ORIGINAL ARTICLE

The altered body after breast cancer surgery

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Abstract
When a woman is ill with breast cancer and her body is under threat, she may feel as if she is losing her identity and life. The body has a central role in the female identity in Western societies. The aim of the study was to describe how Swedish women experience their altered bodies after breast cancer surgery. A reflective lifeworld approach within the perspective of caring science was used. Ten women (aged 43–62 years) were interviewed and told their stories of the body retrospectively following breast cancer surgery. The findings show that the essence can be understood as my body as a stranger. It was found that the body was felt to be altered when the women found out that they had breast cancer and realized that something dangerous inside their bodies threatened their existence. However, there were also experiences of an altered body following the surgery. The meaning of 'my body as a stranger' is illuminated in the following four constituents: my body has failed me; my body—a prison; a home where a struggle is taking place and to make friends with the altered body. This study provides knowledge to bring up the issue of the women's experiences of their altered bodies after breast cancer surgery.

Key words: Body, woman, breast cancer, caring science, phenomenology

Introduction
It is not uncommon that young, middle aged and older women are found to have tumours in their breasts that normally require a surgical procedure that might mean that part of a breast, one breast or both breasts are removed. Changing the image of the woman's body might mean that she no longer feels whole. From a caring science perspective the human being is seen as an entity of body, soul and spirit (Eriksson, 2002) and the body as a vessel for health and suffering, an abode of human dignity (Lindwall, von Post & Eriksson, 2007). When the female body has been a vessel for a breast cancer tumour, the body will change at the surgical procedure (Bergkvist et al., 2008). After breast cancer surgery the woman’s body is forever changed even if the breast can be replaced by prosthesis (Bredin, 1999). Sometimes surgical techniques leave women's breasts looking cosmetically unacceptable (Arman & Backman, 2007). According to Kirshbaum (2007), the bodily ability and mobility can change markedly following surgery. The woman's suffering and well-being in relation to how her body is forever altered will be the focus of the study.

When the bodily image is changed, it might cause problems for the woman, as she experiences her body as an object (Cohane & Pope, 2001; Lindwall, 2004). A woman that has a breast amputated experiences her body as wounded and mutilated (Parker & Scullion, 1996). When the woman looks herself in the mirror after the procedure, she will see a body with one or more scars, after losing one or two breasts. The scars are all that is left of the breasts (cp., Price, 1998). The female breast is a part of the image of the ideal woman (Demir, Donmez, Ozaker & Diramali, 2008) and symbolizes motherhood through the feeding of an infant (Wilmoth, Coleman, Smith & Davis, 2004).

There is extensive and current research about breast cancer; such as the mortality of the disease, treatment, prevention and psychological distress (e.g. Clements et al., 2008; Baider et al., 2003; Ferrell, Grant, Funk, Otis-Green & Garcia, 2001), and as quality of life in relation to breast cancer (e.g. Engel,
Kerr, Schlesinger-Rabb & Sauer, 2004; Turner, Hayes & Reul-Hirche, 2004; Lende & Lachiondo, 2009) and premenopausal women’s unique experiences of sexual identity following breast cancer treatment (Klaeson & Berterö, 2008). Taylor (2000) described a social-psycho-spiritual process of transforming personal tragedy among women with breast cancer. Lindholm, Rehnsfeldt, Arman and Hamrin (2002) have focused on the suffering that patients’ relatives experience, and Shannon and Shaw (2005) found that women who were survivors of breast cancer had performed health-promoting activities in their leisure time. Öhlén and Holm (2006) focus on lived experiences of being ill with breast cancer for mothers with dependent children. These studies, however, have not focused on the phenomenon “the altered body” in relation to breast cancer surgery. Owing to this, we found it important to ask women to tell their story of the body in relation to breast cancer surgery.

The aim of this study was to describe how Swedish women experience their altered bodies after breast cancer surgery. What are these women’s thoughts about their bodies?

