



Exploration of Existential Issues: A Qualitative Study of Breast Cancer Women

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ABSTRACT

The existing phenomenological study explored the existential issues of Pakistani breast cancer women. Moderately interviews were conducted to obtain information, which were digitally recorded and transcribed. Purposive sampling technique was employed to obtain a sample. Ten breast cancer-diagnosed women were included in this research. The qualitative information was investigated using Interpretative Phenomenological Analysis. Personal Cluster and Social Cluster evolved from the statements of existential issues by breast cancer women. The clusters were further sorted into the following categories: Existential Anxiety, Death Anxiety, Meaninglessness, Hopelessness, Loneliness, Body Image Discomfort, Guilt, Loss of autonomy, Lowered Self-Esteem, Pessimistic, Abashment, Peace of Mind, Dissatisfaction, Personal Loss of Control, Mobility Loss, Personal Responsibility, Loss of Personal Identity, Loss of Personal Relationships, Demoralization, Shame, Disappointment, Loss of Female Identity, Helplessness, Dependency, Loss Freedom of Choice, Powerlessness, Rejection, Social isolation, Burden to Others, Loss of Dignity, Integrity Loss, Loss of Outdoor Mobility, Social Responsibility, Loss of Social Identity, Loss of Group Identity, Loss of Family Identity, Loss of Professional Identity, Loss of Social Relationships, Futility, Alienation, Ignorance. The findings have significance for clinical psychologists, counselors, and therapists who work in primary and secondary health care settings.

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1. Introduction

Existential psychology is a psychological subfield that originated in the nineteenth century. According to May (1958), existentialism began at a time of dramatic turmoil, when people were forced into pain and grief. Existential psychology investigates how individuals confront the basic truths of life; it views individual existence in phenomenological terms, that is, as individually experienced by each person (Spinelli, 2005). Existential psychology examines people's subjective phenomenology and experiences (Koole, 2010).

Existential psychology strives to broaden existing approaches, which are focused mostly on the personal experience of individuals' existential issues (Koole, 2010). Philosophical explanations of why humans are in the world have been an objective of the existential approach. Existential philosophy, which was founded by thinkers like Kierkegaard, Nietzsche, and Heidegger, is the branch of philosophy most closely associated with existential psychology. These existential philosophers and others have written about the anxiety that comes with being alive. Existential psychology has been influenced by philosophers like Dostoevsky and

Kafka as well as existentialist philosophers like Sartre, Beauvoir, Camus, Ionesco, and Beckett (Koole, 2010).

The roots of existentialism can be found in the work of Socrates, Plato and Aristotle, although Kierkegaard is usually considered to be the founding father of existentialism (Arnold-Baker & Van Deurzen, 2008). All existential philosophers have a common commitment to self-determinism, freedom of choice, personal responsibility, respect for the individual, and the need for everyone to find their meaning in life. It is not surprising that every theory has another common factor: they are all the result of the theorist's lifelong struggle or problem. Existential thought is thus both a scholarly and an ecological process. The existential theory focuses on supporting the person in discovering their authentic self rather than solving problems (Eliason & Samide, 2009).

The focus of existential theorists is for people to find meaning in their lives, make decisions according to their personal views, and take responsibility for the results of their decisions, either good or bad. Over the past 60 years, existentialism has benefited from the contributions of Victor Frankl, Rollo May, and Irvin Yalom. Others, like Fritz Perls and Carl Rogers, founded their existential ideas and subsequently expanded them (Eliason & Samide, 2009). The biggest strength of the existential approach is its focus on life issues and the things that matter to persons (Arnold-Baker & Van Deurzen, 2008).

Breast cancer is a severe concern for women as well and can lead to existential issues in a person's life. Among all causes of death worldwide, breast cancer is the second most common. De Georgia, Kaffashi, Jacono, and Loparo (2015), in breast cancer patients these existential issues arise after the truth of morality (Greenberg, Koole, & Pyszczynski, 2004) and create a strong desire to distance oneself from nature's terrible reality (Frankl, 2005).

