strive for anything as everything had become purposeless.

Frankl (1963) described that without meaning in life individuals suffer from existential sickness. Mary and Sige experienced existential sickness during certain parts of their breast cancer experience as they felt like they had lost meaning in their lives.

Mary felt meaninglessness when she doubted her religious beliefs that had kept her strong throughout her life. Sige felt meaninglessness through the realisation of her vulnerability and fragility in the world. These women experienced a questioning of if there was purpose to their suffering and if there was a purpose in their lives. They both had to contend with physical pain and on top of that they had to grapple with the void of meaning they were experiencing. Existential sickness provided another layer to their suffering.

8.4.2 Meaning making of breast cancer.

Although Mary and Sige experienced meaninglessness they did however eventually find meaning from their experiences. All of the women in this study made some kind of meaning from their breast cancer experience. This confirms Frankl's (1963) philosophy which stresses the importance of meaning making from difficult situations. The different kinds of meaning making explanations were unique to each woman's narrative. Mary saw her cancer as a type of cleansing process which in the end brought her closer to God. Freyja found that her breast cancer experience directed her life to creating greater awareness about breast cancer.

Owing to her breast cancer experience Freyja intended to create a documentary about breast cancer and aimed to run a support group for younger women diagnosed with breast cancer. Sige gave many possible purposes for her breast cancer; these included that it was a punishment from God, that she manifested it from harbouring negative thoughts and lastly that she was under the influence of the evil eye. Lastly, Hathor found that her breast cancer gave her a fresh outlook on life and made her realise the multiplicity of possibilities in her life. She also found that the hardship or darkness she experienced during breast cancer served to make her life in remission that much brighter.

Every woman's personal meaning of breast cancer helped them reframe difficult times and provided them the opportunity to process and come to peace with their experience. This confirms Breitbart et al. (2004) research that stressed that meaning making provides an opportunity to change hopelessness into healing. Yalom's (1980) existential stance that human beings require meaning and feel grave anxiety during experiences of meaninglessness was exemplified in Mary's and Sige's narratives.

The results of this study confirmed the existential notion that human beings require meaning in their lives (Frankl, 1963; Yalom, 1980). The women in this study expressed how breast cancer challenged what they thought was meaningful. Furthermore, their breast cancer experience served as a foundation for building new meaning and world schemas.

8.5 Inter-individual Analysis of Transformation

As reflected in the intra-individual analysis a fifth domain of transformation was added to the main domains of analysis. This domain describes how each woman has positively grown from their breast cancer experience. Although the purpose of this research was to understand what kinds of existential experiences women with breast cancer experience, the interviews revealed some insights into the ramifications of an existential encounter.

Lee (2008) discussed how cancer can act as a means to redefine one's life. The interviews revealed that many aspects of the participant's lives had changed. Three of the women in this study (Mary, Freyja and Hathor) described in depth how they had grown from breast cancer. The main aspects of transformation found between the participants are increased authenticity (departure from living in 'bad faith'), mindfulness and altruism.

8.5.1 Departure from living in 'bad faith'.

Mary, Freyja and Hathor's narratives described their personal departures from living in 'bad faith' to living more authentically. All the women in this study described how they wish to make their lives more fulfilling and enriching. This process entailed making life changes. Mary described that material things and societal pressures do not matter to her anymore. Freyja underwent a 'soul diet' and removed people from her life that were no longer good for her and she is now more conscious about how she uses her time. She also discussed the importance of finding employment where she feels appreciated and has the possibility to grow. Hathor described that she no longer cares about what others think about her and she is no longer inundated with others' expectations. This in turn has made her less judgemental of others. Sige discussed her desire for greater authenticity and her feelings of discontent when she is unable to live out her truth. The women in this study thus expressed that their

breast cancer experience led them to living more for themselves and less for others. Their personal departures from living in 'bad faith' resonates with the existential literature about how confronting a life threatening circumstance provokes existential issues which leads an individual to seeking greater authenticity (Heidegger, 1927/1962; Sartre, 1943/1993; Yalom, 1980).

8.5.2 Mindfulness.

Many of the women in this study also experienced increased mindfulness in their daily lives. They described living more mindfully which stemmed from the awareness of how fragile life can be. Mary found that she is more discerning with how she spends her time, and chooses to focus on her family and close relationships. She wanted to use her time more constructively and aimed to be fruitful by producing change in others' lives. Freyja experienced heightened mindfulness in her daily experiences. She described that she sees beauty and grace in minor events that she would have previously looked over. Sige described her enjoyment of watching the sunset while sitting in peak hour traffic or marvelling at a child's laughter. Lastly, Hathor has a greater awareness of the gift of her existence daily. This was expressed in her ritual of daily expressing her appreciation for the gift of each day. All of these experiences exemplify Heidegger's (1927/1962) notion of the shift from 'forgetfulness' to 'mindfulness'. Coming to terms with the realities of human existence propelled many of the women in this study to live more mindfully.

8.5.3 Altruism.

Mary, Freyja and Hathor also expressed aspects of increased altruism since their diagnoses. Mary described that her life changed from being inwardly focused to becoming outwardly focused. She became less driven by selfish motives as her focus has shifted to improving the lives of others. Freyja's motivations became increasingly altruistic in that she aimed to help other women going through breast cancer, by running a support group and creating a documentary. Hathor also showed increased altruism in her wish to help other women going through breast cancer. Hathor expressed that due to the abundant amount of kindness she experienced during cancer she too wished to become more kind and patient.

This above discussion on transformation illustrates the importance of meaning making and how it holds the potential to reframe hardships and set the foundation for transformation (Breitbart et al., 2004; Richer & Ezer, 2002). This study adds to Yalom's (1980) theory that transformation from an existential encounter may result in increased authenticity, mindfulness and altruism. These domains of transformation have found therapeutic interest in Positive Psychology and in the literature on Post Traumatic Growth. This connection between existentialism and transformation making is an interesting topic for further research, a further elaboration of this is provided in chapter nine.

8.6 Conclusion

This chapter has moved from exploring the existential experiences unique to each woman of this study towards creating an integration of these findings that describe the common patterns found between them. Each of the four existential domains of Yalom's (1980) theory formed complex parts of the women's narratives. This study added to Yalom's (1980) theory by providing an understanding of how existential issues unfolded for the breast cancer survivors in this study. It also provided insight into what particular existential issues may become pertinent with breast cancer survivors and elucidated how each woman made meaning of their experiences. This chapter lastly discussed how in the process of rebuilding meaning in their lives many of the women also experienced transformation and growth.

Chapter 9

Conclusions and Recommendations

In the following concluding chapter possible avenues for future research that emerged through producing this dissertation will be presented. Subsequently, a reflection on the strengths and limitations of this research will be discussed. Following this, a brief section of my personal reflexivity about the research process will be provided. This chapter will then conclude with a succinct review of the findings in this study.

9.1 Recommendations for Future Research

As indicated in the inter-individual analysis this study has shed light on many possibilities for future research. Firstly, further research is required to find if there is a relationship between individuals' locus of control and their experiences of existential anxiety and psychological distress. The present study suggested that the women with an internal locus of control experienced less psychological distress.

The inclusion criteria at the onset of this research detailed that all participants needed to be three months post their diagnosis. The inclusion criteria did not however discriminate between breast cancer survivors and patients with terminal breast cancer. One of the participants interviewed had stage four breast cancer. Due to the terminal nature of her illness the existential topics that came up in her interview were remarkably different to those of breast cancer survivors. As her narrative was remarkably different the decision was made not to use her interview in the present study. For future research it is recommended to explore existential issues in terminally ill patients. Many of the women in this study remarked on the relief they felt when they found out that their breast cancer had not metastasized (not spread to other parts of the body). For women who are diagnosed with metastatic cancer existential issues of death and meaning in life could be far more pertinent.

Many of the findings in the domain of transformation have been researched in literature of Positive Psychology as post traumatic growth. This research, although it was not its intent, may help understand the human possibility for growth; the reasons certain individuals experience growth while others develop pathology after a trauma.

Psychology as a discipline, is interested in what differentiates the path from post-traumatic stress disorder to post traumatic growth. It has been postulated that it could be due to innate personality traits such as resilience, or environmental circumstances such as social support. This study indicates that existential research may help to elucidate this question. In this study it was found that the women who had more positive experiences of transformation and growth also had an internal locus of control. They believed they had the freedom to choose their attitude towards their cancer and how they derived meaning from it. Consequently future research might question if post traumatic growth is a choice. Is growth fundamentally a choice and each individual's personal responsibility to create for themselves?

9.1.1 Evaluation of research: Strengths and limitations.

The following two sections explore the strengths and limitations of this research.

9.1.1.1 Strengths of the research.

The literature review revealed that existential issues are not being met in the healthcare system. Furthermore, there is a need for research to gain a better understanding of breast cancer patients' existential needs. The literature review also shed light on the scarcity of existential research in the South African context. Consequently, this study served the purpose of adding to current literature in the areas identified and elucidated the relevance of existential research in South African healthcare context.

A further strength of this study was the good fit between the research epistemology, the research design and the data collection methods employed. In particular, an existential epistemology posits that objective truths cannot be found about human nature. Thus, a qualitative design and semi-structured interviews which aims to provide in-depth description that encompasses the nuances of experience was suitable for an existential paradigm.

The participants in the study were a homogeneous group who shared similar qualities that were relevant to the research. They were all white women, over the age of 18 whom had been diagnosed with breast cancer. All participants had been diagnosed with breast cancer for at least three months, and none were terminally ill. Also all the women in this study came from a middle/upper income bracket.

However, due to the homogenous nature of the sample the study was unable to explore the different types of existential experiences from various racial and socio-economic brackets. Thus, this will also be discussed as a limitation of the research.

The measures that were employed to ensure quality research included the use of reflexivity to ensure that my personal role in the interviews and analysis of the data were taken into account. Also the coding of the data was thoroughly checked by my supervisors to prevent bias in the coding process. Lastly, the interviews produced quality and rich data that allowed for the production of informative results in both the intra-individual and inter-individual analysis.

9.1.1.2 Limitations of the research.

Having considered the strengths of this study, the limitations also need to be taken into account. Firstly the small sample size of this study may be criticized. The qualitative experiences of the women in this study may not represent the experiences of women in South Africa overall. This also means that if this study was replicated different results may be found. However, as I used a qualitative design and worked within an existential paradigm, generalisability was never an aim of the study.

As mentioned in the strengths section although the participants in this study were similar in order to create a homogenous group, excluding various racial and socio-economic groups may have limited the range of existential experiences explored. For example black women living in different socio-economic circumstances may experience different existential issues and challenges. It should be noted that this study did not intend to only use one racial and socio-economic group but the group used was the most accessible and willing to participate in the study. Future research is required to explore the existential experiences from a multitude of South African racial and socio-economic brackets.

9.2 Reflexivity of the Research Process

The entire research process has been a personal journey which has deeply affected me. By engaging deeply with existential literature I began to reflect on my own beliefs about an afterlife and the purpose of my life. At one stage I remember

doubting my entire belief system and I felt very lost. I experienced my own existential sickness at times. In sum, engaging with existential literature guided me through a personal quest for meaning. In retrospect my journey followed the rationale of Rene Descartes, in that I had to doubt everything in order to develop beliefs of substance. As things generally do happen this exploration mirrored my personal life as I experienced personal transformations in my relationships and saw the ending of relationships.

