

# FIND OUT WHAT "THE MEANING OF LIFE" MEANS TO WOMEN WHO HAVE BREAST CANCER

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**Abstract:** The goal of this study was to determine the extent to which women's lives after breast cancer treatment had been fulfilled with purpose and served as a solid foundation for their mental health. Their respective mean scores on the meaning of life and social support were 29.5 and 7.49. The social support score and perceived meaning of life exhibited no statistically significant relationships with any of the demographic factors, according to the ANOVA findings. Additionally, the results point to a statistically significant relationship ( $r = 0.773$ ,  $P 0.001$ ) between social support and life's purpose. To enhance cancer patients' quality of life, it is suggested that the family's degree of social support be increased.

**Keywords:** Women, Breast Cancer, Life, Meaning of Life

## Introduction:

The biggest issue in the current century is thought to be cancer, which is one of the leading causes of mortality and the primary cause of death among women who have it. In Iran, breast cancer accounts for 76% of all female cancer cases. Women are experiencing a wide variety of physical, emotional, spiritual, and social symptoms related to breast

cancer and its treatments, which have significantly damaged numerous facets of their lives. Despite effective patient management and care, breast cancer continues to have an impact on quality of life after diagnosis, during the course of therapy, and even after full recovery. According to recent research, finding one's purpose in life might help people avoid mental instability, ensure their health, and improve their quality of life.

Unquestionably, living a fulfilling and happy life depends on understanding the purpose of life and its significance (1). Since there are many distinct types of life, there are many diverse interpretations of what life means. The meaning of life may be defined as people's perceptions of their lives or the degree to which they care about them, the satisfaction one feels from achieving a worthwhile objective in life, or devoting time and effort to doing so. The teachings of the Quran hold that human existence and life do not occur at random but rather have purpose. According to Viktor Frankl, the purpose of life is the expression of ideals based on creativity, experience, and attitude.

In recent decades, there has been a particular focus on the value of the meaning of life for patients with terminal illnesses like cancer. A cancer diagnosis may put one's future goals in jeopardy. Since cancer may both endanger and end a person's life, the significance of the meaning of life is increased with this disease.

Existence and having a sense of purpose in life are essential to resolving issues and cause people to behave positively. The

quality of life, hope, optimism, self-efficacy, and self-confidence are all connected to the purpose of life. In addition to finding meaning in these experiences, nurses should be prepared to assist patients and their families in coping with their disease and the suffering it brings. Adopting the viewpoint that life has significance and that this meaning will continue to exist in the future may provide as assistance for overcoming fleeting negative emotions, boredom, and depressing thoughts.

Given that the meaning of life is subjective and multifaceted, it is vital to conduct qualitative study to explain how women with breast cancer feel the meaning of life and to identify its nature and aspects. The qualitative research is very helpful in conducting a deep and thorough investigation into any phenomenon, especially in studies lacking systematic and codified information and in which the investigation could not be thoroughly conducted using the existing quantitative research methodologies due to the phenomenon's nature. There are extremely few quantitative and no qualitative research on the meaning of life for women with breast cancer, particularly in Iran,

according to an analysis of scientific books on the topic.

### **Breast Cancer**

The most common kind of cancer in women, breast cancer is a molecularly diverse illness. With a focus on more biologically-directed medicines and treatment de-escalation to lessen side effects, therapy approaches have changed over the last 10 to 15 years to take this variability into consideration. Despite the fundamental biological variability that underlies contemporary therapies, certain characteristics, such as the effect of locoregional tumour load or metastatic patterns, are common and have an impact on therapy. Early breast cancer is thought to be treatable if it is confined inside the breast or has only progressed to the axillary lymph nodes. An increase in the likelihood that 70–80% of patients will recover thanks to advancements in multimodal treatment. On the other hand, advanced (metastatic) illness is not thought to be treatable with the treatment alternatives that are now available. Advanced breast cancer is curable, nevertheless, and the major therapeutic objectives are to extend lives and manage

symptoms with little side effect toxicity to preserve or enhance quality of life (that is, improved quality-adjusted life expectancy).