Method
In accordance with the study’s aim, we used a phenomenological approach based on Husserl and Merleau-Ponty’s phenomenological philosophy (Merleau-Ponty, 1995). This approach had the ambition to describe events of the lifeworld, i.e. phenomena in their most original meanings. The guiding principle is “to go to things themselves”, which means to be open to the everyday phenomena in actual situations. Giorgi’s (1997) phenomenological method was adopted to illuminate the women’s experiences of their altered bodies from breast cancer surgery. Through searching variations in women’s experiences of their bodies after breast cancer surgery, the common structure, and the essence of the phenomenon ‘the altered body’ is obtained. It is important to have an open attitude towards the women’s stories, in order to see the phenomenon as it presents itself, which requires the researcher to have a critical and reflective approach (Giorgi, 1997).

In order to understand how women experience their bodies, one is dependent on the researcher’s professional pre-understanding (von Post & Eriksson, 1999), when the profession either enhances or clouds their view (Lindwall & von Post, 2009). The researcher’s ethical responsibility is to see what is revealed. Gadamer (1989) says that all people have an existential pre-understanding and the professional pre-understanding has been developed within the nurse as a result of the profession to which she belongs and which she has acquired through the culture she is part of (von Post & Eriksson, 1999). Our professional pre-understanding is made up of our caring perspective and medical knowledge, our values, prejudices and commitments, the ethics that guide our nursing and experience as nurse anaesthetists. The first author has long experiences as an anaesthetist and of breast cancer surgery. According to Dahlberg, Dahlberg and Nyström (2008), we have to bracket our pre-understanding and, in the present study, our ambition was to “bride” our professional pre-understanding as far as it was possible (Johansson & Ekebergh, 2006).

Participants
Data were gathered in 2005 using interviews. The inclusion criteria were women aged 40–65 years, who had undergone breast cancer surgery, and who were able to understand and speak Swedish. Nurses from two hospitals, surgical outpatient clinics in central Sweden, received written and verbal information about the study and were handled in accordance with the inclusion criteria. The nurses chose participants who they perceived to have an ability to provide rich descriptions relating to the phenomenon “the altered body”. After the women were informed and asked to participate, the first author contacted them to consider their participation. The sample size was not decided beforehand. In phenomenological research, variation in data is more important than the number of participants (Giorgi, 1997). Ten women between 43 and 62 years of age were invited to participate. All of those contacted voluntarily accepted the invitation to participate in the study. The participants were in different phases of their breast cancer. Two women had a lumpectomy in one breast, five had lost one breast and three had lost both breasts. The participants had various backgrounds and all of the participants were married and living with their partners.

Data collection
The first author collected data through interviews that took place in the researcher's office. The participants received both verbal and written information about the study. The focus of the interviews was on how women experienced their body after breast cancer surgery and what they were thinking about their bodies. The interviews started with the question: “Could you tell me how you experienced your body after breast cancer surgery?” The participants reflected on this and told their stories. Telling a story is to describe one’s own reality. A story is a mystery that has the power to reach us, to command emotion,
to compel involvement, and to transport us into

timelessness. A story is a structural abstraction per-
haps built into human memory, a way of thinking,
a primary organiser of information and ideas, the
soul of a culture, and the mythic and metaphoric
consciousness of a people. It is a prehistoric and his-
torical thread of human awareness, a way in which
we can know, remember, and understand (Livo &
Rietz, 1986).

From time to time, follow-up questions were
used, such as “What do you mean?” or “Could you
say more about that?” in order to understand or
to receive an as unique and detailed descriptions
as possible. In addition, the interviewer held back
and avoided imposing personal beliefs about the
altered body, as much as possible, in order to let
it appear. The interviews were audio-taped, lasted
between 60 and 150 min and were transcribed
verbatim.