Through this research I have grown exponentially and I feel blessed to have found participants that provided me with such rich narratives to use in my study. They were brave enough to open up with me and shared deeply personal issues. It was decided not to include the results of one lady that I interviewed due to the terminal nature of her illness. I remember my interview with her clearly because it shook me to my core. There is something quite ethereal and unnerving about being around someone who is dying. Although her story is currently untold as it did not fit the scope of my research she has inspired me to do future research which could encompass her narrative.

To conclude, this research has helped me foster a renewed view on life and I believe that I now have a deeper engagement with everything. As Yalom (1980, p.30) eloquently stated “although the physicality of death will destroy us, the concept of death may save us” (Irvin Yalom, 1980, p.30).

9.3 Summary of Findings

The aim of this study was to provide an in-depth qualitative description of the existential concerns of breast cancer survivors. More specifically the present study aimed to elucidate how breast cancer survivors make meaning of existential issues about death, freedom, isolation and meaninglessness. Despite the diverse nuances in the existential experiences of the women in this study, core themes that ran through their experiences were found.

First and foremost the women in this study experienced increased mortality awareness; breast cancer being a life threatening disease led to contemplation about life and death. Apart from this, the women in this study experienced intensified

mortality awareness during three main time periods. The first was after diagnosis which was characterised by the feeling that their worldview was crumbling. The second reminder of their mortality was when they saw their changing bodies in the mirror during chemotherapy and after surgery. Lastly, many of the women ruminated about life and death during times of immobilisation when their bodies were vulnerable and weak.

Mortality awareness acted as a springboard from which thoughts about existential freedom emerged. Since their breast cancer diagnosis all of the women in the study expressed a desire to freely choose how to live their lives and pursue greater authenticity. The women in this study were divided in that two had an internal locus of control and two had an external locus of control. It was further found that the women with an internal locus of control had greater confidence in their ability to make life changes and experienced less psychological distress. It was further found the women with an internal locus of control experienced a paradoxical lesson about freedom. These women first had to contend with the loss of physical freedom during treatment yet they also discovered their freedom to choose how they approach their cancer.

Three of the four women in this study went through a period of interpersonal withdrawal during their treatment phase. Interpersonal isolation and experiences of isolation were an important part of these women's narratives. The other two kinds of isolation mentioned in Yalom's theory intrapersonal and existential isolation did not play a prominent role in the women's narratives. It was hypothesised that these elements of isolation are more relevant for terminally ill patients.

Furthermore, finding meaning in their breast cancer experience was important for all the women in this study and each woman found their own meaning from their particular journey. The diagnosis initially broke many of women's world schemas and their narratives elucidated the process they went through to rebuild and find new meaning to their lives. It was this meaning making process that was hypothesized as laying the foundations for growth and transformation, which was present in many of the women's narratives. Three main domains of transformation were found namely; authenticity, mindfulness and altruism. It was further proposed that meaning making

may serve a role in creating the path for post traumatic growth. It is hoped that this study may serve as a springboard for future research in the existential domain.



APPENDIX A

MASTER TABLE OF THEMES FROM THE INTRA-INDIVIDUAL ANALYSIS

	Mary	Freyja	Sige	Hathor
Mortality Awareness	a) Defence of personal specialness b) Half living c) The body <ul style="list-style-type: none"> • The need to show physical scars • The mirror: The changing self d) Nausea and angst	a) Lack of mortality awareness b) Crumbling worldview c) The body <ul style="list-style-type: none"> • Shaving of the head (the Samson effect) • Symbolism of the wig 	a) Crumbling worldview b) The world is not a safe place c) Existential anxiety	a) Mortality awareness b) Effect on an intimate partner c) The body
Freedom	a) Freedom in religion	a) Assuming personal responsibility b) Responsibility of personal mind-set c) Loss of freedom due to cancer	a) The desire for freedom b) Responsibility Avoidance	a) Freedom of the self b) Freedom from harmful self-talk c) Freedom to choose your attitude and create meaning
Isolation	a) Interpersonal Isolation b) Intrapersonal isolation c) Existential isolation: Phony support	a) Interpersonal withdrawal <ul style="list-style-type: none"> • Difficulty with loss of independence 	a) Interpersonal withdrawal	a) Social support buffers isolation
Meaninglessness and Meaning Making	a) Existential sickness b) The rebuilding of meaning	a) Meaning making of breast cancer	a) Existential sickness b) Rebuilding meaning c) Death salience: Finding meaning in survivorship	a) Meaning making of breast cancer
Transformation	a) Departure from living in 'bad faith' b) Altruism c) Mindfulness	a) Departure from living in 'bad faith' <ul style="list-style-type: none"> • Re-evaluation of what is important • Re-evaluation of employment • Re-evaluation of time spent with others (soul diet) b) Mindfulness		a) Departure from living in 'bad faith' b) Gratitude c) Mindfulness d) Patience and kindness e) Surrender f) The importance of remembering

APPENDIX B
PARTICIPANT CONSENT FORM



Department of Psychology

07/07/2014

RE: Invitation to participate in a research study

My name is Sharôni Tsarafi. I am currently studying towards a masters degree in Clinical Psychology at the University of Johannesburg. I am currently conducting research on breast cancer as part of a minor dissertation. I am interested in understanding how breast cancer affects a person's existence and how women make meaning of their breast cancer experience.

Women whom are over the age of 18 and three months post diagnosis are eligible to participate in my study. More specifically I am looking for women who would like to discuss how they have dealt with ideas of death, freedom of choice (how they live their lives), isolation and loneliness, and meaning or purpose in life since their diagnosis of breast cancer. All of these matters are concerned with how breast cancer changes women's view of life and the meaning/ or lack of meaning they ascribe to it.

Of the eligible participants 3-6 will be chosen for interviews that will be conducted at their convenience and will take around an hour and a half to two hours to conduct. Participants should be aware that a second interview may be required if I feel that not sufficient information was found at the first interview. All women who responded will be informed if they have been chosen to participate via email. The final dissertation will be made available to the chosen participants after I have graduated

from the course. All chosen participants' identity will be protected by the use of pseudonyms (a name other than the participant's real name).

It should be acknowledged that all participation is voluntary and that participants may choose to withdraw from the process at any point. Participants are encouraged to share their stories, experiences and feelings but have the right to withhold information if it makes them uncomfortable. If any participant feels that the interview brought up deeper issues, a debriefing session by a registered psychologist will be offered. If you feel that you would like to participate in my research please fill out the consent below and the participation form that follows.

I give consent to participate in the above study. I understand that the interview will be recorded, and then transcribed after which the recordings will be deleted. The transcribed interviews will be stored and the content will only be accessible to the researcher and her supervisors. Participants may have access to the final dissertation once it is complete.

Signature

Witness Signature



If you have any further queries please feel welcome to contact me on;

Cell-number: 074-353-9343

Email: sharoni.indigochild@gmail.com

Regards

Sharoni Tsarafi

Project Supervisor: Mrs Larise du Plessis

Clinical Psychologist and Lecturer

Department of Psychology

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Co-Supervisor: Mr Pieter Basson
Counselling Psychologist and Lecturer
Department of Psychology
University of Johannesburg
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APPENDIX C
PARTICIPATION FORM

Name:

Age:

Contact Number:

What is your first language?

Are you comfortable being interviewed in English?

Period of time since breast cancer diagnosis:

Have you had any surgery as part of your breast cancer treatment (If so please specify):

Are you currently undergoing treatment? (If so please specify)

What stage of cancer were you diagnosed with?

If you are chosen where would be a convenient place for the interview to take place?

Briefly explain the reason you were drawn to this research study?

I, _____, would like to participate in your research study.

Participant Signature

Date

Witness Signature

Date

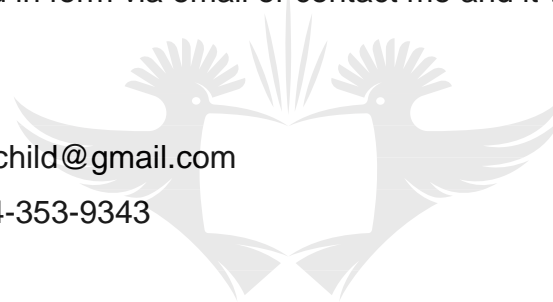
Please return the filled in form via email or contact me and it will be collected.

Regards,

Sharoni Tsarafi

Email: sharoni.indigochild@gmail.com

Contact number: 074-353-9343



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OF
JOHANNESBURG

APPENDIX D

RESEARCH INTERVIEW QUESTIONS

The following questions were used to guide each interview.

- a) I am wondering if you could tell me a bit about your life since your diagnosis with breast cancer.
- b) Tell me your feelings about death. Since your diagnosis how have you dealt with the uncertainty of death?
- c) What does freedom mean to you? Do you believe that you have free will? Has breast cancer changed the way you make choices in your life?
- d) After your breast cancer diagnosis have you experienced loneliness? Describe the loneliness you felt and why you think you felt that way?
- e) What is your perspective on meaning and do you think your life has a purpose? Has breast cancer impacted on your experience of meaning in your life?

APPENDIX E

TRANSCRIPT OF PARTICIPANT FOUR: HATHOR

One transcription is presented for the sake of demonstration the other transcripts can be made available by contacting the researcher.

Researcher: Okay so are you ready to begin?

Hathor: Yip

Researcher: Okay so maybe just before we start I am really looking at the nitty gritty of the experience, and I know that it can be a sensitive topic because it is one the most painful things a person can go through, the reality of breast cancer not a textbook description. So let's start off a little bit more broadly, So if you can let me into your some of those dark spaces I would appreciate it and know that if you discuss anything that is a bit too heavy so something that you don't want to discuss you don't have to discuss it. That's totally okay too, so just go with your own comfort level.

Hathor: Okay so you just want me to tell you how it was, from the beginning and how I felt.

Researcher: Yes and then I do have a few other more specific questions to follow. Okay alright so let's start off my discussing your experience in general.

Hathor: Okay, my experience with this is that I think I have always known that this would happen to me, whether it is instinct I always remember having a conversation with friends and we would talk about Angelina Jolie and they said would you go for the genetic testing and I said, "knowing my luck it will probably say I'm positive", knowing my luck anyway. No I have always thought that it would happen to me, so ja and because of my mom and my grandmother and the strong stream I was probably convinced that it would happen, so when it would happen I would deal with it

Researcher: What do you think influenced that knowledge, besides the family history.

Hathor: But saying that I do have four sisters and they probably all felt the same way and now two out of the four have had breast cancer. Sorry we are five so two out of the five have had breast cancer. Maybe we all assume because it was my grandmother and then my mother obviously next it would be us and then that's what we've all kind of lived with and assumed. Um so I didn't sit and worry about it but I did make sure that I had policies in place for dread disease cover and that kind of thing cause I always thought that if it happens highest chance of it happening I must be covered for these kind of things.

Researcher: So it's kinda been in the back of your mind for a long time.

Hathor: Ja always like if I went for a medical aid I always made sure that there was a good oncology with the medical aid, or whatever, I always looked at that, because if it happens you make sure you will be okay. Having said that when it came, my hubby and I were lying on the couch and he said,

“well what’s this?” And I said, “oh sh*t this is it”, and then I thought no maybe not. I rushed off to the doctor and the doctor didn’t seem happy, she wanted me to go to a [specific mammogram place] um [Dr A] and I couldn’t get in so I went somewhere else. And they actually did a biopsy and it came back benign, and I thought I don’t trust this and she didn’t really either and she said if you want you can leave it for next year it isn’t so bad and then go in the new year with the medical aid. I said, “um no”. I said, “I rather actually just do it now”. No I said, “oh I’ll see, I’ll see”, and a month went by so that was then October and then eventually I was like I can’t. So I booked it.

Researcher: Were the symptoms getting worse?