Locoregional therapy and systemic therapy are the two main pillars of breast cancer care; therapeutic options are heavily influenced by the histology and molecular features of the disease. There are several molecular changes that contribute to breast carcinogenesis, and numerous classifications have been created to organise tumours in accordance with these changes. Perou and Sorlie's intrinsic categorization, published in 2000, identified four subtypes of breast cancer: basal-like, luminal A and luminal B (expressing the oestrogen receptor (ER)), and HER2-enriched (without ER expression). The clinical therapy of breast cancer has changed as a result of this categorization from being focused on tumour burden to biology-centered methods. A surrogate categorization of five subgroups based on histology and genetic traits is now used in clinical practise. hormone receptor-positive breast cancers are those that express the ER and/or progesterone receptor (PR), while

triple-negative breast tumours do not express the ER, PR, or HER2 (TNBC). Importantly, therapy according to high-quality recommendations and care by a professional multidisciplinary team both increase survival and quality of life for patients with early and metastatic breast cancer. The creation of specialist breast cancer centres is a top priority internationally, and the European Parliament is in favour of this.

Given that breast cancer is a worldwide issue, special attention must be paid to reducing inequalities in access to diagnosis, multimodal therapy, and cutting-edge medications. We provide up-to-date information on the biology, diagnosis, and therapy of early and metastatic breast cancer in this primer, highlighting the need for multidisciplinary care of this complex condition.

### **A global prospective**

Our current day is strongly characterised by globalisation, which was first associated with commercially motivated acts, then with ecological concerns, and most recently with the dreadful reality of terrorism. The "globalisation" of many

human activities, including health care, has been progressing for some time now, accelerating in tandem with advancements in information technology (2). Many doctors in developing nations keep an eye on what Americans are accomplishing, or are reported to be achieving, as "state of the art" and current most exceptional performance that should be replicated, whether intentionally or not (3). The activities examined and our current analysis of bone marrow transplantation suggest that the United States' existing "standard of care" measures are unsuitable for use worldwide. Unfortunately, there is a severe lack of community-wide measures to combat breast cancer, making it impossible for women to understand their rights. The vast majority of women worldwide who are at risk of or already have breast cancer cannot be helped by impractical, lethal, and prohibitively costly therapies.

### **Breast cancer in women**

Although definitions of "young age" have been attempted, they are typically imprecise and subject to different interpretations. Breast cancer (BC) patients who are under the age of 40 are

considered "young patients," albeit this is an uncommon occurrence since BC normally affects women over the age of 50. Clinical validity exists for the identification of young patients since BC in that age group manifests differently biologically and often needs specialised treatment (4). Compared to older patients, BC often progresses more aggressively in young women, with a poorer prognosis and lower survival rates. Additionally, caring for young patients comes with a host of extra difficulties, such as maintaining fertility, the potential to carry a pregnancy to term despite the diagnosis, or issues with breastfeeding. Since the illness often manifests at a time when family and work activities are at their greatest, BC in young women is also a societal concern (5).

### **Awareness and current knowledge of breast cancer**

Breast cancer is the most prevalent form of the disease and the main reason for female cancer-related deaths worldwide. In 2008, 1.38 million new instances of breast cancer were reported, with developing nations accounting for 60% of fatalities and over 50% of all breast cancer patients.

Worldwide, the 5-year survival rate for breast cancer varies greatly, with wealthy nations having an estimated 80% 5-year survival rate and poor countries having less than 40%. The goal of improving breast cancer outcomes via prompt detection, diagnosis, and care is challenged in developing nations due to infrastructure and resource limitations. In affluent nations like the United States, 232,340 women will be diagnosed with breast cancer in 2013, and 39,620 women will pass away from it. An American woman's lifetime chance of acquiring breast cancer is 12.38%. The significant drop in mortality linked to breast cancer between 1975 and 2000 in the United States is credited to ongoing improvements in both mammography screening and care. The World Health Organization (WHO) states that the cornerstone of breast cancer policies continues to be improving breast cancer outcome and survival via early diagnosis. To treat breast cancer, several contemporary medications are recommended (7). Breast cancer may be prevented in those who are more likely to have it by using antiestrogens like raloxifene or tamoxifen in medical