Analysis of data

Giorgi (1997) and Giorgi and Giorgi (2003) describe
four stages of the phenomenological data analysis.
The analysis was characterized by an intensive dia-
logue with the text. The first stage begins with the
text being read several times to get a sense of the
whole; the whole being how the body experienced
breast cancer and what it was like to live with an
altered body following surgery. In the second stage
the text was divided into meaning units and descrip-
tive quotations were selected from the text. Each
meaning unit was numbered consecutively in the
text. In the third stage the meaning units were trans-
formed into constituents and were described using a
language relevant to the caring profession. The every-
day language in the text was retained in the process
of transformation. The purpose was to develop and
make the given data more clear, in a movement from
concrete to abstract. In the fourth stage the mean-
ings of the women’s experiences of their body were
identified with the help of free imaginative variation
bathe transformed meaning units in order to find
the general structure of the phenomenon. Common
qualities of experiences of the body were transformed
into four constituents and then the constituents were
integrated into a whole, a common structure of the
phenomenon ‘the altered body’. When the common
structure with its constituents is seen as a whole, the
uniqueness of the phenomenon emerges. The mean-
ing within the constituents is illustrated by direct
quotes. The validity of the results depended on the
variation in the data as well as depth and richness.
The data, which contained varying descriptions of
the phenomenon, did not contain any contradictions
(Giorgi, 1997, 2005).

Ethical considerations

The study was approved by the local Ethics
Committee at Karlstad University, Sweden in 2002
(Dr f 57/02).

Findings

All in all this study has shown that the altered body,
with a cancer tumour inside, has been a stranger to
the women. The altered body has failed the women
and become a prison for them when the body has
made room for a tumour in a breast. The body
image has been altered by the surgeon, especially
when parts of or the whole breast has been removed.
In the altered body, a struggle takes place between
suffering and feelings of well-being. This is a change
that the women will carry with them their whole
lives.

My body as a stranger

My body as a stranger emerges as the essence of the
phenomenon ‘the altered body’. The general struc-
ture of the phenomenon is described by four mean-
ing constituents: my body has failed me; my body—a
prison; a home where a struggle is taking place and
to make friends with the altered body. Every constituent is
illustrated through direct quotes below.

My body has failed me

The body was felt to have failed the woman when
it turned itself into a home for an undesirable and
uninvited guest. The discovery that one’s own body
has been afflicted with a tumour is shocking and it
was described as very difficult to accept the fact that
the breast had to be taken away. The women were
surprised by the fact that their bodies had let them
down, allowing the concealment of something dan-
gerous and foreign without any presence of signs,
symptoms or discomfort. They could not trust the
body anymore because no warning of the sickness
had been given. One woman said:

After the mammography it was hard to accept
that I had a tumor in my breast and I felt let
down by my own body which had given me no
indication that there was anything wrong … I was
so frightened that I hardly dared breathe … it was
so difficult to accept the fact that my breast had
to be taken away.

Their bodies had not told them that they were
home to breast cancer, which evoked anxiety and feel-
ings of panic. It was frightening, but also surprising
that this could happen. Without the doctor’s exami-
nation and discovery they would not have known
that they had breast cancer. The women realized that
their bodies had been invaded by something that was threatening their lives and their feelings of being safe and whole. In this sense, the body harmed them, and it became both unfamiliar and unknown. It was hard to trust the body again. They wanted the body to be as it used to be, and to look as it used to look.

... my head was thinking one thing and the body deciding another. The fact that I would be able to overcome a life-threatening illness, that I could become physically fit again and compete, for me this was like a carrot before the horse. At the time I became anxious and felt panic and that was just an awful experience... I didn't want this but had to go through with it in order to regain my health.

The women felt frightened and surprised when realizing that the body had failed them by hosting an uninvited dangerous guest. This evoked suffering. It appeared strange and inconceivable that a healthy body could play host to breast cancer.

This is a dreadful time, and I am afraid of all sorts of things... think of what it does to me and what if the cancer spreads.

A woman who suffers from breast cancer experiences feeling of insecurity that are related to the mortal threat that breast cancer involves.

My body—a prison

Being afflicted with breast cancer means being dependent on others, and this resulted in a feeling of not being free. Metaphorically speaking the body was experienced as a prison, because the body was put in focus and demanded attention. It had to be treated and the women had to follow their body and could not govern it in the same way anymore. The women were not free to do what they wanted and the body became an obstacle. There was no escape from or way out of this suffering. Living in a prison made their lives chaotic; they felt both strong and weak in this situation. They also experienced feelings of helplessness and powerlessness.

... my life was chaotic and I had to get others to help me. One can never just forget one’s body and I felt as if I was imprisoned by my own biology and that is no way to live, inside a prison that is your body. I felt both strong and weak at the same time.