Hathor: Ja I think it was and when I went I also realised that I was also getting pain from under my arm, and if I thought back I actually had it for a while, so then I went back there. And the minute I went back to [Dr A] the lady who looked at me, I could see on her face I knew, this is it! The funny thing is that when I went back to the clinic to give me the results my [David] went with me that is my boyfriend, who I sometimes refer to as my husband cause I am just tired of calling him my boyfriend ten years later so if I call him my husband that’s cool.

Researcher: Sure

Hathor: So sitting at the desk when she looked at me and said look you have cancer I was like I don’t know, you think you are prepared for it, you honestly think you are prepared for it, but the moment she looked at me and said I’m sorry... *(pause)*

Researcher: It was still quite a shock.

Hathor: So you knew, but there is still that part of you that is like OMG, and then you sit there like this. You know when they say in the textbooks that the first part of being diagnosed is the hardest, it is. Until you’ve actually seen the doctor and actually got a treatment plan, that is the hardest and scariest part, because you don’t know anything. You think, OMG how bad is it? Is it terminal? That’s the first thing you think of especially because of my history, you think sh*t. You obviously try and stay positive and all of that.

Researcher: But your whole life is changed instantly.

Hathor: Instantly, so it’s an instant OMG okay. So from there we rushed off to see the surgeon

Researcher: Sorry, just run me through that experience of sitting in the doctors room, the GP

Hathor: She was very gentle and very lovely and she said to me I’m so sorry, I could see she took serious strain. The newest GP I went to was down the road not my normal GP and she was very sweet and her mom had also had it and she just said, “and this is what you do”. She explained it she did drawings she said from here you go and see [Dr A] she gave me really wonderful advice.

Researcher: Is it? And did it help to have your hubby with?

Hathor: Oh ja absolutely, when someone is diagnosed with cancer you can't be on your own. You are flooded with so much information

Researcher: And you must be in so much shock?

Hathor: Ja, it's all blurry, so that is why when my sister was diagnosed, and well she is not married, she's a single mom and we were with her, we always made sure one of us were with her and then she wasn't on her own. You know it's very scary to hear that stuff on your own, and you don't hear anything you hear one thing, and you just think OMG, and then you forget the next thing that the person said. So that was like the tenth of December and then straight away they send you for a sentinel node biopsy, so they check your sentinel node and they see if it is in the lymph pads

Researcher: And you did have those pains?

Hathor: Ja they did a fine needle aspiration (FNA) and they found cancer there, anyway they go into the actual lymph nodes and see how many of them have actually got it. I that's how I think they basically grade your cancer. That's what I understand about the stages, if it's just in your breast then it is localised and stage one if it is a tumour and in your lymph nodes then it is stage two, but if it is a bigger tumour and in the lymph nodes then it is stage three, and then if it is past your lymph then it is stage four. So I was three luckily. Anyway so all of that happens and it was quite a hectic time because it was Christmas time, and New Year's so it was very emotional. I must say, what I would find myself doing, I would like be driving home from work and while in the car I would spontaneously just start crying and just think OMG. So I allowed myself those moments, to just cry or get angry. I would often I think just after I was diagnosed, every time I looked in the mirror I was like I have cancer and I was like no, you know actually you do. Oh sh*t what does that mean?

Researcher: Ja

Hathor: What does that actually mean? And especially because you don't know what is going on and you anything you think, Jesus is it going to be quick, am I going to die quickly? What's going to happen? I mean with my mom she had breast cancer when I was about twelve and she didn't tell us much about it, she only told us she went through radiation and that she had a mastectomy. I we saw the result of it, it was terrible, I am, um those days they just hacked them I mean it just looked revolting and we were living in [Botswana] then. Then we came to South Africa when I was about fourteen and we knew that something was wrong because she was sore and she obviously, we said go to the doctor, go to the doctor! Eventually she went to the doctor and she was diagnosed with cancer again but it was so far gone they gave her six months and she lasted a month. So you think sh*t how far is it? Is it far that it is going to be like this?

Researcher: How long did it take for them to tell you?

Hathor: Um not that long because once you have had the sentinel node biopsy I think that was the middle of December they come back and say this is what it is like. It is an agonising two weeks waiting for biopsy and the results

Researcher: I can imagine

Hathor: Look she can gage, she said, "look guys this is what I think it is", and she was pretty much on the mark, from the biopsy. Anyway it comes back and she says, "this is what it is and this is what you are going to do, the red chemo the white chemo the surgery and then the radiation". You go "okay", and the second you have a plan you feel better.

Researcher: There is something you can do about it.

Hathor: You realise this is what you are going to do, but because it was December-January and everybody goes away

Researcher: Yes

Hathor: They tell you it can't grow over night they reassure you things like that, but it is agonising waiting but you just want to start getting going.

Researcher: So you couldn't start because it was over the holidays

Hathor: When I started treatment I went to [Dr B] at I think, I started chemo at the end of Jan. So I must have seen [Dr B] in the middle of the first week of Jan.

Researcher: So waiting also must have been quite hard for you.

Hathor: Ja so it was a month before I started treatment. But I knew it hadn't metastasized, I knew it wasn't past the sentinel node so that was the important thing.

Researcher: So that kept you going

Hathor: Ja but you must remember I just remember lying in bed every night thinking no I can't believe this. Okay if this kills me it's okay I mean I will be okay I mean there is not much I can do about it. If I'm going to die I'm going to die there is not much I can do about it. What I can do is make sure I do the best with what I have left, the days that I have left the best. You know I have my dark moments but it is like more a sense of fear of chemo how is it going to turn out. Is chemo going to be that rough? Because you know how rough chemo is.

Researcher: Absolutely

Hathor: Because you've obviously seen it on TV and that sort of thing, and it turns out, it is rough, but I don't think it is as rough as it used to be. There are drugs that help and that. It is rough I'm not going to lie, but then it progressed and then I started the chemo, and it started, and I felt better. I knew and I had a plan, and I'm doing this. I also had to learn to trust, I don't think I'm a distrustful person but I really needed to surrender here and say oh okay I'm going to trust these professionals that know what they are doing. I believe that they are there I see honestly the hours they put in and I honestly believe that they are dedicated. I don't believe that they are just doctors that are trying to get money out of you, you know

Researcher: Yes

Hathor: So I trusted them but obviously I asked questions. My hubby was a very big support for me because he would be with me for every appointment and ask lots of questions, he would remember everything. They say to you don't google, don't get onto the internet.

Researcher: Okay.

Hathor: Um I did once and I agree with them, the things I saw, you read the most horrendous things, because you get this histology report and it says xy and z and you go and you google that and you go OMG that means that OMG and you think you are going to die. And I think every person who has had the worst experience in the world has gone and put it on the internet. You know what I am saying?

Researcher: Absolutely, so it can really cause unnecessary anxiety and stress.

Hathor: My hubby found two very good websites that had good factual information and he said, "I will go and research that," and I said, "oh okay". I went on once and it freaked me out so badly that I, I knew, see you know they told me I shouldn't do this and I did. Cause you can find all sorts of rubbish on there, which can make you think oh, I think they are lying to me. Then you are like pull yourself towards yourself um and then I got into it. What was inspiring to me was when I met [friend A] at [Hospital A]. I only met [friend A] when I was doing the white chemo, so you have red chemo, three weeks break red, and then you have four of those and then you have three weeks break and then you start the white chemo.

Researcher: The white one okay

Hathor: I probably met [friend A], half way through the white and we just gelled. I said to her you know we should make a documentary, which is still on the cards. Because what we wanted to do is to put something together for the person who is in that moment. When they think OMG I've been diagnosed with breast cancer, it's the end of the world. So rather the people who have gone through it say, "this is how you feel. It's actually not the end of the world, it's just scary until you have got a plan. That's how it felt for you. This is how chemo looks like this is how it feels etc. etc. etc."

Researcher: So if I understand what you are saying it is like taking away the isolation of the experience?

Hathor: Probably ja.

Researcher: Ja like even-though those moments can be extremely dark you can, you're not the only person who has gone through it, and it's normal to express certain emotions

Hathor: You're actually correct, the moment you get into that chemo room and you're in the waiting room you have your first conversation with the person next to you. Nothing ever feels as bad when someone is going through it with you I always find. If you are completely on your own you think oh God how am I going to deal with this. If there is someone with you in the same boat, it almost feels

like well okay there is someone else here we can do it together. And I think that is what I learnt from the [hospital A] sitting in the waiting room

Researcher: Yes, in the waiting room?

Hathor: It's beautiful, I loved it!

Researcher: Really?

Hathor: I loved it, I miss the waiting room ja I do. It sounds sick but I miss it (*laughs*).

Researcher: That's amazing!

Hathor: Um ja

Researcher: Tell me what you experienced in the waiting room?

Hathor: Ahh I met so many incredible women there, and men I met some men. I don't like the term cancer survivors specifically I prefer the term warrior. Because for me you are a warrior. Every day you get up, we use the analogy of a boxing ring in fact I put it on my fridge and said round one, cancer zero Hathor 1.

Researcher: Wow

Hathor: So it is, it is to me like you are this warrior, this quiet warrior and every day you get up and you say I am going to fight this and you are gonna win. So to me you are not sitting back and surviving you are fighting with every inch of your being. You know.

Researcher: Exactly

Hathor: I met all of these warriors in the waiting room and their stories were just incredible. We laughed, really we laughed a lot. Because there is so many people you are always waiting for hours, to see the doctor and the chemo.

Researcher: Yes

Hathor: And they say, everyone will say to you that cancer will teach you patience. One thing it will teach you is patience and it will teach you kindness, because people are so kind and you think sh*t was I as kind in my life to other people? Have I been as kind as I should be? And I think I haven't been. I like to think I am a good person but sometimes, I stop being as kind as I should be because you get so busy with life and people irritate you and you have things to do and have places to be. It made me take a big look at myself and put the brakes on and say you can't carry on like that anymore. Funnily enough most of the women that I speak to that were in the waiting room say that they were control freaks, or they were always doing or this and then there was a screeching halt they got cancer. Okay guess what, now you have to face something else. Actually you have to calm down, and I'm not saying I was this heavy career woman, but you know when I did things at work I was a

very busy person working constantly multitasking. You're running a household and you're doing that and you're doing this

Researcher: We get lost in that, I think we all do.

Hathor: Exactly and a lot of doctors say they can't prove it but I think stress causes cancer, I wouldn't be surprised. My immunity had been down for a while I had been getting sick all the time for things like I suffer from ulcers and things and for years now, for two or three years before this I was forever sick. And someone said, "gee man you are always sick" and I said, "I know I have a very low immunity. Why I don't know". I would get it quite often with stomach bugs and gastro and flu and that kind of thing. So obviously I had a very compromised immune system, what made that compromise I don't know.

Researcher: You said earlier that stress played a big component

Hathor: Ja absolutely, I think ja I had normal stresses, a relationship which is amazing and I will tell you something my relationship has been enhanced immensely by this.

Researcher: Really

Hathor: Amazingly, ja because it makes you look at the reality of life. Um I'll give you an example I think that every relationship has those same fights you have over and over and over again, in different forms but the same fight.

