Exploring Meaning of Life in Women With Breast Cancer in Taiwan: A Phenomenological Study

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ABSTRACT

Background: Globally, breast cancer is the most common cancer type in terms of incidence for women. Women with breast cancer endure higher levels of psychological distress than other types of cancer because many lose their identity as a woman, which is an additional characteristic of their psychological distress. Research using phenomenology to explore “the meaning of life” is rare among women with breast cancer.

Purpose: The purpose of this study was to explore the perspectives of women with breast cancer on “the meaning of life.”

Methods: A phenomenological approach was used. Twenty-six women living with breast cancer drawn from a cancer treatment hospital in Taiwan participated in this study. A semi-structured interview was utilized to collect the data, and Colaizzi’s seven steps were used to analyze the data.

Results: Four themes emerged: (a) value of overcoming suffering, (b) value of reciprocal love, (c) value of self-transcendence, and (d) value of spiritual comfort. This means that the participants defined “the meaning of life” through the lens of suffering from cancer, reciprocal love from their families and friends, uncovering and discovering creative pathways that transformed their pain while searching for the value of their existence, and seeking spiritual guidance from religion.

Conclusions: The participants identified the most pivotal aspect of healing as transforming their pain and accepting value for their suffering. They acknowledged they could not change the fact that they had cancer, but they could learn to accept it as part of their lived experience. Healthcare professionals may use these four themes at a clinically appropriate time on women’s journeys toward healing to inspire women with breast cancer to process their own unique “meaning of life.”

KEY WORDS: breast cancer, phenomenological study, the meaning of life, women’s cancers.

Introduction

The leading cause of death worldwide is cancer (World Health Organization, 2022). The most commonly diagnosed cancer in women is breast cancer with an estimated 2.3 million new cases in 2020 (World Health Organization, 2022). In Taiwan, cancer has been ranked first among the top 10 causes of death since 1982 (Health Promotion Administration, 2021). Statistics from Taiwan indicate there were 121,254 people with newly diagnosed cancers in 2019, with an incidence rate of 513.7/100,000 population (Health Promotion Administration, 2022a). Among the top 10 cancers in women, breast cancer ranks first (Health Promotion Administration, 2022b). Furthermore, the number of women diagnosed with breast cancer in Taiwan has increased 2.1% every year (Health Promotion Administration, 2022c).

Cancer not only impacts physical health but also influences psychological health. Many women with breast cancer undergo invasive surgeries and/or receive chemotherapy (Campbell-Enns & Woodgate, 2015; Guedes et al., 2018). In traditional thinking, removal of women’s breasts is a major trauma. Zhang et al. (2019) found that women with breast cancer who underwent a mastectomy \( n = 217 \) had more difficulty accepting the disability of their disease compared with those receiving breast-conserving therapy \( n = 75 \) because they experienced higher levels of breast-specific concerns such as reduced sense of beauty and changes in appearance and sexuality than those who chose breast-conserving therapy. Many women endure life-threatening episodes such as changes in sexual intimacy and body image associated with their identity as a woman (Guedes et al., 2018). Gallagher et al. (2002) investigated stress awareness in women with breast cancer \( n = 195 \) and found that 50% felt the highest levels of “torment and stress” after their diagnosis. Two studies found that...
approximately 50% of women with breast cancer experience depression (Fradelos et al., 2017; S. F. Wu et al., 2014). Moreover, Peng et al. (2021) explored women with breast cancer (n = 208) who had completed primary therapy and found that demoralization (e.g., loss of meaning, helplessness, and sense of failure) had a strongly negative influence on their psychological well-being.

