



Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

You never know when your last day will come and your trip will be over – Existential expressions from a melanoma diagnosis

Senada Hajdarevic*, Birgit H. Rasmussen, Åsa Hörnsten

Department of Nursing, Umeå University, 901 87 Umeå, Sweden

A B S T R A C T

Keywords:

Cancer experience
Groundlessness
Existential expression
Existential suffering
Life disruption
Malignant melanoma
Nursing
Qualitative method

Aim: The aim of this study was to further explore expressions of existential experiences by patients diagnosed with malignant melanoma (MM).

Method: Semi-structured interviews were performed consecutively after diagnosis among 30 patients with MM. The methodological approach was inspired by Gadamer's hermeneutic philosophy.

Results: The analysis of expressions of existential experiences after having been diagnosed with malignant melanoma revealed that it is an existential process that people go through, beginning with feelings of *suddenly becoming groundless* at the time of the diagnosis, including being empty and in a vacuum, being in chaos and uncertainty and being confronted with one's own death. Next theme *searching for solid ground* included striving to understand what lies ahead, striving to find a balance in life – fighting, hoping, going on living and striving to prioritize family. The last theme *creating islands of solid ground* when living with cancer included understanding what is meaningful in life, living in the moment – seizing the day and keeping watch on the body.

Conclusion: On being diagnosed with malignant melanoma, people go through a process where many questions emerge, including an existential turmoil, which health professionals should be aware of to provide these patients with sufficient support.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

Malignant melanoma (MM), an aggressive skin cancer with fatal prognosis if diagnosed late, is increasing in Sweden (National Board of Health and Welfare, 2011) as well as among western Caucasian populations (Ferlay et al., 2008). Getting a cancer diagnosis is described as a life crisis, increasing awareness of one's existence and the fragility of life and reality of death, evoking many existential concerns (Bolmsjö et al., 2002; Hajdarevic, 2012; Sæteren et al., 2011). Life situations – crises – that cause acute awareness of and define authentic existence are described by the German philosopher Jaspers as limit situations. Such limit situations force one to confront in a fundamentally decisive way one's existential problems and the possible finitude of life and being (Jaspers, 1994).

This existential awareness of one's mortality, triggered by the cancer experience, concerns personal identity, dignity, autonomy, life meaning, and connections with others (Bolmsjö, 2000; Frankl, 1969; Hoench and Danielson, 2009). In the literature, the term

existential distress or suffering is described as involving a subjective appraisal of the threat to one's life (Blinderman and Cherny, 2005); however, people appraise the life threat based on their individual views and thereby suffer in various ways (Lee, 2008). Existential concerns and suffering are described as existing globally and being latent within all humans, but they come to be examined first when something goes wrong, such as being diagnosed with cancer that may be advanced and progressive (Lee, 2008). It is a challenge to help and nurture the courage of patients to express their existential concern about illness and death, including the sense of meaning, values, and purpose of life. Relief of existential suffering is as important as relief of other symptoms and needs to be addressed (Kissane, 2012). Research into patients' existential experiences when facing cancer has begun to surface in the last decade. Being ignored in this experience and not supported by professionals is described as not helpful (Frank, 2001). However, even if it is difficult for patients to express their experience verbally, finding meaning in the cancer experience has been described as very important (Molzahn et al., 2012).

Existential questions about causes of the cancer have been reported to emerge initially, when people ask if they haven't taken care of themselves well enough, and thereby sometimes blame

* Corresponding author. Tel.: +46 90 786 91 24; fax: +46 90 786 91 69.

E-mail addresses: senada.hajdarevic@umu.se (S. Hajdarevic), birgit.rasmussen@umu.se (B.H. Rasmussen), asa.hornsten@umu.se (Å. Hörnsten).

themselves for their illness (Andreassen et al., 2006). The waiting time before treatment has been described as a long period of suspense with frightening and painful uncertainty (Drageset et al., 2011). High levels of anxiety and stress are related to waiting for cancer surgery (Moene et al., 2006), and cancer survivors as well experience anxiety related to recurrence (Pascal and Endacott, 2010; Sarenmalm et al., 2009). In a review describing existential experiences among patients, facing cancer was a struggle to maintain self-identity (Henoch and Danielson, 2009) while others (Bruce et al., 2011) described it as a process of longing for ground in a ground(less) world.

The philosophical assumption by Jaspers (1994) is that it is more helpful to encourage people to come to terms with some of the inevitable conflicts and problems of living such as death, pain, and suffering than to cover them up, which is a rationale for this paper. Health care professionals need to know more about patients' existential concerns and suffering, to address their worries and existential burden (Henoch and Danielson, 2009; Kissane, 2012; Lee et al., 2004; Leung and Esplen, 2010). The aim of this study was to further explore expressions of existential experiences by patients diagnosed with malignant melanoma.

