Toward an Understanding of my Transformational Experience with Cancer by Barbara Faye Ferguson, Unpublished Master's Thesis, University of Victoria, 1990

This work centers around the transformation experienced by the author after being told she had cancer. Ferguson uses the four existential elements of spatiality, corporeality, temporality, and relationality as a guide for reflection on a journal started on the day of her diagnosis and a secondary text that came from thinking about what she had written in the journal.

A number of themes are identified. As the experience of living with cancer progresses, the pattern of the themes changes. For example, waiting, in all its desperation, with hope as well as uncertainty, is predominant early in the experience. Later, when faced with decisions about treatment, the search for the elegant choice, consistent with beliefs and values, becomes central. These and other themes ebb and wane throughout the author's transformation to the "different me."

Ferguson's careful juxtaposing of the elements of each theme shows the complexity of the cancer experience. For example, spaces of safety (home) and threat (the cancer clinic) are described. And yet, even in the safe spaces, cancer, the intruder, (the reminder of one's mortality) is present. The author goes on to describe the vast array of choices she faced. She notes that the choices surrounding treatment, (to avoid suffering and probable death), were made with the knowledge that these same choices would lead to extreme pain and devastation in the present.

Ferguson describes her perceptions of the relationship between her mind and body. She notes that on diagnosis, she experienced a breakdown in mind-body unity; her mind became the protector of her body, rather than the judge portrayed in the chronic illness literature. As she had to choose between different forms of treatment, her belief that mind and body were intimately linked helped her explain her cancer and select a pathway to health. Once the author's treatments were finished and all traces of cancer were gone, she described a new mind-body experience. Her body's outward appearance became less significant. Previous to illness, her mind had sought to control her body, a master/servant relationship. Having experienced the remarkable recuperative powers and strength of her body, she describes the relationship between her body and mind as friendly.

Ferguson describes what she learned from having cancer. She notes that while cancer resulted in suffering, it also provided an opportunity for growth. The simple things in life were viewed almost as if for the first time and provided moments of supreme joy. Viewing the experience of cancer in this way was yet another manifestation of the choices that were an essential part of living with this disease. Ferguson learned new things about being a patient. She describes concentric circles of caring and the ways of caring demonstrated by family, friends, colleagues, and others she hardly knew.

As a result of her cancer experience, Ferguson's youthful sense of invulnerability changed to a reverence for her life and the present. Her view of the world changed from one of separateness and division to one of connectedness and unity.

Ferguson concludes by describing this new sense of connection in the context of her relationships with others. A new kind of sensitivity to the meaning of being human emerged—fewer occasions of inattention to others, more occasions of tactfulness, and a greater tendency to learn from day-to-day experiences.

What can nurses and other caregivers learn from this poignant description of what it was like for Ferguson to have cancer? Although the experience of no two cancer patients is the same, the study suggests many questions.

What can we do to make hospitals less threatening to patients? Ferguson notes that there was nothing in the physical and interpersonal environment of the cancer clinic that recognized her individuality or provided comfort—"...no space, no place to be a person" (p. 30). Home, on the other hand, was a safe place—"...where I am me" (p. 31). Home provided comfort, security, identity and a place where she could feel whole. What could we do to make the hospital morel like home? Ferguson provides some clues. Home is inseparable from family, where one is in control, where one doesn't have to be brave. Would hospital feel more like home if families were welcome at all hours, if patients could have as much control over their care as they wanted, if they were encouraged to be who they were, to express themsleves in whatever way was necessary—to cry, rant, rave, or be still.

What can we do to help patients feel involved in their treatment? People with cancer must make many complex decisions. These decisions involve choices that are in the truest sense, "matters of life and death" (Degner and Beaton, 1987). Knowledge and information are the substance of these decisions. Ferguson notes that on many occasions "information was not voluntarily nor readily given" and that her role was "not to decide, it is to abide" (p. 42). In these instances, it was difficult for her to feel involved in her care. One physician provided facts as if there was no alternative. Under his care Ferguson encountered a weakened sense of efficacy and sense of self. Another physician outlined several treatment alternatives and the strengths and weaknesses of each. Under his care Ferguson felt relaxed, a sense of optimism and hope. Providing patients with information invites them to participate in decisions regarding their care and, in the Ferguson's experience, increases a sense of control over the world of disease.