Two studies reported on the use of logotherapy to help patients with cancer rediscover the meaning and purpose of their lives and reframe their worries, anxieties, stress, and depression (Noguchi et al., 2006; Tang et al., 2013). Frankl (1967) took the position that life-threatening events are inevitable but may be meaningful. Human beings can experience life's meaning through three pathways, including creativity (meaning of work), experiences (meaning of love), and attitudinal value (meaning of suffering). The creative pathway is attained through working, sharing one's story with others, and other means that enrich an individual's life and self-existence (Frankl, 1967; Lai, 2002). The experiences pathway includes love and art experiences. In other words, individuals can experience the meaning of life by building relationships with others and appreciating the beauty of art (Frankl, 1967). Attitudinal values reveal themselves when choosing to use a spiritual lens to see the virtuosity of human nature. Humans are spiritual beings who are responsible for themselves, society, and humanity. They have the choice to face life regardless of circumstances or surroundings (Frankl, 1967; Lai, 2002). Using these axioms, most humans have the ability to maintain confidence in their future during life-threatening events and learn to uncover and discover the meaning of self-existence through suffering (Frankl, 1967; Lai, 2002). Logotherapy was a conceptual, meaning-making treatment espoused by Frankl that conveys the importance of pursuing meaning-making. Frankl defined this as the essence of human potential and the true meaning of life. Put humbly, actively listening to women with cancer and exploring their worldview may facilitate discovering the celebratory meaning of their lives and, perhaps, reducing suicidal ideation.

Because of advancements in medical science, cancer is now seen as a chronic disease. The survival rate of breast cancer has increased. The 5-year survival rate for early-stage breast cancer is high (94%; Health Promotion Administration, 2022d). However, Chen et al. (2016) explored the psychological process of patients receiving initial chemotherapy for breast cancer (n = 20) and found that nearly half had suicidal ideations (n = 9) attributable to their suffering. Some studies showed that Frankl's logotherapy approach may help both reduce the threat perceived by patients with cancer and encourage them to explore their existence and the meaning of life, consequently reducing suicidal ideations (Lapiere et al., 2017; Noguchi et al., 2006). However, the literature on exploring meaning of life in female patients with breast cancer is scarce. Therefore, the research question addressed in this study was: What is the meaning of life for female patients with breast cancer?

Methods

Research Design

Phenomenology is a qualitative approach that explores the meanings of individuals' lived experiences and makes sense of emerging phenomena in terms of the in-depth meanings that people bring to their articulated experiences (Denzin & Lincoln, 2005; Mu, 1996). The purpose of this study was to explore the meaning of life as perceived by female patients with breast cancer. Therefore, phenomenology was chosen as the research design best suited for this study.

Participants

Purpose sampling was utilized to collect the data in this study (Huang & Lei, 2013). Participants were referred to the researchers by breast cancer case managers and physicians from a cancer treatment hospital in Taiwan. The inclusion criteria for participants were as follows: (a) diagnosed with breast cancer, (b) female, (c) over the age of 20 years, and (d) agreed to participate in this study. Patients with serious symptoms or who were too weak to interview were excluded.

Data Collection

Each participant attended the semistructured interview 2–3 times in a private room in a hospital from 2017 to 2018. The number of interviews depended on when a sufficient level of data collection completeness had been achieved. Only one or two questions were asked during each interview, dependent on the participant's medical condition. The five questions in the interview guidelines were completed over two to three separate interviews. Each interview lasted approximately 30–60 minutes. The initial interview guideline included participants' perceptions of (a) “What life experiences were/are important and meaningful for you before and after cancer?” (b) “What is the meaning of suffering?” (c) “What is the meaning of receiving and giving love?” (d) “What is the meaning of work?” and (e) “What is the meaning of religion?” When the collected data no longer generated new meaning units, the data were presumed to be saturated. Twenty-six participants were interviewed, and data saturation was achieved in this study.