Researcher: Absolutely

Hathor: And since this has happened we were in the kitchen and were about to bite each-other and we looked at each-other and said sh*t sorry what are we doing. It's just nonsense why are we doing that. I'm not saying that we don't get irritated with each-other and whatever, but if we do, it doesn't last very long and then we are like that's actually pointless it doesn't matter. It made us realise how important we are to each-other. I think the biggest complaint I had with my hubby was, I used to say to him I don't think you make me a priority in your life. Ja you know he has a child from a previous marriage and he looks after his parents and that and ja I always felt like I was like the last in the row. When this happened he didn't, I mean he literally stopped everything, stopped everyone and said right lets sort you out. Which is his nature to do so. I suppose it was just for me, when he was doing that for other people, I didn't need it, but this time I did and he did do it for me. I realised I had resented it but that is who is he and that is what he does. He takes a problem head on, and sorts it out. "If you need the most attention I will give that to you now because that is what you need that is your priority". You know what, I think it gave him a new perspective I think it gave him, I think it reminded him how important we are to each-other because we've had our moments I mean over the ten years I remember us saying to one another we don't like each-other at all.

Researcher: Which is quite normal

Hathor: Ja so we went for counselling and we decided to make it work. So normal relationship stuff you know.

Researcher: Absolutely and maybe it meant something to you that he fought for you?

Hathor: Ja

Researcher: And you got to see those feelings.

Hathor: Absolutely, and for him I think he realised how fragile it could be, that is she always going to be around? I mean he never considered that.

Researcher: So maybe he took you for granted?

Hathor: Ja, so on both sides I think we had an amazing epiphany, ah it's only been a year now, it'll be a year in December but it hasn't faded really and if we fight, or a fight starts and one of us is really in a bad mood or whatever, instead of fighting back I just walk away and think no I'm not going to do this. I'm just not doing this actually, I'm not prepared to. Don't get me wrong there are times where I'll stand my ground I'm not subservient or anything like that, but ah I just go, "I'm not having this fight or you're in a bad mood or whatever and that's cool but I'm not actually having this fight with you". And then he'll say, "okay oh sh*t I am sorry". As I do too, sometimes I bite and I bite and he says, "why are you acting like a fish wife"? I realise oh sh*t actually I have so I think

Researcher: So it sounds like what you are saying is that some of things that were really quite a big deal for you guys in the past has now lost its value and is not so big.

Hathor: No relevance whatsoever, true

Researcher: Trivial

Hathor: Yes trivial the reality is that we love each other we're together we don't know how many days we are going to have together, we always knew that theoretically. You know you say that you could be hit by a bus any day or that you have more chance of dying in a car than by dying from cancer, I don't know I don't know what the stats are

Researcher: No absolutely

Hathor: When you face your mortality I think it's a very interesting thing in fact I think it's quite a gift to be dead honest, because like I remember people saying, if you knew you only had so much time to live would you want to know? Yes I would, I know I would because I would want to make the best of that time. You know so I wasn't given a time limit, but I was given a sure big kick in the ass that said you might have a time limit. We don't know we don't know. Look and having said that sitting in that waiting room you also meet a couple of women where the cancer came back and you think if it comes back... *(pause)*.

Researcher: How am I going to deal with it?

Hathor: Ja and that's when you know it's kinda got serious you know, you hear that so many times so you think okay so I'll fight it, I mean there is no guarantee that it's not going to come back, how do we know? So every day is, I don't know how many days I've got, but I know in my intrinsic soul that, it's not theoretical anymore that each day is limited, each one of my days the span of my life is limited. So I don't want to waste the day anymore, so that's why it is a gift I think. So I haven't been given a limited amount of time but I understand what it feels like, to be given a limited amount of time.

Researcher: Absolutely, you had to stare at this idea that, I've got cancer and that I may die from this. As you said theoretically we know that we are going to die, but the reality of having cancer which is a life threatening disease brings that awareness close to you. It's personal

Hathor: Ja it's personal,

Researcher: This idea of, I am going to die, is one of the scariest thing that I think a person can face.

Hathor: Ja and I think a lot of people who miss dying by mistake or who have these big car accidents and walk out scott free, probably have the same the kind of idea they must think OMG I missed that by the hair. Ja so that to me has been the gift of this. And if I had to go back and change it I wouldn't change it.

Researcher: Would you say that you are living in a richer way, much more alive

Hathor: Absolutely, I always think I was a grateful person I always looked for the goodness, I always believed in goodness and because I believed in goodness I got goodness. So I wasn't a big pessimist but I did b*tch a lot and you know, vent and b*tch about my husband. We were laughing the other day with some friends the other day and she said, "Ag God you don't b*tch anymore", I said, "ja I know", she said, "you are all bl*ddy rainbows and carebears". I'm like, "ye I don't really have that much to b*tch about". And I do, so don't get me wrong because sometimes I do b*tch but then I'll b*tch for like two minutes and the I'll be like it's over now. Or someone will do something they didn't mean to but they did but I don't harp on it anymore. So my life is much richer, but yes there are dark moments, recently a young girl died, she was on her second round and [friend A] got to know her, quite well. So I met her once so I used to see her and say hi or whatever and I met her once and had a bit of a conversation and everything, and she was like 31. It's so hard to think that she died recently I mean it's like literally on the ninth of October she died, it was brain cancer and it was so aggressive and it was like sh*t, and it was so quick. A month before or something she had put on Facebook that the tumours in her lungs had reduced and she was so excited. Then the next thing we heard she was in hospital with tumours in her brain, and it was so quick (*whisper*) so quick.

Researcher: My gosh

Hathor: She did have an aggressive type of cancer, but that just hits you hard you just go oh sh*t!

Researcher: Things can change in the disease so quickly.

Hathor: And I think that I realise that I will live with that fear for the rest of my life. You will always live with it, or I suppose I was chatting to someone the other day who is a cancer survivor for many years and she says what happens is that you forget, you have to remind yourself to go for those yearly check-ups. I suppose that that you become, what's the word lax, like everything in life just to become used to it, you know, you've been for a screen so many times. Maybe it's still very raw and fresh for me it's still the first year, ja. But I do think that I need to become involved, you know a lot of people tend to become involved with the cancer charities after, and I understand why. Because hey maybe you just have that compassion and empathy for people who are going through it too. Who have gone through what you've gone through but I also think it is about keeping me real because, if I don't keep myself real what happens if I lose this? What happens if I lose this gift of ... *(pause)*.

Researcher: Vividness of life?

Hathor: Mmm I was trying to explain to somebody the other day and I said, "you know how you say that the youth, eer how the youth is wasted on the young?". You think oh God if only I could go back to when I was 25 knowing what I know at 40 you know.

Researcher: Yes, that sounds like a good plan.

Hathor: Ja that would be so wonderful, but in a way, I do have that now, because I know what I know but what I have now is that the possibilities are endless. All of a sudden have this thing that anything is possible. Which you have or you normally have in your early 20's. You think I could do anything *(whisper)*, and then you start getting older and you get into a career and you haven't studied and you think I'm never going to get out of this. I'm never going to do what I really want to do. What is it that I want to do? I don't know what I want to do; I mean that is where I was. I'm still not sure what I want to do. But before I felt like I was in a prison and I was like I'm never going to get out of what I am doing, and explore and find what makes me feel alive. Now I am like oh course I am going to find what makes me feel alive. Absolutely I've gone to my boss and said I'm going to work half day, you either take it or leave it. He took it, because I don't want to do this for the rest of my life. So yes I have to pay the bills along the way but I am going to find out what makes me want to jump up in the morning. Because I am not prepared to live in that prison anymore. I'm just not, so in some ways I have that youthful innocence that anything is possible and I honestly believe that I can do anything that I want to do.

Researcher: So if I understand what you are saying cancer has given you an opportunity to renew your search for life and yourself and your place in the world.

Hathor: Look I think I was always wondering where my place in the world was, and I was always constantly thinking this is not what I am supposed to be doing I am supposed to be doing something else. But I didn't know how it, it was like, you are under this burden of heaviness, or maybe I am lying to myself and maybe this is what it is, it's this boring go to work do your bookkeeping bla... bla...

Researcher: Yes

Hathor: Now. I know it isn't, I know it isn't. I always believed that the universe does conspire to help you but I've been stuck in this prison and the universe has been waiting for me to say okay, let's go and now I'm not afraid anymore when I realised I was afraid of a lot of things I didn't sound afraid but I actually was afraid. I was afraid of looking like an idiot,

Researcher: Absolutely nobody likes that feeling.

Hathor: I am intimidated by people who for example have studied and have degrees and things like that. If I sit in a meeting I sometimes think to myself oh my gosh I'm not quite sure I know what these people are speaking about. And you think you oh God you think someone is going to figure out that you are faking it along the way. I realised now it isn't, I just happened that what I've learnt has been being on my feet, I know enough, I'm smart enough to do what I need to do.

Researcher: Yes

Hathor: But I'm not an academic and that's fine. But that doesn't mean that I am intimidated by you anymore, I'm not intimidated by somebodies title, I'm not intimidated by how much money they have, I'm not intimidated by any of that. I'm not intimidated by how many facts you know in comparison to how many facts I know. I just don't know those facts but that's fine, it doesn't make you smarter or better or whatever than me.

Researcher: Absolutely

Hathor: So I'm also not so bad of a critic, self-critic anymore, I've lost my self-critic. He doesn't exist in my head anymore, which is wonderful. It must be chemo brain (*laughs*) and I don't miss him at all.

Researcher: I doubt you do (*laughs*)

Hathor: At all (*laughs*) I think I'm so glad I lost you

Researcher: That's a wonderful thing to be free of

Hathor: I don't live in my head anymore, I don't live in my head, before like we, and we'd have conversations and we'd be like (*whisper*) what did she mean when she said this? I'm sure you know what I am talking about. If you're not like that I'm sure you had people who are like that. People who live in their heads?

Researcher: I can relate.

Hathor: Well I have had such a holiday from my head the past ten months, I do not live in my head.

Researcher: That's amazing.

Hathor: What happened is that I got chemo brain and I remember going after the second red chemo and I said to my [Doctor B], "now I'm 40 and I know things kind of slide a little bit but am I losing my mind here?" She laughed and she said, "no that's chemo brain". I'm like, "what the hell is chemo

brain? And then she explained it, you know. And like really I was like I don't remember saying that or doing that or whatever. Really, I almost got this 'blondness', really you know and that was not who I was at all. I mean I have doff moments every now and then but this was just constant. Now I just cruise, I don't live in my head, if I say I will deal with that tomorrow I genuinely will deal with it tomorrow. I will not sit and analyse it in my head and spend all night thinking about it and then dealing with it. No I'll deal with it tomorrow, and that's exactly what I will do. I'll go hmm I can't change that, whereas never would I have behaved like that before. I'd chastise myself and say you can't do that and how dare you and now I'm like whatever, I made a mistake I can fix it.

Researcher: That is really beautiful.

Hathor: It is beautiful and now hopefully I won't lose it.

Researcher: I think it is something that so many of us grapple with. It just sound like there has been such an awakening in your experience.

Hathor: There has ja I would say that there has been more light than there has been dark.

Researcher: Wow.

Hathor: Absolutely there has been more light than there has been dark. Is it frightening when you are lying in the bed ready to go for a double mastectomy, (*speaks softly*) oh course it is, oh course it is frightening, is it frightening when they stick needles in you or they can't find a vein and you think I don't want to go to have the port to be put in because you can't find the vein. Or is it frightening when you are sick from the chemo, yes it is frightening it is not fun, it is not fun at all. I mean when you wake up in the middle of the night and you are so ill and you just think to yourself I can't actually do this. And yet you do. It's one of those big girl panties put them on and get with it. You know.