The body sets boundaries and limits for existence, for the way the women are able to live, which made them ask questions about life and existence.

It is difficult when the body becomes an obstacle to the opportunities in everyday life and what one is able to do. I sat down and thought... why has this happened to me? Why is my body setting these limits?

Some women felt that their lives were in danger. The breast cancer in some sense closed the doors to the world outside and their whole existence, which made them feel strange.

I thought the cancer inside me would take my life, maybe I would die... this was an existential and strange feeling.

Through the loss of control, the cancer gives rise to feelings of being imprisoned in one’s own bodily biology. Being afflicted with breast cancer means to be helpless and dependent on others, and also leads to a feeling of lack of freedom.

A home where a struggle is taking place

The surgeon hurts the body by taking a part or parts of the body to cut off and throw away. The women experienced this as necessary for their health, because the cancer had to be taken out of the body. In that sense there was no choice; they had to undergo surgery, otherwise they could die. However, they were frightened of what may happen to the body in relation to surgery and of anything else the body may be hiding, such as the fact that the cancer may have spread to the lymphatic system or other areas. One woman said:

I remember that I was so frightened that it would hurt... It also felt unsettling that they might find other areas that had been affected, because it had been difficult to tell from the outside.

(Interviewer) What do you mean?

Well, that when they cut into the breast that they would find something else or that the cancer had spread to the lymphatic system... I wanted them to take everything away at once while I was asleep.

When facing the threat to the body and life it was expressed as necessary to meet someone who could instil hope for the future and faith that the body can be restored and in some way take over and fight the disease. The body is suddenly brought to a halt and thoughts were focused on the possibilities of becoming healthy again, and on whether the breast cancer could be totally removed, even if it was sad to have to sacrifice the breast. It was felt...
It was great to have pulled through it and now I try to do only what I want sometimes I cry and sometimes I am happy to have gotten through this difficult time. My life in my body would never be the same again; it was not whole any longer.

The altered body, the result of the surgery, cannot be hidden, but the women have to learn and get used to living in and with the different wholeness; and this takes time.

If I look at myself in the mirror I think it looks fine, the scar is very neat. From the point of view of appearance it looks fine, but I feel different, and it took time before I could get used to looking at my body in a positive way.

To make friends with this “new” and altered body means that the women have to be more observant and prepared to listen to the body and bodily signs, but also to be more suspicious and attentive to signs and symptoms.

I am now more observant and listen more to my body than I did before I contracted breast cancer and had to have surgery. I feel as I did before although I have a different body.

When the women had made friends with their “new” altered body, they felt a lack of harmony with the whole and uncomfortable living in their body. Many new thoughts about the body were evoked. Before surgery the women were occupied by thoughts of playing hostess to an uninvited guest, about the cancer that had to be removed. Following surgery the altered body had to be dealt with, and they had to learn to live with it and make friends with it. This can take a long time and the goal is to survive.

Discussion
The aim of the current study was to describe how Swedish women experience their altered bodies after breast cancer surgery. What are these women’s thoughts about their altered bodies? The surgeon has altered the women’s body image by taking away the tumour and a part of or the whole breast. However, the body has also been altered by being a home for the cancer tumor in the breast. These changes are very different, because they first concerns a concrete, visible change of the body image (cp., Price, 2000) when the body is not perceived as whole anymore, and the second concern is that the women have lost their reliance on the body because it has been a home to tumor. Both changes are connected to the women’s
thoughts of their altered bodies. A struggle has taken place in the body and the women have had to sacrifice a part of or a whole breast to keep them whole. This struggle will be a part of the women’s suffering when they have no choice. Similar experiences have been reported in connection to other diseases. However, this must be studied further.

Gadamer (2003) states that health has a hidden character, and illness makes us aware of what it is to be missing our health. The body is in a constant movement between suffering and the search for health and well-being. According to Merleau-Ponty (1995) we gain access to the world and life through our bodies. As he expresses it: “I am to the world as body” (Merleau-Ponty, 1995 p. 408). Merleau-Ponty (1995) writes, it is through the body and bodily experiences that the surrounding world becomes meaningful for us. The findings illuminate women’s experiences of an altered body due to breast cancer surgery, which has not been described in previous studies (e.g. Clements et al., 2008).