Lack of stability is a sign of existential issues in which patients' physical existence is at risk (Crossley, 1998; Yang, Staps, & Hijmans, 2010). Only a few research have looked at the existential issues of breast cancer patients. Mayers, Naples, and Nilsen (2005) explored existential issues among HIV-positive women, but they don't look at similar issues in other chronic diseases, hence this study will address this research gap by focusing on breast cancer patients.

These issues are referred to as "ultimate" and "transcendental" by Gardner (2000). These ultimate issues relate to one's relationship to the universe, for instance, the reason for being, the most essential or inescapable aspects of human existence such as the need for life or death's reality (Yalom, 1980).

Koole, Greenberg, and Pyszczynski (2006) differentiated significant existential issues in an essay. Existentialists have identified common issues that human beings experience in their everyday lives (Arnold-Baker & Van Deurzen, 2008). Existential loneliness, existential anxiety, and helplessness are three essential issues, personal, societal, and physical dimensions all play a part in existential issues (Gonzalez, Hartig, Patil, Martinsen, & Kirkevold, 2011). Existentialists try to figure out how these issues impact different aspects of their lives (Yalom, 1980).

Even though lots of studies have identified breast cancer women's psychological problems (Fradelos et al., 2017; Kugbey, Oppong Asante, & Meyer-Weitz, 2020), less is known about existential issues of breast cancer women. There is an existing gap in this domain, there is no existing literature that explores the existential issues of eastern society's breast cancer women. Therefore, the current research is carried out to explore the existential issues which are faced by Pakistani breast cancer women.

2. Method

2.1 Research design

For the current study, ten breast cancer women were interviewed using a qualitative research technique to examine existential issues. Generally, quantitative methods provide extreme information and quantitative techniques for a thorough knowledge of different variables or dimensions. There is a very little qualitative study on the existential issues of breast cancer women.

2.2 Instrument

To generate barrier-free communication from breast cancer women, four crucial questions were designed. Special consideration was given to the respondent's mental capabilities for adjusting the wording of the questions. The questions were written in a clear and understandable Urdu language.

What, why, how, according to you and what you think words were chosen to encourage verbal communication (Bernard, 1995). To allow people to respond in their own words, views, and circumstances, leading questions were eliminated (Herman & Bentley, 1993). To facilitate meaningful conversation, the questions were organized in order. Existential issues were explored through the following key questions:

Question 1: How did you view life before you were diagnosed with breast cancer?

Question 2: What do you think are the most important aspects of your life that have been affected by your breast cancer?

Question 3: How has breast cancer affected your personal life?

Question 4: How has breast cancer affected your social life?

2.3 Participants

For the present study indoor breast cancer women were chosen from several hospitals in Punjab, Pakistan. Women of various ages, qualification, marital status, number of children, physical activity, length of cancer diagnosis, and kind of intervention were selected via purposeful sampling (Table 1). Ten breast cancer women were interviewed in semi-structured interviews, each session lasted between 35 and 50 minutes. Interviews were taped with the women's permission.

Table 1: Participants' demographic characteristics

Patient	Age	Qualification	Marital Status	Marriage's duration	No of Children	Economical status	Physical activity	Religion	Stage of cancer	Duration of diagnosis	Type of treatment
1	77	Intermediate	Widowed	55	4	Very Low	Low	Islam	3	5 Years	Surgery
2	73	Graduation	Married	50	2	Low	Low	Islam	2	Six months	Chemotherapy
3	50	Matric	Married	20	1	Normal	Low	Islam	3	3 Years	Chemotherapy
4	70	Graduation	Separated	20	2	Very Low	Low	Islam	2	2.5 Years	Surgery
5	55	Training	Married	25	1	Low	Low	Islam	3	2.5 Years	Radiation
6	77	Intermediate	Separated	50	4	Normal	Low	Islam	2	Six months	Radiation
7	59	Matric	Married	40	4	Above Normal	Moderate	Islam	3	5 Years	Surgery
8	70	Graduation	Widowed	40	4	Low	Low	Islam	4	2 Years	Surgery
9	21	Intermediate	Single			Very High	Moderate	Islam	2	3.5 Years	Hormonal therapy
10	37	Training	Single			Low	Low	Islam	3	3 Years	Surgery

Note. Training= some training beyond high school

2.4 Reliability

Instead of simply taking notes during the interviews, tape recordings were made to ensure data accuracy. Following the conclusion of each interview, extensive notes were prepared to ensure that views and relevant descriptive remarks were as reliable as appropriate.