Researcher: Ja

Hathor: It's not pleasant, it isn't

Researcher: No it's terrifying

Hathor: But honestly it was more good than it was bad, really it was. I mean there have been moments but the majority of my life has been for the better. That is why I think I struggle so much with people who are on the other side of the spectrum, and I think the majority of women who I spoke to in the waiting room are like that. Carrying on with life and doing their thing, you know. And then there will be one or two and you can spot them from a mile away, the ones who think that life is terrible and I actually feel sorry for them. And the ones I've chatted about, we just go we want to avoid those. Because that is just somebody who is just sucking your energy. So you can't when you have to get up and face each day and project that energy to deal with whatever you have to deal with, you can't have somebody who is going to drain your energy. Ja in fact you actually become a little bit protective of yourself. So for example if you are a bit of a people pleaser, and to a bit of a degree a bit of me was a

bit of a people pleaser. Ja you know, I don't have to please people as much anymore and I need to reserve that energy for somebody else. When I say people pleasing I would say I wanted you to admire me.

Researcher: To be liked by other people.

Hathor: Ja I don't really care anymore. And I don't mean that in a horrible way like I don't care, I genuinely don't care if you like me that's fantastic, but if you don't.

Researcher: It's also cool

Hathor: It's also cool, the only person I am trying to better is myself, everyday. I only want to be better than I was yesterday. If I achieve that that is cool. So ja I've also become less judgemental of other people.

Researcher: It sounds like you've become something most of us strive towards becoming an authentic being.

Hathor: I hope so I do feel like I am more authentic now, um having said that I still think that I have far to go, um and I don't want to lose it. That is why I have to kind of keep close to it. I need to retain knowledge and almost be around people in it all the time so that I remember what I went through

Researcher: Ja, I think it is easy to get caught up in the everydayness

Hathor: Oh course and you will forget

Researcher: And people will expect you to just get back into things, but this awakening experience is still very much part of you.

Hathor: Absolutely and you know and life is full of contrasts as much as I believe in goodness and goodness has been shown to me I do believe, I know that the world is full of contrasts

Researcher: Yes,

Hathor: The darker it is the more you appreciate the light, I understand that so, what happens is because you have seen the dark you have you have seen the light that much brighter, and I don't want to lose that if you get lost in the everydayness you forget how dark it can get.

Researcher: Absolutely

Hathor: Ja so I'm guilty don't get me wrong I'm not a saint,

Researcher: No and you don't have to be, I don't think being authentic means being confined to being some kind of a saint

Hathor: No, I mean I can still be a b*tch, if I need to be a b*tch

Researcher: Absolutely,

Hathor: I just don't find myself necessarily, I'll still moan on the phone and say you can't do that, before I would scream and shout, but now I'm not going to scream and shout, I'll be like whatever, I'll deal with somebody else. I think one of the things I took from it is that I always try to be kind. Because you really don't know what somebody else is dealing with. Because I experienced nothing but kindness, everyone that I dealt with. *(cat jumps on the table)* come here!

Researcher: It wasn't a hard bite

Hathor: But he can be like that, hey come here.

Researcher: He's a little lion.

Hathor: Ja he is he'll play with you and then he'll scratch you.

Researcher: No, he's gorgeous.

Hathor: He's beautiful. But he's full of nonsense *(both laugh)*. Ja what was I saying, ja some people will say they'll be upset with how their friends reacted.

Researcher: Ja

Hathor: I never experienced that absolutely everyone was fabulous they were really nice and kind and sweet.

Researcher: That's beautiful.

Hathor: In fact I remember saying everyone is being so kind I remember saying let's talk about something else other than cancer. I do cancer but I also do other stuff you know. Ja so it was, has not been, a huge terrible experience. It's had its moments it's frightening moments, yes it's frightening and you go sh*t, oh well I've got to do it, you know. There has been some horrible moments when I was feeling really sick, and it's not pleasant, and I'll tell you one thing.

Researcher: Yes

Hathor: It's easy to be positive when you are feeling good and healthy, it's very difficult to feel positive when you are feeling sick. Those red chemo's that made me feel revolting for days, those five days were the hardest to be positive. So someone who is chronically ill I can understand why they get grumpy. I understand that it is mind over matter but it's difficult it's easy to be positive when you are healthy. That I can tell you it's not so easy when you feel dreadful.

Researcher: Completely

Hathor: What else can I tell you,

Researcher: Sho thank you that was really amazing, I really felt your experience.

Hathor: Thank you

Researcher: I feel so much of your positivity, you know I think you have so much strength, it's really admirable. You've really just lifted the mood.

Hathor: Ah thank you

Researcher: It just seems like this whole experience has been such a transformation for you.

Hathor: It has

Researcher: And even-though the actual transformation was really hard, you come out of it as a new and evolved being.

Hathor: Absolutely.

Researcher: My questions will probably now take us back to the darker parts of cancer.

Hathor: Please do, please go ahead.

Researcher: The first things we touched on a while ago was facing your mortality and facing the idea of personal death. I wondering if you could just run me through a few of your thoughts. Let's look at straight after diagnosis take me to that moment what ran through your head. Also let's discuss how you felt during those dark patches of the red chemo treatment.

Hathor: After I was diagnosed I really just remember looking at myself and going oh man you've got cancer. You've genuinely got cancer. I think we are all afraid to die, I think I am more afraid of how I am going to die. I am not afraid of being dead.

Researcher: Do you believe in an afterlife?

Hathor: I do indeed. I have always, I'm not religious or anything like that but I do believe, I don't believe you just cease to exist. I mean do I want it, hell no there is still loads to do in life and it would be desperately sad to die like this now. What would happen, what would happen to my husband if I died, what would happen to my animals, I wouldn't be here everyday what would life be like? I would have these thoughts of okay the world would carry on spinning, you know I would die I would drop off it and the world would carry on spinning. What have I done what have I left behind that somebody would actually remember I existed? Would I have those kinds of thoughts, where is my mark on the world that will be remembered? Would someone say I remember her? Did my life have a purpose? The actual living part of it. Of course you sit and you think to yourself if I die, what is it? Is there pain? Having said that I said to both my husband and to my best friend, please don't let me die without my dignity. Please I know it is illegal but if something happens and I'm lying in a hospital bed and I'm dying in a revolting state, please it's too much for me send me off. I'm convinced that one of the nurses did it for my mother, and I'm very glad they did. I happen to believe in Euthanasia, I think it is

just a very kind dignified way of just letting someone peacefully pass away. For example this girl who had brain cancer and she had dementia at the end, and it was just revolting.

Researcher: It's very sad

Hathor: That's not you anymore. So those are the kind of fears I think you think. You think oh sh*t. I must admit I did fear the whole mastectomy bit, because of my mom and what it would look like.

Researcher: How was it for you?

Hathor: Fine, ja you know I had the immediate reconstruction which I think was important.

Researcher: Yes

Hathor: I had to have it, because I once I went to the surgeon she said it's not like it used to be.

Researcher: Technology has improved hey.

Hathor: Ja, because hers it was horrendous, and obviously you think sh*t is it going to affect my relationship? Don't think that doesn't affect your relationship sexually because it does!

Researcher: Ja

Hathor: My cancer is oestrogen receptive, so that means they have to block oestrogen going through to my body, which means they are going to give me early menopause at the age of 40. There are some girls that they make go into an early menopause at the age of 32. Imagine going into early menopause at the age of 32? It has all sorts of effects. I have not sex drive, nothing I mean physically, I have no sex drive. We used to have a fantastic sex drive in our relationship, obviously it waned and it went up and down, but generally we had a great sex life. I loved it I enjoyed it, and now I have to convince myself to do it. Because there is no natural,

Researcher: *(interrupts)* Pull to

Hathor: Nothing, there used to be, there is no natural inclination to have sex now. Then you have to deal with all sorts of horrible things such as dryness, and then you have painful sex. I have been having painful sex, I remember talking to a friend and saying, "I don't want to have sex anymore, I am going to have to convince myself to have sex". You end up having such a terrible time because it is so painful, I mean it destroys me. Eventually you think as much as this man loves me and I love him is he eventually going to find. What if he goes and finds someone and there is this lust what happens? What happens? So those are the kinds of fears I have. Like sh*t what if some woman just walks into his life and wow there is this lust and I don't have that anymore. I mean I know that even-though we have changed and everything, it is still part of the human existence. I do understand it, I had it. I loved it, it was a big part of me. So there are parts of you that you more or less have to give up. Those are the dark sides that I don't like that I don't like dealing with. And with the red chemo, you just feel really, really rotten. In my experience I remember feeling like I was stoned, like I was on drugs or

something. I felt constantly nauseas I didn't like I needed to throw up or anything but I felt so nauseas and I felt like I was stoned. I couldn't do anything.

Researcher: Reality was blurred

Hathor: Ja it was like wasn't like hallucinations or anything but I couldn't concentrate on anything, I couldn't watch tv or anything or read a book. So I basically just lay on the couch and listened to the TV. Um I got cabin fever, and I suppose you just get irritated, and then you feel better for a couple of hours and then you feel like I can't do it. It's really just a grotty four-five days but then it does end. Then the two or three weeks after that you feel fabulous and then you know you have to go in for that red chemo again, you feel like a prisoner, I remember saying to my hubby I remember saying and I was sick as well I had the flu. Then I really felt sick, and I said to him, "that is it", I said, "if this comes back after all of this and I have to do red chemo again I will not do it, I would rather die". And he goes, "well sh*t you will do it". And I said I won't I won't do this again, and it's the rebel coming out of you, and now oh course I know I would. I would fight with every part of my being, but the fight is not fun and it's not pleasant, it is really completely unpleasant and I remember having a conversation with somebody and her mother had breast cancer, and her sister had breast cancer and she said to me I won't have that red chemo. I said, "yes you will, I said oh course you will, you will give yourself every fighting chance that you can". There is the part of you that knows that life is worth it. But in the parts that you are fighting. ag it is not pleasant at all. Imagine when you have had the most revolting gastro and you feel ill and you feel weak, and you don't want to do anything and you don't want to get anything, and you've got a headache and you are feeling grot and you can't do anything, and having that for days on without ending.

Researcher: It sounds like a nightmare.

Hathor: Ja it is a nightmare, but it is nowhere where it used to be. Where women used to spend five days throwing up, imagine how that felt? You know so it is just horrid, so ja those are the dark moments there, you know.

Researcher: Thank you for taking me there

Hathor: Pleasure

Researcher: Next let's talk about loneliness, even if people are supporting you, you still have to face cancer by yourself, you have to fight the fight, no one can completely understand your experience. Is there a certain degree of loneliness in the experience?

Hathor: I hear what you are saying I personally wouldn't call it loneliness, it's like that saying no matter where you are going there you are. So if you think you hate your life and you move cities you still hate your life. Whatever it is you've still got to face it alone, yes everyone is there holding your hand yes your husband is there holding your hand but you are the one who has to go and have the needles put in your arm, and when it hurts it hurts like a b*tch. Sometimes you feel like being a little girl and you want to cry and say I don't want to do this anymore. You have moments like that, however my big

deal I think I mentioned this earlier is that I had found the sisterhood in chemo and then I didn't feel so alone. I think it is vitally important that you find people who are going through what you are going through or you used a support system like organisation A or whatever it is. I don't even think that is good enough [organisation A] as it is better to be with someone who is kind of on the same course as you. Who will say we can do this we can do this together, we will be okay. But having said that just imagine doing this and somebodys road goes in the other direction? And they don't fight and they don't succeed and that could have devastating consequences on you. But the majority of women who have breast cancer let's be honest they are succeeding I mean the moment I went to the radiation room I couldn't stop talking and the doctor goes oh you all know each other, we go ja man we have all spent hours together in the chemo wards oh course we know each other.

Researcher: You seem like a person who draws people in

Hathor: Well I like talking, I mean I do I need to find a career where I can just talk, ja so for me it was important to find those people.