Most nurses believe they truly care for their patients and yet Ferguson, a nurse herself, did not mention this sense of nursing in the description of her experience at all. The author describes various physicians and easily differentiated between those who connected with her on a "human level" and those who didn't. In the section on those who "sustained" her in the midst of radiation treatments, she talks only about family and friends. In the section on being the recipient of care, she talks about physicians, family, friends, colleagues, and others she hardly knew, but didn't mention nurses. Where were the nurses? Presumably they cared for Ferguson, but why didn't she sense this? Heidegger talks about care as "the source of will" (1962) and a central part of what it means to be human. When individuals cease to care, they loose their selfhood, their being and will. We assume, therefore, that most individuals, especially those who have chosen professions like nursing, care for others. Leininger (1981) states, "Caring is the central and unifying domain for the body of knowledge and practices in nursing" (p. 3). May (1969) defines caring as a feeling denoting a relationship of concern. Thus caring becomes not only a feeling but also a phenomenon that compels one to thoughtful action (Bevis, 1981). While the nurse's within Ferguson's cancer experience likely carried out many thoughtful actions, they were not of sufficient magnitude or importance *at the time* to be perceived as such by their patient. Thoughtful actions by physicians, on the other hand, may have been more apparent to Ferguson because of their integral connection with her cancer treatment. Caring physicians discussed treatments with her, sought her views, and provided information that would help her make treatment choices. This treatment was ultimately responsible for her cure. Would Ferguson's perception of caring physicians have been different if she had not been cured? Might the thoughtful actions of nurses be more perceptible to a person with cancer not so preoccupied with treatment decisions aimed at cure? As death comes closer and the treatment focus shifts from cure to comfort, might those with cancer be more sensitive to the caring actions of nurses?

The author closes her thesis by saying, "If good education is a series of new births, new understandings, then my reflective-interpretive journey has been good education, indeed" (p. 92). The reading of this study was "good education" too. It facilitated a new understanding about what it is like to have cancer, an increased awareness of the tendency toward failing to see patients as people first, and a greater willingness to learn from the day-to-day experience of people with cancer in order to improve nursing practice.

References

Bevis, E. (1981). Caring: A life force. In M. Leininger (Ed.). *Caring: An essential human need*. Thorofare, NJ: Charles B. Slack.

Degner, L., & Beaton, J. (1987). *Life-death decisions in health care*. New York: Hemisphere.

Heidegger, M. (1962). *Being and time*. New York: Harper and Row.

Leininger, M. (1981). The phenomenon of caring: Importance, research questions and theoretical considerations. In M. Leininger (ed). *Caring: An essential human need*. Thorofare, NJ: Charles B. Slack.

May, R. (1969). *Love and will*. New York: Dell.

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The Experience of Love in Marriage by Gerald Terlep, Unpublished Doctoral Dissertation, Wayne State University, 1989

All phenomenological research begins with a moment of vision. Without this moment of vision, which is an experience of intuitive rather than inductive or deductive knowing, the phenomenological researcher has nothing to investigate. One cannot be assigned a problem to investigate, using phenomenological methods. Phenomenological inquiry demands that what is selected for investigation be radically and subjectively important to the investigator. The inquirer must first experience the problem in its subjective significance to self. Only then is phenomenological investigation used to understand the problem in its objective significance to culture. In this view, the phenomenological inquirer understands that human experience itself is a relationship between person and thing. Experience itself exists as experience only as we understand it. This is not to say that experience unites the human and the real, because experience itself is the reality of being human. Experience is, then, a returning, an event that occurs whenever