treatment. An further preventive strategy in cases when a woman's risk of acquiring cancer is higher is having both breasts surgically removed. Different treatment options, including as targeted therapy, hormone therapy, radiation therapy, surgery, and chemotherapy, are employed on individuals who have been diagnosed with breast tumours. Managements for people with distant metastases generally focus on improving life expectancy and survival rates. One of the main drivers for looking for alternatives is the terrible side effects of breast cancer therapy. Because certain plants may contain elements that naturally have the power to treat breast cancer, using herbs to treat individuals with the disease is seen as a natural option.

### **Conceptualizations of coping**

In order to regulate, tolerate, or reduce internal and external conflicts, "cognitive and behavioural attempts" are made (8). Patients who have breast cancer undergo intense stress, emotional trauma, and other conflicts related to the condition, as well as worries about the prognosis and treatment options. Women who have just been diagnosed with breast cancer may have adverse side effects (such as nausea,

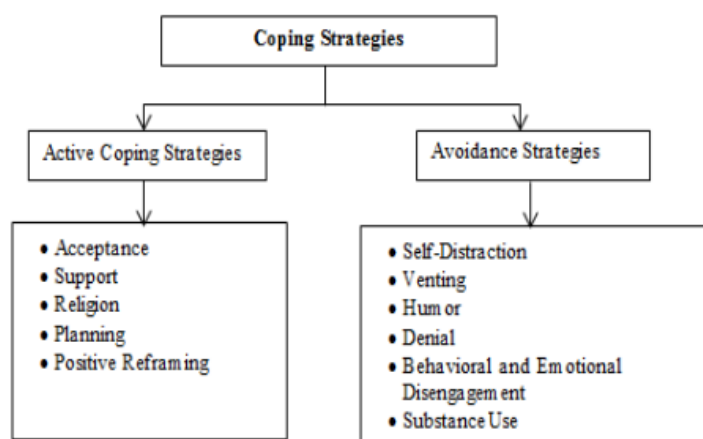
lymphedema, or hair loss) or painful surgical and medical procedures. Contrarily, adjuvant medicines significantly affect women's capacity to maintain their jobs, household duties, and social obligations. Patients worry about relapsing even after their therapy and recovery are over (9). Long-term, this stress may have detrimental effects on women's self-esteem and provide substantial challenges with regard to their obligations.

As their life is suddenly in danger, women also become more emotional as they attempt to solve several issues and "make life worth living." Along with many interpersonal and emotional difficulties in the years immediately after a breast cancer diagnosis, patients also have to deal with a variety of additional problems, including accepting their diagnosis, a challenging course of treatment, the potential for recurrence, and dread of mortality. In actuality, most women start their own battle after the first shock of the diagnosis, become more demanding and motivated, and have a clearer focus on what they want to achieve with their life. Additionally, this process fosters a deeper

sense of self-awareness and self-worth. However, it is challenging to generalise this behaviour to all patients, and significant individual differences are observed among women in the post-diagnosis process. Everyone uses different coping mechanisms to address their problems, informed by their particular circumstances, so it is difficult to generalise this behaviour to all patients (10).

Numerous categories exist for dividing coping mechanisms. One of the most popular categories is a passive or avoidance approach, as opposed to an aggressive strategy. Active coping techniques entail looking for methods to solve problems and lessen the impact of stresses. On the other side, passive or avoidance coping mechanisms relate to actions used to avoid rather than address an issue. Active coping techniques provide better outcomes in terms of decreased pain and sadness and an improved quality of life, independent of the impact of particular external situations and individual circumstances. On the other hand, it may not always be suitable to depend on passive or avoidance methods.