Researcher: So that took away the isolation for you.

Hathor: Ja I didn't I didn't feel too isolated I must be honest. In fact I always felt surrounded by people at all time. Yes you are facing it own your own, yes I understand that. But I also understand that there is a lesson in that. I've got I, I am on the other side of it, but when you are in the red chemo you want to say but you don't understand how sick I feel. You want to say but you don't because you know, they don't understand but they want to understand. But you are just actually cross, you're just cross with life. I remember saying to my friend that I actually just want to break something I just want to break plates, or just shoot something I'm just so angry you know. So yes I had those emotions but loneliness I didn't feel I tend to go ag I am fine with people.

Researcher: It also sounds like what you and your hubby have is really, really special and you really got to be there for each other.

Hathor: We did ,we talked and we laughed and we realised that we put off things that we shouldn't have put off. We went overseas because we had put off going overseas, so in between the chemo and the surgery we went to [Thailand] for a week, and that was fantastic it was everything that I hoped it would be. And we loved being together.

Researcher: It sounds like there was a definite deepening and strengthening of your relationship that helped you get through.

Hathor: Absolutely but I can't say that I felt too lonely,

Researcher: No I appreciate your honesty, So let's talk about freedom, do you believe that you have the freedom to create your own life or is our lives preordained and things are meant to be?

Hathor: It comes back to what I was speaking about earlier about being young again and speaking about feeling that everything is possible. I have got that freedom, I achieved that freedom. So was I frustrated when I was having the chemo and I would have to get up and go to work.

Researcher: How long did you go to work?

Hathor: No I worked right through

Researcher: Throughout

Hathor: Ja I mean you are off for four days obviously after the red chemo and then you go back to work. But you are still feeling grot hey, and you still have to go to work. With the white chemo I was off every Friday rest Saturday Sunday and then you go back to work. In some ways I get it some women go for disability I mean temporary disability I get it, so that they have time to. But I found that even though you don't feel like it the longer you are in bed or lying on that couch the more of a depression you can get into. When I was younger I was prone to depression so I know this as well I mean I know it can go the other way as well. That whole get up dress up and show up helps so when it gets to day five after four days on the couch you think I have got to get up and the other part of you is like no I don't want to. So actually getting up and doing that work actually

Researcher: Helped you

Hathor: It actually did, and every day that I would get up I would also say I need now to get up so that I can have the freedom to do what I want to do. Because this is not what I want to do as much as I have to do it and as much as it is good for me to do this now I'm glad in a way. I know before I thought oh please God please find a way so that I don't need to go to work, just for this year just so that I can get through this chemo and why can't I be one of those women who don't have to work. But it was good for me to work, you know. It made me realise I can't be doing this every day I can't be doing this every day and there is no soul food in what I do, at work I need soul food. That gave me freedom the freedom in knowing that I must follow my soul. Sadly I think that if you don't look at life with the half full type of attitude, you can think (*gasp*) it's not my life I can't do anything, I can't do this, I can't do this, I can't that, now I'm sick. You can make it go anyway you want it to go. Do you know what I mean?

Researcher: I do

Hathor: I think that it's a fine line, and I think more people should have counselling and they don't some. Some people don't have counselling at all.

Researcher: And they really need it?

Hathor: Ja, I personally didn't need counselling at all, because we chatted among ourselves and I think between ourselves we were our own arm chair psychologist if you know what I mean. You know this and that.

Researcher: You seem quite a strong person and keeping a strong mind set is quite a powerful tool.

Hathor: Ja but I also think that, that has come through a lot of work that I have gone through throughout the years. I've read a lot of self-help books and I've learnt the art of choosing my thoughts. Like that is so easy, but actually it is so easy, like choose your thoughts like the clothes you wear every day. I was chatting to someone the other day and her husband's ex-wife was trying to get into her space and she gets very angry with this woman. Not physically but she was emailing the ex-husband or whatever. So I get angry I said, "so ja, and you must feel your emotions". I said, "yes you must feel your emotions". She said, "What do you do afterwards, you just walk around and you are so grumpy you just really dislike this person". I said to her, "well if you really dislike this person really, would you invite them into your home and have a cup of tea with them?" "No she said I wouldn't", "So don't invite them into your head". "Don't bring them into the your head and into your body because that is the home of your soul. So get angry have your say or whatever and them get them out of your head get rid of them". She said, "wow that actually makes sense". So maybe that is the way I deal with things because if you just keep thinking I feel so sick I feel so sick, eventually you are going to be sick, because eventually you are going to feel like cancer has taken away instead of given. I think you choose that. Some of the girls, as positive as they were moaning that now they can't go to gym and I've never really been a gym bunny, so I don't care. That was the only thing they would moan about. Other people would moan and say I can't do this I can't do that, you're not dead you can still talk and you're not paralysed you're not this and you're not that you can do loads of things. So I think freedom is a choice ultimately. As a summary I think you choose if it gives you freedom or if it does not. Ye it is restrictive in the way that you have to ask people for help. If you are a fiercely independent person you have to say can you please take me to chemo, because you cannot drive yourself to chemo there and back because you physically cannot do it. So I am independent but I have a wide array of friends that were ready to help anyway. But even for me it would be like, "would you fetch me from chemo?" And they would be like, "ja oh course man!" You learn, you learn to receive, sometimes you can give and give and give and be a big giver, but sometimes you have to learn how to receive. So ja that's what I think about freedom.

Researcher: It reminds me of what you spoke about earlier on and it struck me when you said, that you had to learn to surrender to the situation. Which I thought was really quite amazing. You did whatever you could up to a point and beyond that you had to put your trust in the system, you surrendered and you let go.

Hathor: I did surrender and that is actually a wonderful word and I don't know if you used it.

Researcher: You did,

Hathor: Oh I did, and it was probably one of the first times in my life did surrender. Because I think I fought and that is probably the reason why I don't like the word survivor. When I was young when I was about 21, he said to me, "you can stop fighting now". "What do you mean?" "You've survived". I was like, "what do you mean?", and he was like, "just stop fighting". I felt like my whole life I had

fought and now I surrendered okay ja I am not fighting anymore. That is actually quite powerful hey. I never thought of that.

Researcher: Well you said it actually

Hathor: It just shows you. This time I fought but I also knew when to surrender.

Researcher: Maybe you were fighting for as opposed to fighting against.

Hathor: Ja it's true very true, very, very true ja. What else have you got

Researcher: Okay the last thing that I think you have kind of already discussed has to do with meaning. If I recall, you've found deep meaning through breast cancer. You told that since breast cancer you've learnt to live in a much more real sense, with people and with situations and you no longer have time for negativity.

Hathor: Ja

Researcher: The big things don't seem as big as they used to, a more preciousness of life.

Hathor: That's lovely it is more precious

Researcher: I recall you calling cancer your gift, you took something most people would dread and call it a gift.

Hathor: I do believe it was a gift. I do believe I have been given a gift and I don't say it is everybody's gift but it was my gift. Okay sometimes gifts come in the strangest packaging but yes it was my gift. It is my gift.

Researcher: There is now this newness to the way you are approaching life and you are quite concerned about going back into the mundaness of everyday life.

Hathor: That's why I need to stay close to the experience almost to be a part of it. So I will join organisation A as soon as I'm finished radiation so that I can help other women go through it. I'm not saying I'd be good at it I don't know but I have to be involved with it somehow. Look some women want their suffering, some women really want to suffer and they want you to suffer with them and I don't want to suffer.

Researcher: You're not going down that rabbit hole.

Hathor: I'm all for the contrasts but suffering doesn't have to be [on the list]. One of the things that really binds me and my hubby together as a couple, I mean we both obviously come from facing adversity in our youth and whatever it is and not coming from lives of entitlement. Although I said before I fought my whole life, we don't have this thing when we talk about our extended family and they almost like live in suffering, life is about suffering (*laughs*). You've got to suffer and you've got to be poor, I mean we are not rich or anything but we don't suffer, what would you want to suffer for? It's

almost like well mine is worse than yours. I don't get that I mean why would you want to be worse off than somebody else? So our big thing is well I don't want to suffer you know it doesn't make you any better because you are this martyr. Like what are you doing? Nobody asked you to carry the cross on your shoulder, you know, give it to Jesus he has it. I don't want it, so ja, so I agree it's that suffering I don't get so much of. I mean you have it every now and then and when you are in it

Researcher: Well you did have breast cancer.

Hathor: I did and I decided not to dwell on the pain that was hard hey, to just get up and go and to say I, God I got to get up and go to work tomorrow.

Researcher: I can imagine

Hathor: I don't want to do this work, no but you gotta, you got to go, that is, that is hard, but that is will, knowing that you have to do what has to be done. But listen I had it easy there are women out there that have small children, imagine when you are feeling so terrible. You've got to understand in those five days I lay on the couch and I did nothing, literally nothing. I mean my husband was amazing he fed the dogs he cooked; I'm not saying he has never done that. But stuff that I would normally do which we shared he did everything,

Researcher: Well you couldn't

Hathor: Exactly, but there are women who don't have that there was women who are mothers and still have small children that need tending to. There are women whose husband's don't give a hoot and don't realise. So I was very lucky there are, imagine when you feel like that and you still have to get up and feed your family. There are women who don't have any to money to feed their family through, there are women who don't have any medical aid. My heart goes out to them because that must be very tough. Imagine you are the only person working supporting your family and you land up with breast cancer.

Researcher: I'm sure that is a very real reality for many women

Hathor: I'm sure that is a very very hard reality ja. Something I will very soon find out if I do join [organisation A]. You've got to understand I was around a very privileged group of women who all had medical aid.

Researcher: That doesn't take away that you had breast cancer

Hathor: No it doesn't, it doesn't take it away but I never lose perspective.

Researcher: You have a great sense of gratitude

Hathor: You know I read something about gratitude the other day and it really hit home. At my hospital they have lots of little books often people write books after cancer and whatever, and it was a religious book. Look I am not anti-religious, I'm just not religious per say, you know I believe in God

but I'm not religious. Anyway in one of these books it said my friend has a son a down syndrome and everyday he gets out of bed and opens up the windows he screams and he says, "this is the day that the Lord he made and I will be glad in it". and I was like wow, this kid is facing down syndrome that is really special. So every day now for the last week I have been going opening the curtains "This is the day..." and sometimes I'll be driving and I'll say sh*t I forgot "this is the day... and I will be glad in it". I actually think what a great way to face the day.

Researcher: That is beautiful.

Hathor: Ja

Researcher: That is really beautiful please put that in your documentary.

Hathor: What a lovely thing just to think about. This is a kid who people would say shame ja poor, special kid, Down syndrome. Poor nothing, he knows what he is doing and he is living a life of gratitude. I can understand when people say that they have special needs children, and I never feel sorry for them because they actually lead a beautiful, wonderful life of gratitude. I get it, they go into the bare necessities of life, and gratitude and love and really much more than that. So there is lots of lessons to be learnt ja. I try and be glad in everyday that the Lord makes ja, (*we both laugh*)

Researcher: I really like that. I've asked everything that I wanted to and you've given me so much.

Hathor: Fantastic.

Researcher: So now it's really up to you, if there is something that you would like to express?

Hathor: Sho have I not said something to you (*both laugh*). Sharoni I am trying to think if there something if I have missed, you'll probably leave and I'll think oh sh*t I should have said that.

Researcher: If you want you can always email or phone me if you do feel like that.