3. Technique for the Qualitative Analysis of Data

3.1 Analysis using codes and clusters

The information on existential issues among breast cancer women was gathered via semi-structured interviews and the information was evaluated using Interpretative Phenomenological Analysis (IPA), IPA is intended to understand how individuals give meaning to their significant experiences (Smith, Flowers, & Larkin, 2009). It's an approach that emphasizes "discovering consciousness with its own ways" as opposed to trying to categorize it into fixed or too complicated categories (Smith, 2007). The analysis is further down into steps in the following section.

Step 1: Data collection

The information was acquired by extensive communication with participating breast cancer women. The researcher's goal was to gather thorough and first-hand reports of the phenomena under study. After obtaining information throughout the sessions, the scholar proceeded with the evaluation of the information obtained from numerous observations.

Step 2: Notes preparation after several readings

Scholar prepared notes regarding her views on the interview experience at this step. The emphasis was on the information, the language utilized, situation and preliminary interpretation judgments, and remarks related to personal reflection were also created.

Step 3: Exploring themes

Scholar discovers personal assessment of said women's statements at this point and the researcher was confronted with the context of the study. The information that resulted from the qualitative analysis was transformed into themes by the culmination of this step (Table 2).

Table 2: Initial analysis of the list of statements

Interview	Statements	Code
A	I often think about what will happen to my life and it makes me feel worried to think about things like that. I often have the perception that I am only existing rather than truly living.	Worrying about existence
B	I am afraid of the responsibilities of my family. I was the strong one, it's difficult when it's the strong one who falls ill. Sometimes I just don't want to take medicines, it's just a significant element of a task that becomes exhausted doing.	Difficulty in routine work
C	However, before I go to sleep I have a sad impression that missing my medication would have a bad impact on my family as a result I awake convinced that I must go outside and consume my medication.	Loss of liberty
F	I feel worthless and unproductive, thus I have little to be proud of.	Low self-esteem
H	I am getting worse body shape, I think it's a constant battle for anyone to bear a dis-shaped body.	Worrying about body shape

Step 4: Scheme for coding the themes

The scholar directly collaborates with the content after reviewing the data. Scholar keeps a record of the codes and tries to explore themes (Table 3).

Table 3: Scheme for coding the themes: investigating the basic nature of existential issues in breast cancer women

1	2	3	4	5
Fear of the death	Isolated from others	Responsibility loss	Emptiness	Loss of hope
1.1 Scary of death	2.1 Avoidance of people	3.1 Worry about my responsibilities	4.1 Seeing life aimless	5.1 Life has nothing except sadness
1.2 Mostly thinking about her death	2.2 Being isolated	3.2 Don't fulfill her duties increase worries	4.2 Life has no meaning	5.2I can't recover, my illness is cureless
1.3 Preparation for death			4.3 Searching the purpose of life	5.3 Not anyone can save me
1.4 What will happen after my death worry me			4.4 Universe is purposeless	5.4 Not having a future
1.5 having nightmares about death				

Note: The above coding scheme is some examples from the interviews held to explore existential issues.

Step 5: Exploring Subthemes

Exploration of the early statements themes from all narratives becomes completed. This process involved carefully examining verbatim and discovering sub-themes that may be put together based on their similarities plus thematic links (*Table 4*).