Ethical Considerations

This study was reviewed and approved by the research ethics committee of the hospital (EMRP-105-136). The ethical principles outlined by Beauchamp and Childress (2013) underpinned this study. Before conducting the interviews, the participants were informed of the research content, including the purpose of this study, data collection and confidentiality measures, and the possible benefits and risks involved in participation. Furthermore, the participants were apprised of their right to withdraw without explanation at any time and without influence to their treatment (Beauchamp & Childress, 2013). After the participants understood their rights and agreed to participate, they were asked to sign an informed consent form.
Data Analysis
This study utilized Colaizzi’s (1978) seven-step phenomenological method to analyze the data. These steps are as follows: (a) listening carefully to the recordings and typing a verbatim manuscript to obtain a holistic understanding of the participants; (b) significant statements were formed from the content of the verbatim manuscript; (c) meanings representing meaningful sentences were unearthed; (d) formulated meanings were sorted into subthemes and themes; (e) themes were integrated to organize an exhaustive description of the participants’ meaning of life; (f) the basic structure of the participants’ meaning of their lived experience was described; and (g) because of time and energy constraints, inviting two participants to assist in reviewing the analyzed data was sufficient to represent the credibility of research (Busted et al., 2020; Neris et al., 2020; Sun et al., 2018). Thus, two participants who provided abundant data were invited to read the analyzed data to ascertain if the findings accurately reflected their experiences.

Rigor and Trustworthiness
To ensure trustworthiness, Lincoln and Guba’s (1985) four standards of rigor were used. These standards are as follows: (a) credibility, that is, two participants were invited to do member checks, which verified if the created meaning units, subthemes, and themes represented their actual “meaning of life” experiences; (b) transferability, that is, the verbatim transcriptions of participants were presented authentically in the text and were provided for the healthcare professionals to decide if the findings of this research might relate to other female patients with breast cancer; (c) dependability, that is, two specialists in cancer with qualitative research experience were invited to conduct a review of created meaning units, subthemes, and themes to enhance the dependability of this study; and (d) confirmability, that is, all original data, including verbatim manuscripts, reflective logs, and data analysis records, were properly preserved as a reference for future verification.

Results
Participant Characteristics
Twenty-six women with breast cancer participated in this study. The age of the participants ranged from 28 to 65 years, and the mean age was 51.8 years. Most were in the middle of adulthood (n = 24). The youngest participant, aged 28 years, was diagnosed with Stage 4 breast cancer, lung cancer, and bone cancer. Thus, although she was relatively young, her understanding of life’s suffering would not be less than that of others. All of the participants were married, and most (n = 25) had children. Most held religious beliefs (n = 23), had a job before their illness (n = 21), and had been diagnosed with breast cancer for more than 1 year (n = 17). All of the participants had received operations or chemotherapy before or during the interview (n = 26; see Table 1). Four themes emerged from the interview data. These themes revealed their perspectives on the meaning of their lives.

Findings
Findings related to the participants’ perspectives on “the meaning of life” were condensed into four themes and 10 subthemes (Table 2), which are described below.

Theme 1: value of overcoming suffering
The participants experienced meaning in life through overcoming their personal sufferings. All experienced suffering from their illness. However, most revealed that coping with suffering had transformed their attitudes toward life. Some of the participants discovered the meaning of life through cancer-related suffering.

1. Suffering from cancer
These participants mentioned that they had experienced fundamental changes in their lives when they were diagnosed with cancer. Their sufferings included physical pain, psychological...
I was so busy making money before I became sick. I discovered that as I accumulated money, I was losing my health. When I got cancer, I began to understand that wholesome health is the most important thing in life. No amount of money can buy that.

In addition, Participant 24, 28 years old, said:

I realized the importance of health when I was diagnosed with breast cancer. I changed my diet and began to exercise. I also felt that I should grasp the moment and cherish the time spent with my family and friends.