Hathor: I didn't think about that ja,

Hathor: You know it's such a contrast where sometimes as sometimes, as I say 95% of the time I am really glad and grateful and excited to be alive even 98% of the time and then there are other times when you will just sob from the bottom of your heart. You will go really, Really? In those moments you go. But those moments are the ones that define the other 98%. Do you know what I am saying because that is the contrast you can't. I've realised you can't be positive 100% of the time because that is not real. Because sh*t is going to happen. It's not all rainbows, people have absolute tragedies and it is sad, it is flipping sad sometimes and you get, angry and you feel it is not fair. I was thinking the other day 31 really this girl was 31, and... (*pause*)

Researcher: She didn't deserve to die?

Hathor: Really it's not fair, what I didn't bring up and what was quite interesting was that two years before this we started to try have children, and we couldn't fall pregnant. What happened when my

hubby and I met he was like he doesn't want kids he already has a kid and I was like I don't really want a kid. And then obviously I got older and I was like actually I do want a kid. And he was like no I don't want a kid. Then one day he goes okay let's have a kid, and I thought oh my God that is amazing you know let's have a kid. Two years down the line no kid.

Researcher: Nothing happened.

Hathor: And my theory was if it is meant to be it will be. Then we were moving in here, and we had just moved in here in July and I said okay look let's just let this year end and then if it doesn't sort itself out we will go in the beginning of the year and see what happens. Then, oh course this happened and the first thing they say to you before you start chemo okay what are your options? Because now you have to go to a fertility clinic. I went to the fertility clinic and they checked everything and they did a bloods and they said the reality is even if in even in normal circumstances they wouldn't have given me IVF because I just don't have enough eggs. So that was also something to deal with, I'm really not going to have kids.

Researcher: That must have been hard you seem that quite a nurturer?

Hathor: I'm some ways yes and in some ways not, I am a pretty much do your own thing, I don't run behind around you and do stuff, you know pretty much if you have got hands and feet you can do whatever pretty much needs to be done.

Researcher: But look at how many animals you have.

Hathor: Ja I do, there is nurturing, but I don't baby. So that was difficult for me to deal with, and even if I could have IVF I don't think they want you to have kids at least for five years after chemo.

Researcher: Really

Hathor: Especially if you are oestrogen receptive, because if you get pregnant then you are just full with oestrogen, which can bring on the cancer. Now I kind of already accepted the fact that I probably won't be able to have children. For a few years I had tried to fall pregnant and I hadn't fallen pregnant. But now when I get upset is with someone like [friend A] she is like 32, and she also tried to go for fertility treatment and now you've got a better chance of freezing embryo's than actually freezing eggs. So what happens to the single girl who is in her 30's and what is she going to go do? Freeze some eggs in the hope that one day she will go and meet some guy who maybe, maybe, so there, it is a huge thing, especially for younger women who might not have children. If they are oestrogen receptive. I know I have cried many tears over the children I wished I had had. Yet for many years I never thought that I wanted children but I think for most of us it is a natural thing for us to want to have a child at some point. Now I think, thank God because imagine being with some little kid, but if some miracle were to happen oh course I would love to have a child.

Researcher: So how do you deal with this now? Where are you at with it?

Hathor: Um I think I am okay with it now, I really am, I got over the fantasy, I was well aware that it was a fantasy to have a baby and you have the man you love and blah... blah... blah.... It isn't all wonderful. But there is something beautiful about having a family.

Researcher: So it hasn't been easy

Hathor: Ja, so not being able to have kids on my own this made it final. Where as before it was always an option even though I was already 40, you think oh, you know maybe, but now it's final now I know that there will be no children. Mostly I feel for the younger women I really really feel for the younger women, that must be desperate because they are in the prime of their lives or when you would have a baby. Which I think is a fantastic time to have a baby, in your early 30's your mature enough to be a mom but you've had fantastic 20's and you partied and jolled and...

Researcher: Now you are ready to be a mom.

Hathor: Think about it now because imagine now that you did fall pregnant, I was thinking about it, what if some miracle had to occur? I would ecstatic but I would be constantly worried that oestrogen is going to revive your cancer. Do you really want to be a mother to a child who is going to die after a couple of years? You give birth to this child and then you die. I've come from a family when my mother died when I was young, do I want to be that mother again? Do I want to leave a child? I mean I remember talking to my God and saying if I am supposed to be a mom fine but actually I'm glad I didn't because I was going to die and leave a young kid behind I'm glad I never had kids. From that point of view, so that's really an interesting subject too. Like what would you do? You want that child but it is like a time bomb. Look some women do, and they are fine, it doesn't mean that you are going to get cancer... *(pause)*

Researcher: But it increases your risk.

Hathor: It does increase your risk ja. Also how younger how some of the younger girls handle being single. It is one things being in a relationship with a person who desperately loves you and it's easy for me to pull my shirt off.

Researcher: They also know how you were before.

Hathor: Exactly it is easy for me to pull my top off and show my husband my breasts with my scars, he's open to it and I've spoken about it, some women aren't like that. Some women their breasts have been everything and now they feel that they are not feminine. I don't feel like that, but what happens if you are single? That fist time you have to take shirt off in front of a man you are going to make love to? You go um it kinda looks odd because, how do you have that first conversation? Oh I had stage three breast cancer? How many men are going to be scared off by that?

Researcher: I remember reading that one woman found it hard to tell a man that she doesn't have nipples,

Hathor: Exactly, [friend A] is starting to date again and I asked her how it is going and she said something like she remembers how easy it was before and now it isn't and I said ja I know but remember, the guy that wants to date you now, if ever you have had a sieve to get rid of the crap, this will get rid of the crap right away. Because a guy that is really shallow is not going to hang about, he's not.

Researcher: It must be hard for her (pause). Okay well that's a wrap.



References

- Academy of Ideas. (2012, August 12). *Nietzsche and nihilism* [Video file]. Retrieved October 14, 2014, from <https://www.youtube.com/watch?v=0Ajv-RrQs4o>
- Adams, B. N., & Sydie, R. A. (2002). *Marx on alienation*. Retrieved from <http://uregina.ca/~gingrich/s3002.htm>
- American Cancer Society. (2013). *Breast cancer facts & figures 2013-2014*. Atlanta, GA: Author.
- Apffelstaedt, J., & Baatjes, K. (2008). Breast cancer in emerging countries: The status of breast care in South Africa. *European Journal of Cancer Supplements*, 6, 167. Retrieved from <https://www.deepdyve.com/lp/elsevier/breast-cancer-in-emerging-countries-the-status-of-breast-care-in-south-wA5osETriF>
- Arman, M., Rehnsfeldt, A., Lindholm, L., Hamrin, E., & Eriksson, K., (2002). The face of suffering among women with breast cancer - being in a field of forces. *Cancer Nursing*, 25(2), 96-103. Retrieved from <http://0-www.sciencedirect.com.ujlink.uj.ac.za/science/article/pii/S0920996408001588>
- Berry-Smith, (2012). *Death, freedom, isolation and meaninglessness, and the existential psychotherapy of Irvin D. Yalom: A Literature Review*. Unpublished doctoral dissertation, Auckland University of Technology, New Zealand.
- Best, M., Butow, P., & Olver, I. (2014). The doctor's role in helping dying patients with cancer achieve peace: A qualitative study. *Palliative Medicine*, 28(9), 1139-1145. doi:10.1177/0269216314536455
- Binswanger, L. (1963). Heidegger's analytic of existence and it's meaning for psychiatry. In J. Needleman (Ed.), *Being in the world* (pp. 206-221). New York, NY: Basic Books.

- Bolmsjö, I. (2000). Existential issues in palliative care; Interviews with cancer patients. *Journal of Palliative Care*, 16(2), 20-24. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=4&sid=17b2dab9-73ee-47fe-a919-518026660ddc%40sessionmgr4005&hid=4104>
- Boss, M. (1963). *Psychoanalysis and daseinsanalysis*. Oxford, England: Basic Books.
- Bosom Buddies, (2014). *Breast cancer facts and figures*. Retrieved October 28, 2014, from <http://bosombuddies.cfsites.org/>
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: <http://dx.doi.org/10.1191/1478088706qp063oa>
- Breastcancer.org. (2014). *Surgery*. Retrieved from <http://www.breastcancer.org/treatment/surgery>
- Breitbart, W., Gibson, C., Poppito, S. R., & Berg, A. (2004). Psychotherapeutic Interventions at the end of life: A focus on meaning and spirituality. *Canadian Journal of Psychiatry*, 49(6), 366-372. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=7&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- Buber, M., 1978. *Between man and man*. (R. Gregor Smith, Trans.). New York, NY: Macmillan. (Original work published 1947)
- Burns, Z. (2010). *Ranked: Vampire TV shows*. Retrieved October 26, 2014 from <http://www.metacritic.com/feature/best-and-worst-vampire-tv-shows>
- Camus, A., 1991. *The myth of Sisyphus and other essays*. (J. O'Brien, Trans.). New York, NY: Vintage Books. (Original work published 1942)

- Clark, M., & Dudrick, D. (2007). Nietzsche and moral objectivity: The development of Nietzsche's Metaethics. In B. Leiter and N. Sinhababu (Ed.), *Nietzsche and mortality* (pp.192-226). New York, NY: Oxford University Press.
- Crowell, S. (2010). Existentialism. *The Stanford Encyclopaedia of Philosophy*. Retrieved from <http://plato.stanford.edu/archives/win2010/entries/existentialism/>
- Dagan, M., Sanderman, R., Schokker, M. C., Wiggers, T., Baas, P. C., Van Haastert, M., & Hagedoorn, M. (2011). Spousal support and changes in distress over time in couples coping with cancer: The role of personal control. *Journal of Family Psychology, 25*(2), 310-318. doi:10.1037/a0022887
- Emilee, G., Ussher, J. M., & Perz, J. J. (2010). Sexuality after breast cancer: A review. *Maturitas, 66*(4), 397-407. doi:10.1016/j.maturitas.2010.03.027
- Fergus, K. D. (2011). The rupture and repair of the couple's communal body with prostate cancer. *Families, Systems, & Health, 29*(2), 95-113. doi:10.1037/a0023413
- Frankl, V. E. (1963). *Man's search for meaning: an introduction to logotherapy*. New York, NY: Washington Square Press.
- Frankl, V.E., (1985) *Psychotherapy and existentialism*. New York, NY: Pocket Books.
- Fuchs, T. (2013). Existential Vulnerability: Toward a Psychopathology of Limit Situations. *Psychopathology, 46*(5), 301-308. doi:10.1159/000351838
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. doi:10.1177/1525822X05279903
- Heidegger, M., 1962. *Being and time*. (J. Macquarrie & E. Robinson, Trans.). New York, NY: Harper and Row. (Original work published 1927)

