

LETTER TO THE EDITOR:
The experience of living with breast cancer

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Breast Journal

Published by Elsevier

To the editor:

There is no universal experience of living with breast cancer, only individuals that have the experience can relate to it (1). Every woman's interpretation of the experience of living with the disease will be influenced by factors such as social, racial, cultural, religious, age but also the influence of family members, particularly spouses (2-3). These factors may underpin the types of suffering they endure (4-5). Suffering is 'an individualized, subjective and complex experience that involves the assignment of an intensely negative meaning to an event or a perceived threat' (6). Suffering occur at all ontological levels. Women with breast cancer experience suffering related to all dimensions of life; physical pain, emotional, psychological, spiritual and social forms of suffering (7-8).

The lived experience of breast cancer commences with the shock of the diagnosis. This is usually unexpected and the journey to diagnosis is transforming event that can cause many women to develop fears and anxieties about receiving chemotherapy and recurrence of the cancer, and trepidation about imminent death (9). This transforming event is associated with emotional chaos (8, 10) and a period of adjustment to the physical and emotional influences of breast cancer but also on feelings of loss of dignity, femininity and sexuality following a mastectomy (2, 11). These feelings may be stronger in younger women who also have fears associated with the potential loss of partners or husbands.

Living with breast cancer increases a woman's body consciousness and can result in loss of self-esteem, emotional support and coping with disability, potential disfigurement following surgery (12-13), living with continual uncertainty and the premature onset of the menopause. The early onset of the menopause can be extremely stressful for younger women with fears about careers and personal relationships both of which can be influenced by physical and emotional changes that they have to endure as a result of the disease (14). The psychological adjustment that is central to survival is thought to be based on maintaining a fighting spirit and emotional anger, also possessing continual sense of hope to cope with the illness trajectory (10). Women recall having to deal with the backache associated with having only one breast and being self conscious of wearing breast prosthesis (11).

Professional support is an essential element of the illness trajectory. Women need information about preparing for surgery (15) and adjustment post surgery, cure rates, available treatment options and treatment cycles (4). Women also require information on the possible spread of the disease. Information giving is not only an essential objective of cancer care (16), but is also an important component of the coping strategy that helps women to adjust psychologically to the illness especially after the initial shock of diagnosis. In order for patients to be fully supported throughout the illness trajectory, medical and breast cancer nurse specialists need to provide patients with professional advice on issues pertinent to not only current but also long term pharmacological, non pharmacological and follow up care (17). Understanding the lived experience of women with breast cancer can help nursing and medical practitioners to provide proficient care that meets the continual needs of their patients.

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