When the body has made room for a tumour in the breast, the body is not only experienced as altered, but also as having let the woman down. The altered body following breast cancer is described as incomprehensible and different, and the woman feels insecure and strange when the body is a hostess to cancer tumours (Lindholm, Holmberg & Mäkelä, 2005). Illness leads to suffering, which includes a struggle to regain health (Eriksson, 2002; Ferell & Coyle, 2008). Eriksson (2006) discusses that suffering human beings strive to reach a new understanding of their bodies and try to find meaning. According to Arman et al. (2002) existence is characterized by an uncertainty and insecurity that changes and affects women’s lives when being confronted with and living with breast cancer. When the body is afflicted with the intruder, women are not free to do what they want, and there is no escape from or way out of the suffering. In this way, women might feel imprisoned, including feelings of powerlessness, and there is a need for help from others. Our findings showed that the women were in a helpless life situation, which is in line with findings described in other studies (Lindholm et al., 2002; Arman & Backman, 2007). The women described their bodies as a home where a struggle is taking place when they have been afflicted by breast cancer. The scar from the surgery will always remind the women and their relatives of the breast cancer. Some women experienced feelings of shame and guilt, but also that they had been violated and that their bodies had become ugly.

Another factor that emerged from the stories was the importance of not being considered just a body, but a whole person, something which previous studies also have found (Eriksson, 2002; Lindwall et al., 2007). The women thought of being an inseparable unit or entity of body, soul and spirit. According to Eriksson (2006), suffering is appropriate for the human being and is in its deepest meaning a form of dying. Yet, where life triumphs, suffering has constituted a source of energy for new life. The body did not look the way it used to, and it was very challenging for the women to have to come to terms with the strange body and make friends with their own body. These findings present the women’s experiences about their bodies and they need time to learn to make friends with their altered bodies. This is important knowledge for nursing care during the recovery process. However, bodily experiences must be met in different ways when caring for these women. All professionals who meet these women must, as far as possible, be aware of their vulnerability and care for them during this period (Klaeson & Berterö, 2008).

However, the altered body is not discussed as my stranger body in relation to the body with a cancer or the concrete change as a consequence of the surgery. The threatening nature of breast cancer, an uncertain future and the experience of surgery, will of course involve individual and unique experiences for each woman. The experiences of an altered body evoke questions and thoughts about existence and existential aspects (Thomas-MacLean, 2005).

Ödling, Norberg and Danielson (2002) pointed out that there are similarities between women’s bodily experiences of breast cancer (Baider et al., 2003; Engel et al., 2004) and women’s experiences of surviving breast cancer (Taylor, 2000), as the fear that the afflicted body instils, and how the hope in relation to acquiring a healthy body gives the women the strength to live. There are difficulties to overcome, but the women’s suffering can be alleviated and health and well-being can be promoted.

Methodological reflections

All research needs to be validated and objective if it is to be valued as scientific (Dahlberg et al., 2008). Our study has not produced knowledge that can be generalized to women with breast cancer and experiences of breast cancer surgery in general, however, the knowledge obtained can be reflected upon and considered in other contexts within the area of caring. When considering the implications of the findings, it is important to note that this phenomenological study was carried out with a limited number of women, only ten, living in the same geographic area in Sweden. All of them were married and living with their partners. Different findings might have appeared if the women had been of the same age, not been married and/or single. The
focus has been on the body which has been altered by the breast cancer surgery. The participants were only interviewed once between one and five months, a rather short time after the breast cancer surgery and it could be assumed that a second interview after for example a period of two years would have revealed other findings, as it was found that it took time to get used to the altered body. Even though the interviews have taken place after the surgical procedure, the informant’s stories began when they started suspecting that they might have breast cancer.

Knowledge about the body in health and illness (Corbin, 2003) and about the altered bodies is important in providing nursing care during the perioperative process (Lindwall, von Post & Bergbom, 2003) as it is there that the operation of the tumour is conducted and the visible changes of the body occur. Nursing care activities that alleviate suffering and create well-being during this process must be investigated in further research. These women’s thoughts and experiences have given us some answers, but also raised some new questions. How can we, as perioperative nurses, give hope to women who have been afflicted with breast cancer and how can we use knowledge from this study when preparing women for breast cancer surgery? What activities are useful and what can alleviate patients’ suffering?