3. Meaning of suffering

Many of the participants expressed that they had uncovered and discovered the meaning of suffering during their treatment for breast cancer. Immersed in suffering, the participants hoped their cancer condition would get better and that they would have more time to do the things they wanted to do in life. Moreover, they said they were willing to endure the suffering from cancer treatment for the sake of their family because they did not want them to worry about them and have to look after them. Finally, the meaning-making that accompanied the lived experience of suffering from breast cancer allowed them to prioritize, with gratitude, all that they considered valuable in their lives. Participant 22, 53 years old, said:

I did everything I could do to help me get better from breast cancer because I didn’t want breast cancer metastasis. Also, I didn’t want to let my family endure any suffering in case they had to care for me in the future. After experiencing the suffering of breast cancer, I learned about the importance of cherishing and valuing life.

Theme 2: value of reciprocal love

Most participants experienced the value of reciprocal love after they were diagnosed with cancer. They loved and received love from their families, friends, and healthcare professionals, especially when they were receiving treatments. They found it simpler to receive love and to feel love for others in return while they were experiencing this vulnerable life process. Many participants expressed that they were willing to endure the suffering of illness for the people who loved them and for those whom they loved.

1. Family love

Most of the participants stated that they had been the person who provided love in terms of being caregivers to their families before they had been diagnosed. When the cancer was detected, they felt despair and frustration because they could no longer be caregivers during this lived experience. However, they watched as their family members such as husbands and children provided for each other’s needs both physically and psychologically in terms of giving and receiving. Nearly all of the participants perceived these experiences as loving

Table 2

| Theme | Subtheme |
|-------|----------|
| 1. Value of overcoming suffering | (1) Suffering from cancer |
|       | (2) Transforming attitudes toward life |
|       | (3) Meaning of suffering |
| 2. Value of reciprocal love | (1) Family love |
|       | (2) Friendship love |
|       | (3) The love of healthcare professionals illustrated in care |
| 3. Value of self-transcendence | (1) Doing meaningful things |
|       | (2) Self-challenge |
| 4. Value of spiritual comfort | (1) Religious sustenance |
|       | (2) Fate |

distress, spiritual anguish, and inconveniences in daily life. Most of the participants experienced physical sufferings from the side effects of chemotherapy such as pain, exhaustion, and poor sleep quality. Nearly all underwent a spiritual quest. Furthermore, their ability to perform activities of daily living had also been negatively impacted. For example, some participants expressed that they had no physical strength to work in the workplace or as a housewife. Thus, they perceived they would become a burden to their families, whether in economic terms or in their lives. The state of powerlessness they experienced meant that nearly all of the participants experienced psychological suffering. Participant 13, 54 years old, said:

I always felt numbness and tingling on my face and hands after chemotherapy. In addition, my face looks dark on the outside and my sense of taste changed too. I felt this was a result of the chemotherapy. So, yes, I did experience physical suffering from cancer. In addition, I’m afraid to meet people because of my ugly face and hands. I have no more confidence in my appearance. I’ve changed on the inside and out because of this cancer. It has impacted my self-esteem severely. I’ve been shaken-up psychologically because of this illness.

2. Transforming attitudes toward life

Most participants said that their attitudes toward life had been transformed because of their cancer and life-related sufferings. Transformed attitudes toward life were expressed in both psychological and behavioral changes. Many participants expressed that they understood the importance of health and how to care for themselves now. Some participants revealed they had become self-reflective individuals and treasured every moment of their lives. Participant 6, 65 years old, said:

I was so busy making money before I became sick. I discovered that as I accumulated money, I...
interactions. Thus, these observations inspired them to live with their cancer. Participant 3, 57 years old, said:

*When I heard I had cancer, I crashed out, I cried all day, especially when I knew I’d have chemotherapy the next day. My husband, big sister, and daughter were concerned about me, but they didn’t know what to do for me. One day, I found out that they were distressed and couldn’t sleep because they were worried about me. I realized that we were all in this together even though I was the one who had cancer. Right then I knew I have the willpower necessary to survive for them.*

2. **Friendship love**

Many of the participants experienced communal friendship and love with friends, neighbors, and other patients. They perceived that their friends and neighbors were concerned about their physical and emotional health. Some revealed that other women with cancer shared their illness experiences with them and provided information related to cancer treatments and nutritional supplements. Therefore, many of the participants appreciated the need for friendship love and how it was linked with the meaning of life. Participant 17, 62 years old, said:

*One of my best friends has cancer too. When she heard that I was receiving chemotherapy and had lost weight, she comforted me and reminded me to take nutritional supplements for the chemotherapy. I am so touched to have this good friend.*

In addition, Participant 24, 28 years old, said:

*I faced this illness and received treatment because of the love of my friends and the desire to recover from cancer.*

3. **The love of healthcare professionals illustrated in care**

Some participants perceived experiencing unconditional love from the healthcare professionals during their treatment. For example, when they were diagnosed with cancer, they did not know what to do for their next step. At this time, the concern of their case manager and the unconditional care provided by healthcare professionals were important sources of support for them. Participant 11, 59 years old, said:

*One of the most important people for me was the case manager. I didn’t know how to face the cancer when I was diagnosed with breast cancer. She encouraged me and enhanced my confidence.*

**Theme 3: value of self-transcendence**

Many of the participants voiced how their perceptions of the world and of life expanded after experiencing the suffering of cancer. They believed they had reached a higher level of being and understanding than before their diagnosis. Some said they had more compassion and were willing to help others who were suffering. Nearly all said they felt good when they had added to another’s life. Thus, they would like to do meaningful things. Some participants developed a greater sense of self-worth from the value their employers placed upon them.

1. **Doing meaningful things**

Many participants mentioned that serving other people was a meaningful thing to do. Thus, they liked to volunteer and look for opportunities to be of service to others. Some expressed they would like to join breast cancer patient support groups to share their experiences helping other patients get through their suffering from breast cancer. In addition, some believed that, when they went to different institutional environments to provide services for older adults or people with disabilities, their lives increased in meaning. Participant 14, 45 years old, said:

*I need to do something meaningful in my life, such as volunteering. I believe I’ve been of service to others when cutting their hair for free.*

2. **Self-challenge**

Many of the participants mentioned that they created self-worth by working. They enjoyed the transformation process from social freshmen to being recognized and appreciated as employees. They felt a sense of accomplishment and fulfillment when their colleagues and customers affirmed them. They gained self-transcendence when they overcame workplace challenges. In addition, some expressed they were willing to return to work although they were suffering from cancer. They would like to achieve their full potential and thus self-transcendence. Participant 3, 57 years old, said:

*When I started to work, my boss looked down on my ability. After I overcame the challenges and completed various difficult tasks, my boss agreed with my ability. This process makes me feel very fulfilled.*

In addition, Participant 4, 56 years old, said:

*I experience self-validation from work. Even if I cannot work as hard as I used to before I was sick, I still do the work I’m meant to do in the workplace. I know now that work is also a spiritual support for me. When I’m working, I have this inner vitality to fight my disease. If I treated myself as a patient all of my life, I would get weaker and weaker.*

**Theme 4: value of spiritual comfort**

Most of the participants revealed that they found comfort from religion when they were suffering. Their belief system enhanced the strength of their spirit, and a strong spiritual belief helped them through their cancer-related sufferings. In addition to receiving spiritual support from their religious
believes, they also liked to participate in religious activities. Besides, many represented that attributing their breast cancer to fate could calm their spirit and convince themselves to accept the fact of having breast cancer and to actively receive treatment.

1. Religious sustenance

Many of the participants narrated that they experienced peace when they chanted Buddhist scriptures. When they felt depressed or that life was difficult, they would go to the temple and seek blessings from Buddha. Furthermore, some felt a sense of relief when they went to church and prayed. Religious sustenance enabled them to feel grateful for what they had in life. In addition, some participants articulated that they liked to participate in religious activities because they experienced the power of religion in partaking. Religious activities included worshiping Buddha in the temple and participating in Buddhist courses, among others. Participant 20, 59 years old, said:

I went to the earth-god temple and drew a fortune stick before the operation. The result was very good. So, I felt relieved. When I was in the operating room, I chanted a Buddhist scripture, which made me feel peaceful and I wasn't nervous.