Active tactics and avoidance strategies are the two categories under which coping mechanisms are explored (11). Acceptance, emotional support, religious coping, planning, and positive reframing are active coping techniques. On the other hand, avoidance tactics include drug abuse, self-distraction, complaining, humour, denial, behavioural and emotional disengagement.



**Figure 1: Coping Strategies**

Women with breast cancer feel compelled to learn about their condition and share both this knowledge and their own experiences with others in order to manage the psychological issues they encounter (12).

**METHODOLOGY**

100 women with breast cancer who were sent to a hospital in Jaipur, India, were chosen based on analytical cross-sectional research. A self-report questionnaire was used as the data gathering tool. The inclusion criteria included the subject's awareness, the location and time of the patient, the absence of other cancers and chronic diseases like diabetes, deafness, and blindness, the absence of mental illness, the avoidance of psychotropic drug use, the absence of addiction, and the completion of treatment with one of radiotherapy, surgery, or chemotherapy.

In order to evaluate existence or make an effort to discover meaning, Stiger, Fraser, Oishi, and Coler proposed the scale of the meaning of life in 2006. The questionnaire included ten items, and it was considered to be reliable in 86% of cases for the life evaluation and 87% of cases for the subscale of meaning. Additionally, the Peresidano and Heller Family Scale social support questionnaire was used. Age, sex, marital status, cancer stage, socioeconomic level, time since diagnosis, and kind of therapy were all asked about in the demographic survey.

At a significance threshold of 0.01 for the t-test, ANOVA, and Pearson correlation coefficient, the obtained data were examined.

*Frequency: Half Yearly*

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**RESULTS**

100 women with breast cancer were included in the study, and every one of them was married and had a kid. The majority of patients' (47.6%) diagnostic ages were between 35 and 40. Even though more than 92% of people had health insurance, the majority (61.9%) said they lacked the funds to pay for their illness's treatment. In Table 1, more demographic information about the individuals is provided.

level	Elementary	21(21)
	Guidance	2(2)
	High school	4(4)
	University	3(3)
Stage of disease	Stage1	61(61)
	Stage2	31(31)
	Stage3	8(8)

**Table 1: Characteristics of Participants, (N=100)**

Variables		Mean(SD)
Age		60(5.7)
Variables		Frequency (Percent)
Residence style	City	58 (58)
	Village	42(42)
Occupation	Housewife	87(87)
	Employee	13(13)
Educational	Illiterate	70(70)

The key research variables' means and standard deviations are shown in Table 2. According to the ANOVA findings, there is no statistically significant correlation between any of these factors and age, educational attainment, or illness stage. However, social support and meaning of life were rated higher between the ages of 35 and 40 than at other ages since these factors had a substantial relationship with the age of diagnosis. In addition, none of these factors had a statistically significant link with location, insurance, or income, according to the findings of the t-test.

**Table 2: Social Support and Meaning of Life of Participants, (N=100)**

Variables	Min	Max	Mean(SD)
Search for the meaning	5.00	23.00	14.52(5.1)
Social support	25.00	77.00	39.34(9.51)
Meaning of life	16.00	43.00	29.50(7.49)
Existence of meaning in life	9.00	22.00	14.97(2.87)

Additionally, results showed a significant link between social support and the mean of life meaning and two subscales (P=0.000). Social support characteristics and the meaning of life were correlated with one another by Pearson, with a  $r=0.773$ . In other words, the variance of changes in these two variables that exceed 59% is the same. In other words, 59% of changes in the meaning of life and their opposite are tied to social support (Table 3).

**Table 3: Correlations between Social Support and Meaning of Life (N=100).**

Variable	Search for the meaning	Existence of meaning in life	Meaning of life
P-value	.000	.000	.000
R	.784	.622	.773

**CONCLUSION:**

Some professional academics were employed to interview the individuals and complete the questionnaire since some subjects were illiterate or lacked the patience to learn and respond to the questions. Therefore, an effort was made to pose questions in straightforward language so that patients with low levels of education could provide accurate answers. Consequently, there can be prejudice in how the questionnaire questions are answered.

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