Conclusion
In relation to my body as a stranger, the women see their bodies as altered because the body has, without any signs, let the cancer grow inside. This created a feeling of how the body had cheated them. The tumour is an intruder, which makes the altered body feel like a traitor. The intruder creates disunity, threatens life and creates suffering. This can be described in the sense that the body became a prison and the women felt caught in their own biology. A prison from which there is no escape, because the altered body is at one and the same times both a pre-requisite for life and an accommodation for a threat to life. The intruder had to be taken away, and one or both breasts had to be sacrificed. To go through breast cancer surgery involves suffering characterized by helplessness and powerlessness. A multiplicity of struggles takes place in the body, between the cancer that is disrupting and destroying the body, and the women’s efforts to save their bodies as a whole. In the future the woman has to make friends with her altered body in order to live in harmony with the body which has been altered after surgery.

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References
Arman, M., Rehnfeldt, A., Lindholm, L., & Hamrin, E. (2002). The face of suffering among women with breast cancer – being in a field of forces. Cancer Nurse, 25, 96–103.
Arman, M., & Backman, M. (2007). A longitudinal study on women’s experiences of life with breast cancer in anthroposophical complementary and conventional care. European Journal of Cancer care, 16, 444–450.
Baider, L., Andritsch, E., Ever-Hadani, P., Goldzweig, G., Hoffman, G., & Samonigg, H. (2003). Do different cultural settings affect the psychological distress of women with breast cancer? A randomized study. European Journal of Cancer Care, 12, 263–273.
Bredin, M. (1999). Breast cancer, body image and therapeutic massage: a qualitative study of women’s experience. Journal of Advanced Nursing, 5, 1113–1120.
Bergkvist, L., de Boniface, J., Jönsson, P. E., Ingvar, C., Liljegren, G., & Frisell, J. (2008). Axillary recurrence rate after negative sentinel node biopsy in breast cancer: three-year follow-up of the Swedish multicenter cohort study. Annual Surgery, 247, 150–156.
Clements, A., Henderson, B. J., Tyndel, S., Evans, G., Brain, K., & Austoker, J., Watson, E. (2008). For the Pimms study management group. European Journal of Cancer Care, 17, 245–252.
Cohane, G. H., & Pope, H. G. (2001). Body image: A review of the literature. International Journal Eating Disorders, 29(4), 373–379.
Corbin, J. M. (2003). The body in health and illness. Qualitative Health Research, 13, 256–268.
Dahlgberg, K., Dahlberg, H., & Nyström, M. (2008). Reflective Life-world Research. Lund: Studentlitteratur.
Demir, F., Donmez, Y. C., Ozaker, E., & Diramali, A. (2008). Patients’ lived experiences of excisional breast biopsy: a phenomenological study. Journal of Clinical Nursing, 17, 744–751.
Engel, J., Kerr, J., Schlesinger-Rabb, A., & Sauer, H. (2004). Quality of life following breast-conserving therapy or breast cancer: Results of a 5-year prospective study. The Breast Journal, 3, 113–231.
Eriksson, K. (2002). Caring sciences in a new key. Nursing Science Quarterly, 1, 61–65.
Eriksson, K. (2006). The suffering human being. Chicago: Nordic Studies press.
Ferrell, B. R., & Coyle, N. (2008). The nature of suffering and the goals of nursing. Oxford: Oxford University Press.
Ferrell, B. R., Grant, M. D., Funk, B., Otis-Green, S., & Garcia, N. (2001). Quality of life in breast cancer: Part II. Psychological and spiritual well-being. Cancer Nurse, 21, 1–9.
Gadamer, H.-G. (1989). Truth and Method (Second rev edition). London: Shedd & Ward.
Gadamer, H. G. (2003). Den gåtfulla hälsan. Ludvika: Dualis (The enigma of health. Stanford: Stanford University press US).
Giorigi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. Journal of Phenomenological Psychology, 2, 235–260.
Giorigi, A. (2005). The phenomenological movement and research in the human sciences. Nursing Science Quarterly, 1, 75–82.