In addition, Participant 24, 28 years old, said:

I felt that I received spiritual sustenance from religion because I could pray for a smooth chemotherapy process in the temple.

2. Fate

Many participants mentioned that, when they were diagnosed with cancer, they felt shock, incredulity, and resentment. However, they felt a bit better, and it helped them to accept cancer when they attributed the cause of cancer to fate. Some participants believed that this was their god testing them and that, therefore, they had to go through it. In addition, they deemed they could eliminate “karma” or reduce suffering by chanting Buddhist scriptures or by doing good things such as donating money to religious groups. Participant 2, 57 years old, said:

I thought that maybe I had hurt someone in my previous existence. So, God examined me and I suffered this painful illness. However, when I chanted Buddhist scriptures, I felt I could endure these sufferings. My religion gave me great strength.

Discussion

Studies have shown that finding meaning in life can reduce the worries, anxieties, stress, depression, and suicidal ideas of patients with cancer (Lapierre et al., 2017; Noguchi et al., 2006; Peng et al., 2021; Tang et al., 2013). However, research exploring the meaning of life in women with breast cancer is rare. Four themes emerged from the findings of this study regarding perceptions on “the meaning of life.” A thread running between the tapestry of their lives was existentialism, Victor Frankl’s logotherapy, and the three pathways of finding meaning (Frankl, 2014). In this study, the first theme (value of overcoming suffering) and the fourth theme (value of spiritual comfort) corresponded with Frankl’s attitudinal pathway. Frankl argued that attitudinal beliefs were the most important elements to human survival in suffering circumstances (Wong, 2012). In this study, the participants found the innermost value of overcoming suffering through attitudinal change and value of spiritual comfort from religious beliefs. The second theme in this study (value of reciprocal love) paralleled Frankl’s experiential pathway, which indicates that human beings can experience the meaning of life by building and maintaining relationships with others. The third theme in this study (value of self-transcendence) matched Frankl’s notion of building creative pathways to find “the meaning of life,” which states that people can encounter “the meaning of life” through creating the value of self-existence (Wong, 2012).

Frankl’s logotherapy is based on three concepts: freedom of will, will to meaning, and meaning of life. In this study, most of the participants experienced the transformation of attitudinal values because they were suffering from breast cancer. These findings corroborate those of Ellis et al. (2015) and Post et al. (2020), indicating that patients with cancer experience physical and psychological suffering from cancer and, somehow, transformation happens through suffering. The participants in this study said they experienced a series of interludes of suffering after receiving their cancer diagnosis. Therefore, it took time to transform their attitudes toward suffering. They processed the meaning of suffering through their own attitudinal pathway. For example, those participants diagnosed as having Stage 4 breast cancer perceived that life was very short. So they focused on using their life to do meaningful things such as cherishing people and things around them or doing the things they most wanted to do. They did not want to waste their life in arguing or negotiating with others. The participants in other stages of breast cancer focused on changing their lifestyles so that they could live longer. However, they also perceived they need to cherish people around them and tried to do the things they wanted to do. Nevertheless, most of the participants accepted that suffering was part of having cancer and of life itself.

In this study, the findings showed that most participants experienced the value of reciprocal love after they were diagnosed with breast cancer. They felt the love of their families and friends during intimate interactions with them. They alluded that family members were the most important people in their lives during this process, which upholds the findings of Chen et al. (2016) and Kejkornkaew et al. (2016). The participants found it less arduous to cope with the suffering of cancer when they considered surviving for their families. Furthermore, the healthcare professionals were another important group in the participants’ lives, as they provided love.
by acting with compassion and care and also provided information related to their illness and treatment (Liao et al., 2018; P. H. Wu et al., 2018). With this love and support, the participants recounted that they gained more courage to live with their cancer.