- Herbst, M. C. (2013). *Position statement on breast cancer*. Retrieved from Cancer Association of South Africa: <http://www.cansa.org.za/files/2013/10/Position-Statement-Breast-Cancer-Oct-2013.pdf>
- Jefferies, H., & Clifford, C. (2011). Aloneness: The lived experience of women with cancer of the vulva. *European Journal of Cancer Care*, 20(6), 738-746. doi:10.1111/j.1365-2354.2011.01246.
- King, M., Llewellyn, H., Leurent, B., Owen, F., Leavey, G., Tookman, A., & Jones, L. (2013). Spiritual beliefs near the end of life: a prospective cohort study of people with cancer receiving palliative care. *Psychosocial Oncology*, 22(11), 2505-2512. doi:10.1002/pon.3313
- Kissane, D. W., Bloch, S., Miach, P., Smith, G. C., Seddon, A., & Keks, N. (1997). Cognitive-existential group therapy for patients with primary breast cancer- techniques and themes. *Psychosocial Oncology*, 6(1), 2533. doi:10.1002/(SICI)10991611(199703)6:1<25::AID-PON240>3.0.CO;2-N
- Kissane, D. (2012). The relief of existential suffering. *Archives of Internal Medicine*, 172(19), 1501-1505. doi:10.1001/archinternmed.2012.3633
- Landmark, B. T., Strandmark, M. M., & Wahl, A. A. (2002). Breast cancer and experiences of social support: In-depth interviews of 10 women with newly diagnosed breast cancer. *Scandinavian Journal of Caring Sciences*, 16(3), 216-223. doi:10.1046/j.1471-6712.2002.00059.x
- Lantz, J. (2004). Research and evaluation issues in existential psychotherapy. *Journal of Contemporary Psychotherapy*, 34(4), 331-340. doi:10.1007/s10879-004-2527-5
- Lantz, J., & Gregoire, T. (2000). Existential psychotherapy with couples facing breast cancer: A twenty year report. *Contemporary Family Therapy: An International Journal*, 22(3), 315. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=13&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>

- Lee, V. (2008). The existential plight of cancer: meaning making as a concrete approach to the intangible search for meaning. *Supportive Care in Cancer*, 16(7), 779-785. Retrieved from <http://0-link.springer.com.ujlink.uj.ac.za/10.1007/s00520-007-0396-7>
- Lee, V., & Loiselle, C. (2012). The salience of existential concerns across the cancer control continuum. *Palliative & Supportive Care*, 10(2), 123-133. doi:10.1017/S1478951511000745
- Lindemalm, C., Granstam-Björneklett, H., Bergkvist, L., Ojutkangas, M., & Strang, P. (2012). Existential aspects are neglected in the evaluation of support-intervention in breast cancer patients. *Acta Oncologica (Stockholm, Sweden)*, 51(6), 807-809. doi:10.3109/0284186X.2012.681699
- Little, M., & Sayers, E. (2004). The skull beneath the skin: Cancer survival and awareness of death. *Psychosocial Oncology*, 13(3), 190-198. doi: 10.1002/pon.720
- Lo Castro, A., & Schlebusch, L. (2006). The measurement of stress in breast cancer patients. *South African Journal of Psychology*, 36(4), 762-779. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=19&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- Maddi, S. (1967). The search for meaning. In W. Arnold & W. Page (Eds.), *The Nebraska symposium on motivation* (pp.137-142). Lincoln, NE: University of Nebraska Press.
- Maree, J., Wright, S., & Lu, X. (2013). Breast cancer risks and screening practices among women living in a resource poor community in Tshwane, South Africa. *The Breast Journal*, 19(4), 453-454. doi:10.1111/tbj.12143
- May, R. (1977). *The meaning of anxiety*. New York, NY: W.W Norton.
- May, R. (1983). *The discovery of being*. New York, NY: W.W Norton.
- McDonald, P. C. (1985). *Grieving: A healing process*. Centre City, MN: Hazelden.

- Miedema, B., Hamilton, R., & Easley, J. (2007). From "invincibility" to "normalcy": Coping strategies of young adults during the cancer journey. *Palliative & Supportive Care*, 5(1), 41-49. doi: 10.1017/S147895150707006X
- Moadel, A., Morgana, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., & Dutcher, J. (1999). Seeking meaning and hope: Self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. *Psycho-Oncology*, 8(5), 378-385. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=18&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- Moodley, L. C. (2011). *Existential reflections of South African women with breast cancer*. Unpublished master's thesis, The University of the Witwatersrand, Johannesburg.
- Morita, T., Murata, H., Kishi, E., Miyashita, M., Yamaguchi, T., & Uchitomi, Y. (2009). Meaninglessness in terminally ill cancer patients: A randomized controlled study. *Journal Of Pain And Symptom Management*, 37(4), 649-658. doi:10.1016/j.jpainsymman.2008.04.017
- Mugivhi, N., Maree, J., & Wright, S. (2009). Rural women's knowledge of prevention and care related to breast cancer. *Curationis*, 32(2), 38-45. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=21&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- Mulder, A. (2013). *Exploring the experiences of breast cancer survivors at various stages of treatment: An analysis of the constructions of breast cancer and of femininity*. Retrieved from http://www.knowledgeco-op.uct.ac.za/usr/knowledgeco-op/downloads/46_Awaiting_Treatment_Report_for_CANSA.pdf
- Murata, H. (2003). Spiritual pain and its care in patients with terminal cancer: construction of a conceptual framework by philosophical approach. *Palliative & Supportive Care*, 1(1), 15-21. doi:10.1017/S1478951503030086.

- Nietzsche, F., 1998. *On the Genealogy of Morality*. (M. Clark & A. J. Swensen, Trans.). New York, NY: Vintage Books. (Original work published 1887).
- Perls, F., & Baumgardner, P. (1975). *Legacy from Fritz*. Palo Alto, CA: Science and Behavior Books.
- Pink Floyd. (1979). Another brick in the wall. On *The Wall* [CD]. United Kingdom: Pink Floyd Music Publishers Ltd.
- Price, A. J., Ndom, P., Atenguena, E., Mambou-Nouemssi, J. P., & Ryder, R. W. (2012). Cancer care challenges in developing countries. *Cancer (0008543X)*, *118*(4), 3627-3635. doi:10.1002/cncr.26681
- Rank, O. (1945). *Will therapy: Truth and reality*. Oxford, England: Knopf.
- Regehr, K. (2012). Pink ribbon pin-ups: photographing femininity after breast cancer. *Culture, Health & Sexuality*, *14*(7), 753-766. doi:10.1080/13691058.2012.690104
- Richer, M., & Ezer, H. (2002). Living in it, living with it, and moving on: dimensions of meaning during chemotherapy. *Oncology Nursing Forum*, *29*(1), 113-119. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=24&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- Rosedale, M. (2009). Loneliness: an exploration of meaning. *Journal of the American Psychiatric Nurses Association*, *13*(4), 201-209. Retrieved from <http://0-jap.sagepub.com.ujlink.uj.ac.za/content/13/4/201>
- Salsman, J. M., Yost, K. J., West, D. W., & Cella, D. (2011). Spiritual well-being and health-related quality of life in colorectal cancer: a multi-site examination of the role of personal meaning. *Supportive Care in Cancer: Official Journal Of The Multinational Association Of Supportive Care In Cancer*, *19*(6), 757-764. doi:10.1007/s00520-010-0871-4

- Sand, L., & Strang, P. (2006). Existential loneliness in a palliative home care setting. *Journal of Palliative Medicine*, 9(6), 1376-1387. Retrieved from <http://0-web.a.ebscohost.com.ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?sid=fb32f292-1c26-424a-874c-6f560a34979c%40sessionmgr4005&vid=12&hid=4109>
- Sartre, J. P. (1959). *Nausea*. (L. Alexander, Trans.). New York, NY: New Directions. (Original work published 1938)
- Sartre, J. P. (1989). *No Exit and Three Other Plays*. (S. Gilbert, Trans.). New York, NY: Vintage Books. (Original work published 1949)
- Sartre, J. P. (1993). *Being and nothingness*. (H. E. Barnes, Trans.). New York, NY: Washington Square Press. (Original work published 1943)
- Schoen, E. G., & Nicholas, D. R., (2005). Existential meaning through illness. *Journal of Psychosocial Oncology*, 22(4), 61-76. doi: 10.1300/J077v22n04_04
- Searles, H. (1961). Schizophrenia and the inevitability of death. *The Psychiatric Quarterly*, 35631-35665. Retrieved from http://0-download.springer.com.ujlink.uj.ac.za/static/pdf/19/art%253A10.1007%252F01563716.pdf?originUrl=http%3A%2F%2F0-link.springer.com.ujlink.uj.ac.za%2Farticle%2F10.1007%2F01563716&token2=exp=1441017733~acl=%2Fstatic%2Fpdf%2F19%2Fart%25253A10.1007%25252F01563716.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1007%252F01563716*~hmac=34877d3b0c90101fef72da16872c5825aa8a4411c8f8e7c3438b55b577f166b7
- Shakespeare, W. (1609). Sonnet 18. *The Sonnets* (Lit2Go Ed.). Retrieved August 30, 2015, from <http://etc.usf.edu/lit2go/179/the-sonnets/3257/sonnet-18/>
- Shiozaki, M., Hirai, K., Koyama, A., Inui, H., Yoshida, R., & Tokoro, A. (2011). Negative support of significant others affects psychological adjustment in breast cancer patients. *Psychology & Health*, 26(11), 1540-1551. doi:10.1080/08870446.2010.551211

- Silver, J. (Producer), The Wachowskis Brothers (Directors). (1999). *The Matrix* [Motion Picture]. United States: Warner Bros. Pictures.
- Singleton, A. (2008). "It is because of the Invincibility Thing": Young Men, Masculinity, and Testicular Cancer. *International Journal of Men's Health*, 7(1), 40-58.
doi:10.3149/jmh.0701.40
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Eds.), *Qualitative Psychology: A practical guide to methods* (pp. 53-80). London, England: Sage.
- Tacón, A. M. (2011). Mindfulness: Existential, loss, and grief factors in women with breast cancer. *Journal of Psychosocial Oncology*, 29(6), 643-656.
doi:10.1080/07347332.2011.615382
- The Bill of Rights of the Constitution of the Republic of South African. (1996). *Government Gazette*. (No. 17678).
- The New York Times. (2014, June 2). *The nipple artist* [Video file]. Retrieved October 13, 2014, from <https://www.youtube.com/watch?v=Egq2qnnXSPY>
- Thomas-MacLean, R. (2005). Beyond dichotomies of health and illness: Life after breast cancer. *Nursing Inquiry*, 12(3), 200-209. doi:10.1111/j.1440-1800.2005.00268.x
- Tillich, P. (2000). *The courage to be*. New Haven, CT: Yale University Press.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80-96. doi:10.1177/1473325010368316
- Tum, S. J., Maree, J. E., & Clarke, M. M. (2013). Creating awareness and facilitating cervical and breast cancer screening uptake through the use of a community health worker: A pilot intervention study. *European Journal of Cancer Care*, 22(1), 107-116.
doi:10.1111/ecc.12005

- Vollmer, T. C., Wittmann, M. M., Schweiger, C. C., & Hiddemann, W. W. (2011). Preoccupation with death as predictor of psychological distress in patients with haematologic malignancies. *European Journal of Cancer Care*, 20(3), 403-411. doi:10.1111/j.1365-2354.2010.01203.x
- Vos, J. (2014). Meaning and existential givens in the lives of cancer patients: A philosophical perspective on psycho-oncology. *Palliative & Supportive Care*, 13(4), 885-900. doi:10.1017/S1478951514000790
- Westman, B., Bergenmar, M., & Andersson, L. (2006). Life, illness and death - existential reflections of a Swedish sample of patients who have undergone curative treatment for breast or prostatic cancer. *European Journal of Oncology Nursing*, 10(3), 169-176. Retrieved from <http://www.sciencedirect.com/ujlink.uj.ac.za/science/article/pii/S1462388905000736>
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). New York, NY: McGraw-Hill.
- Wolman, B. (1975). Principles of interactional psychotherapy. *Psychotherapy Theory Search and Practise* 12, 149-159. Retrieved from <http://web.a.ebscohost.com/ujlink.uj.ac.za/ehost/pdfviewer/pdfviewer?vid=32&sid=bb8707ac-40f1-4ce2-8db3-9aee99f3ec43%40sessionmgr4004&hid=4104>
- World Health Organisation. (2014, February 4). *Cancer*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs297/en/>
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.