Table 4: Interviews related Subthemes

Sub themes	Verbatim	Participant
1. Loss of personal responsibility	I often forget to take my medicines on time due to the worries about the fulfillment of responsibilities.	Patient 2
2. Loss of social responsibility	I can't fulfill others' responsibilities due to my cancer that's why they are not happy with me, this thing increased my worries.	Patient 7
3. Loss of professional identity	Carrying a job with the cancer was a difficult task, I could not afford job pressure with this disease so even though I could not want to leave the job I left.	Patient 4
4. Powerlessness	"I felt powerlessness. I thought I can't handle my illness." "After my cancer, I notice my words are worthless for my daughter in laws or my sons now they follow her wife's command for domestic matters so I completely distanced myself from domestic matters and responsibilities."	Patient 5
5. Loss of Family Identity		Patient 6

*The entire table was >25,000 words in length.

Step 6: Clusters Creation

This step includes exploring for connections between generating themes, clustering them together with general conceptual commonalities, and issuing labels to each cluster. The themes for the entire transcript were assembled before actually exploring for connections and clusters. Several super ordinate themes and subthemes were included in the final list (*Table 5*).

Table 5: IPA analysis of semi-structured interviews identified significant clusters and their connecting themes

Cluster 1: Personal existential issues	Cluster 2: Social Existential Issues
Existential anxiety	Helplessness
Death anxiety	Dependency
Meaninglessness	Loss freedom of choice/liberty
Hopelessness	Powerlessness
Loneliness	Rejection
Body image discomfort	Social isolation
Guilt	Burden to others
Loss of autonomy	Loss of dignity
Lowered self esteem	Integrity loss
Pessimistic	Loss of outdoor mobility
Abashment	Social responsibility
Peace of Mind	Loss of social identity
Dissatisfaction	Loss of group identity
Personal loss of control	Loss of Family Identity
Mobility loss	Loss of Professional identity
Personal responsibility	Loss of social relationships
Loss of personal identity	Futility
Loss of personal relationships	Alienation
Demoralization	Ignorance
Shame	
Disappointment	
Loss of female identity	

Step 7: Writing up

In this phase, the themes in a write-up were interpreted. The descriptions of the breast cancer women's answers and the scholar's narrative interpretation of the statements were used to generate the themes table. It was crucial to differentiate clearly between what the women stated and how the author took it.

The study found that every woman's existential issues with breast cancer varied. Existential anxiety, death anxiety, meaninglessness, helplessness, dependency, and loss of freedom of choice were among the most prominent issues. The results section has twenty-two and nineteen themes, respectively, divided into two different clusters: Personal Existential Issues and Social Existential Issues.

4. Discussion

This segment of the study is divided into three sections and discusses the findings in the light of existing research including the dimensions of existential issues faced by breast cancer women. The study's goal and method are described in the first part, *Summary of the Study*. The section titled *Findings of the Present Research* then goes on to detail the study's findings. The current study's relationship to the totality of previous studies is explored in the last section, *The Present Study Concerning the Literature*.

5. Findings

5.1 Explored existential issues of breast cancer women

Unique themes arose when each of the women described her issues about their existence. *Personal Existential Issues*, and *Social Existential Issues* were the two main clusters that emerged from the analysis (Table 5). The clusters were developed using logical links between the studied themes.

Cluster 1: Personal Existential Issues

Personal Existential Issues included: Existential anxiety, Death anxiety, Meaninglessness, Hopelessness, Loneliness, Body image discomfort, Guilt, Loss of autonomy, Lowered self-esteem, Pessimistic, Abashment, Peace of Mind, Dissatisfaction, Personal loss of control, Mobility loss, Personal responsibility, Loss of personal identity, Loss of personal relationships, Demoralization, Shame, Disappointment, Loss of female identity.

Cluster 2: Social Existential Issues

Whereas, Social Existential Issues included: Helplessness, Dependency, Loss freedom of choice, Powerlessness, Rejection, Social isolation, Burden on others, Loss of Dignity, Integrity loss, Loss of outdoor mobility, social responsibility, Loss of social identity, Loss of group identity, Loss of Family Identity, Loss of Professional identity, Loss of social relationships, Futility, Alienation, Ignorance. There was a wide range of responses from women when wide open research questions about existential issues were asked to them. The majority of the ten women mentioned existential anxiety, death anxiety, hopelessness, helplessness, meaninglessness, loss of responsibility, and loss of identity when asked what existential issues breast cancer women most frequently experience.