This study showed that many of the participants experienced the value of self-transcendence by doing meaningful things and through self-challenge. After the participants had processed their cancer diagnosis, they understood their suffering and were aware that life is very fragile and short. Therefore, they wanted to do meaningful things to help others in their limited life. These findings concur with those of other studies (Godskesen et al., 2015; Post et al., 2020). In addition, many of the participants gained self-worth from their work. Thus, some stated that the challenge of returning to work enabled them to realize self-transcendence and broaden their horizons. This corresponds with results of the studies by Duijts et al. (2017), Isaksson et al. (2016), and Wolvers et al. (2018), which documented that people with cancers returned to work after the completion of their cancer treatment because it provided a sense of purpose and bolstered their self-identity and self-esteem. These findings, coupled with those of the above researchers, show that many women living with cancer can restructure and reorder their lives. They may experience the value of self-transcendence by transforming their suffering and discovering “the meaning of life” and creating self-worth while living with cancer.

Most of the participants experienced spiritual comfort through religious beliefs. They narrated that religion enhanced the strength of their spirit and consequently helped them through the suffering of cancer. These findings correspond with those of Ahmadi et al. (2019), Chen et al. (2016), and Kelly et al. (2022), who reported religion as an important way to help patients with cancer cope with illness. In this study, the participants said that a diagnosis of breast cancer led to psychological distress and a vulnerable status because their spirit had been damaged. Religion provided them with spiritual support. Moreover, some wondered if their god had given them cancer and life may change from adversative to an achievement. In addition, women with breast cancer may seek creative pathways to discern the value in their existence such as doing meaningful things or self-challenging to help transcend their way of being in this world. Finally, they may desire to continue living because of the meaning-making process.

**Limitations**

There were two limitations in this study. First, most of the participants (n = 25) had not experienced cancer recurrence. Most of the potential participants with recurrent cancer presented more serious symptoms or were extremely weak and thus were not invited to interview for this study. This situation may limit the transferability of this study because the findings may be more suitable to patients without cancer recurrence. Second, all of the participants were married. In Taiwan, female breast cancer occurs mostly between the ages of 45 and 65 years (Health Promotion Administration, 2021). At this stage of life, women are encouraged to be married, which may be reflected in the 100% “married” status of the participants. However, this situation may limit the transferability of this study because the findings of this study may not be applicable to unmarried or young women with breast cancer.

**Conclusions**

In this study, four themes showing participants’ perspectives on “the meaning of life” were identified. These were as follows: value of overcoming suffering, value of reciprocal love, value of self-transcendence, and value of spiritual comfort. Female patients with breast cancer can journey through this series of psychological processes to explore meaning in their lives and then adapt their days and come to accept the coexistence of cancer in life. This phenomenon corresponds with Frankl’s three pathways of finding meaning (Frankl, 2014; Wong, 2012). This study found that women with breast cancer explored “the meaning of life” by experiencing holistic suffering from cancer and reciprocal love from their families and friends. Simultaneously, they sought spiritual comfort from their religious beliefs. Thus, their attitudes toward cancer and life may change from adversative to an achievement. In addition, women with breast cancer may seek creative pathways to discern the value in their existence such as doing meaningful things or self-challenging to help transcend their way of being in this world. Finally, they may desire to continue living because of the meaning-making process.

**Implications for Practice**

Findings from this study provide important practical implications for women with breast cancer, healthcare professionals, and future research. The findings illustrate four themes that women with breast cancer should negotiate to discover “the meaning of life.” Healthcare professionals should be aware of these four themes and may choose to use them with the aim of inspiring women with breast cancer to reflect on “the meaning of life.” Future research may use quantitative research to explore the relationships among women with breast cancer, the meaning of life, and treatment outcomes.

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**Author Contributions**

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Data collection: FKS, YCY
Data analysis and interpretation: FKS, YCY
Drafting of the article: All authors
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