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Giorgi, A., & Giorgi, B. (2003). The descriptive phenomenological psychological method. In: P. Camici, J. Rhodes, & L. Vardley (Eds.), Qualitative research in psychology. Washington: American Psychological Association.

Johansson, A., & Ekebergh, M. (2006). The meaning of well-being and participation in the process of health and care—women’s experiences following a myocardial infarction. International Journal of Qualitative Studies on Health and Well-being, 1(1), 100–108.

Klaeson, K., & Berterö, C. (2008). Sexual identity following breast cancer treatments in premenopausal women. International Journal of Qualitative Studies on Health and Well-being, 3(3), 185–192.

Kirshbaum, M. (2007). A review of the benefits of whole body exercise during and after treatment for breast cancer. Journal of Clinical Nursing, 16, 104–121.

Linde, D. H., & Lachiondo, A. (2009). Embodiment and breast cancer among African American women. Qualitative Health Research, 2, 216–228.

Lindholm, L., Rehnsfeldt, A., Arman, M., & Hamrin, E. (2002). Significant other’s experience of suffering when living with women with breast cancer. Scandinavian Journal of Caring Sciences, 3, 248–255.

Lindholm, L., Holmberg, M., & Måkelå, C. (2005). Hope and hopelessness—nourishment for the patient’s vitality. International Journal for Human Caring, 4, 33–38.

Lindwall, L., von Post, I., & Bergbom, I. (2002). Patients’ and nurses’ experiences of perioperative dialogues. Journal of Advanced Perioperative Care, 1, 246–253.

Lindwall, L. (2004). Kroppen som bärare av hälsa och lidande. (The body as a carrier of health and suffering). Åbo, Finland: Åbo Akademi University Press.

Lindwall, L., von Post, I., & Eriksson, K. (2007). Caring perioperative culture—its ethos and ethic. Journal of Advanced Perioperative Care, 1, 27–34.

Lindwall, L., & von Post, I., (2009). Äldre patienter och den perioperativa dialoge. (The older patient and the perioperative dialogue) Karlstad: Karlstads University Press.

Livo, N. J., & Rietz, S. A. (1986). Storytelling, process & practice. London: Libraries Unlimited, Inc.

Merleau-Ponty, M. (1995/1945). Phenomenology of Perception. London: Routledge.

Ödling, G., Norberg, A., & Danielson, E. (2002). Care of women with breast cancer on a surgical ward: nurses opinions of the need for support for women, relatives and themselves. Journal of Advanced Nursing, 39, 77–86.

Öhlén, J., & Holm, A.-K. (2006). Transforming desolation into consolation: Being a mother with life-threatening breast cancer. Health Care for Women International, 27, 18–44.

Parker, J., & Scullion, P. (1996). Surgical nurse, Susan’s breast reconstruction: A case study. British Journal of Nursing, 5(12), 718–723.

Price, B. (1998). Explorations in body image care: Peplau and practice knowledge. Journal of Psychiatric and Mental Health, 5(3), 179–186.

Price, B. (2000). Altered body image: Managing social encounters. International Journal of Palliative Nursing, 6(4), 179–185.

Shannon, C., & Shaw, S. (2005). If the dishes don’t get done today, they’ll get done tomorrow”: Breast cancer as a catalyst for changes to women’s leisure. Journal of Leisure Research, 37, 195–215.

Taylor, E. J. (2000). Transforming of tragedy among women surviving breast cancer. Oncology Nursing Forum, 5, 781–788.

Thomas-MacLean, R. (2005). Beyond dichotomies of health and illness: life after breast cancer. Nursing Inquiry, 3, 200–209.

Turner, J., Hayes, S., & Reul-Hirche, H. (2004). Improving the physical status and quality of life of women treated for breast cancer: a pilot study of a structured exercise intervention. Journal of Surgical Oncology, 86, 141–146.

Wilmoth, M. C., Coleman, E. A., Smith, S. C., & Davis, C. (2004). Fatigue, weight gain and altered sexuality in patients with breast cancer: Exploration of a symptom cluster. Oncology Nursing Forum, 31, 1069–1075.