5.2 Present Study Concerning the Literature

Many themes related to existential issues that appeared from the present qualitative analysis are consistent with prior literature. As previously said, this is the first qualitative research to address the concept of existential issues faced by breast cancer women in Eastern society, however there are few empirical investigations in this domain. However, the following is a short overview of the research that encourages the screening of existential issues in breast cancer patients.

According to the literature existential issues are widespread among cancer patients (Cassell, 1998; Kissane, Clarke, & Street, 2001). Literature depicts Existential anxiety (Woodgate, West, & Taylor, 2014), death anxiety, loss of autonomy (Blinderman & Cherny, 2005), meaninglessness (Halldórsdóttir & Hamrin, 1996; O'Connor, Wicker, & Germino, 1990; Weisman & Worden, 1977) loneliness (Mayers, Khoo, & Svartberg, 2002), hopelessness (Breitbart et al., 2000), guilt (Bolmsjö, 2000), social isolation (Arndt, Greenberg, Simon, Pyszczynski, & Solomon, 1998; Twenge, Catanese, & Baumeister, 2003), loss of freedom of

choice, solitude, loss of relationships (Browall, Melin-Johansson, Strang, Danielson, & Henoch, 2010) are important existential issues among cancer patients. Similarly, the present qualitative study explored many additional existential issues that have been proved in previous studies, such as loss of dignity, demoralization (Vehling & Kissane, 2018), futility, disappointment, disruption of personal identity (Cassell, 1998; Kissane et al., 2001), powerlessness, loss of identity (Yang et al., 2010) female identity loss (Landmark & Wahl, 2002), body image discomfort (Fonseca, Lencastre, & Guerra, 2014).

The current study explored existential issues in a sample of indigenous breast cancer women. Professionals and researchers who work in the domains of health psychology, clinical psychology, therapeutic and counseling psychology have serious concerns about the implications and applications of this study. This study insists that screening of existential issues should be a routine element of treatment for all women whose breast cancer has been diagnosed. Existential issues significantly affect the lives of women with breast cancer who desire to have a productive life. Although the study is mainly descriptive, it has influenced the literature of empirical studies. It would be a great contribution to the literature to do comprehensive empirical studies that are driven by existential issues theories. Existential issues themes were explored after significant descriptive information was provided by breast cancer women, could be used to construct a psychological measure to evaluate the existential issues of breast cancer women, which is an area where the literature is deficient.

6. Conclusion

The study aimed to investigate the existential problems breast cancer patients faced. Semi-structured interviews were employed in this study's qualitative investigation. The interview's vast and open-ended questions helped the women take the initiative in the discussion. Using a purposive sampling strategy, the sample for this study was acquired from several hospitals in Punjab, Pakistan. Ten indoor breast cancer women were interviewed using a set of four key probing questions. Over 30 minutes were spent on each interview session, and Interpretative Phenomenological Analysis was employed to analyze the data. The interpretative phenomenological analysis included transcription, transcription analysis, and observational symbolization construction throughout the conversation and assessment process. Following the attentive and repeated reading of transcribed information, the data was coded, the codes were categorized, and emergent themes were identified. The entire explanation of coded themes was considered the final form. The authors noted a write-up and final statement that defined the interpretations merged based on women's statements.

This study aimed to acquire a thorough grasp of the existential issues faced by Pakistani breast cancer women. Despite its limitations, the study helped provide information about the existential issues that breast cancer women face. Women with breast cancer confront a variety of *Personal and Social* Existential Issues according to the descriptive responses of the ten women who took part in this study.

Ethical Considerations

This study includes the Ph.D. dissertation of the first scholar. The study proposal has been approved by the Ethics Committee of the Applied Psychology Department at the Islamia University of Bahawalpur. The study's objectives and procedures were conveyed to all participants. Permission was obtained from the respondents to record the interviews. They were made aware that their involvement in the study is completely voluntary and that they might withdraw participation at any time while it is being administered. They will be guaranteed that their personal information will be kept private. The responders' identities will be kept private. Participants who consented to the terms and conditions of the study completed an informed consent form.

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