Methods

Participants

Thirty people 18–80 years old, Swedish-speaking, and diagnosed with MM between January 2008 and December 2010 were consecutively invited to participate in a research interview. The participants were identified through the computerized electronic record system at a dermatological clinic and at one primary health care centre in northern Sweden. Prospective subjects were contacted by letter, which included an information sheet and a self-addressed stamped envelope for reply. In total, 36 persons were invited to participate; six of them, one woman and five men, declined. Participants are further presented in Table 1.

Table 1
Characteristics of the participants.

	Total (men/women)
Participants, <i>n</i>	30 (15/15)
Age, mean yrs	55.5 (56/55)
Diagnosis, ^a <i>n</i>	
In situ	5 (3/2)
SSM	15 (8/7)
NM	5 (3/2)
MM Not specified	5 (1/4)
Thickness Breslow, ^b mean [mm]	1.21 (1.17/1.28)
Depth, Clark, ^c <i>n</i>	
Stage	
0	5 (3/2)
I	1 (0/1)
II	4 (1/3)
III	8 (5/3)
IV	9 (4/5)
Not specified	3 (2/1)
Living situation, <i>n</i>	
Living alone	6 (3/3)
Living together	24 (12/12)
Duration from diagnosis to interview, mean months	11.8 (13.4/10.2)

^a Diagnosis: In situ = early stage of MM; superficial spreading melanoma (SSM); nodular melanoma (NM).

^b Tumour thickness (Breslow scale) plays a big role in prognosis, that is, the thicker tumour, the higher mortality (Balch et al., 2001).

^c The Clark level scale is a measure of depth of the tumours' growth in the cutaneous layers (Clark et al., 1969).

Interviews

The semi-structured interviews were performed consecutively after diagnosis, although no longer than 2 years afterwards (range 1–24 months). The participants decided upon place and time for their interviews, which took place either at the clinics ($n = 12$), in their homes ($n = 11$), or at their workplaces ($n = 7$). The interviews, performed by the first and last authors, lasted approximately 30–60 min, and were tape-recorded and transcribed verbatim into text. The interviews were narrative in nature, but followed a semi-structured interview guide covering the areas of decision-making to seek care, emotional and existential issues related to care seeking and diagnosis, and consequences of the MM diagnosis for daily life. The interview text related to the first area in the interview guide has been analysed and reported in a previous study (Hajdarevic et al., 2011). The second and third areas are analysed and reported in this paper, with a focus on expressions of existential experiences related to the melanoma diagnosis. The existential issues were strongly represented in the data in this study.

Analysis

The authors reviewed the data set to identify content concerning the existential issues of being diagnosed and living with melanoma. Thus, this analysis could be labelled as a secondary (Thorne, 1994) hermeneutical analysis (cf. Gadamer, 1989) of patients' narratives highlighting a wider dimension of their cancer experiences in contrast to the previous study of awareness related to initial care-seeking.

Existential experiences were defined as those that concern existence and non-existence, a threatened future, and thoughts about the time remaining. Included were questions about how the diagnosis had influenced peoples' views on life and everyday living. The methodological approach was inspired by Rehnfeldt and Eriksson's (2004) use of Gadamer's philosophy. Text containing such experiences was identified and chosen for analysis.

Meaning units responding to the aim were identified, condensed when needed, and coded through interpretation of the underlying meaning but with the core content preserved. A process of continuously moving from understanding to explanation and from explanation to comprehension was ongoing during the interpretation. Codes were initially organized in a mind-map and systematically sorted into themes on various levels based on their similarities and dissimilarities. The themes were organized and presented as a process, since the analysis revealed that they dealt with the individuals' existential processing, from diagnosis and initial reactions to coping and living with illness. During the analysis, codes and themes were continuously defined and revised through a process of hermeneutical reflection. The analysis thus was performed in different steps but was not linear; rather, it was a process where interpretation was achieved through a movement forward and backward, between the whole and the parts.

Ethical issues

The study was approved by the Regional ethical review board in Umeå (Dno 2011-88-32) which adhered to guidelines in the World Medical Association Declaration of Helsinki (WMA, 2008). Precautions were taken to ensure that resources were available to meet any crisis reactions among the participants. A psychologist was available if support needs arose, but was not required.

Download English Version:

<https://daneshyari.com/en/article/5868440>

Download Persian Version:

<https://daneshyari.com/article/5868440>

[Daneshyari.com](https://daneshyari.com)