

## Addressing Existential Suffering and a Loss of Self in Terminal Cancer Patients: A Phenomenological Approach

Rosalie A. Looijaard

Augustana College, Rock Island, Illinois

THE UNIVERSITY OF TEXAS

MDAnderson

Cancer Center

Making Cancer History®

### The Importance of Addressing Existential Suffering

### Up to 25% of cancer patients experience some form of existential suffering.

There is a significant lack of knowledge regarding the nature of existential suffering, and leaving associated symptoms unaddressed can cause threats to patients' self-identity and aggravate both physical and psychosocial symptoms. One of the key strategies in helping patients build resilience against existential suffering is by ensuring they have a strong and stable sense of self.

Persons with a terminal cancer diagnosis are at a risk of developing symptoms of existential suffering due to the traumatic nature of the diagnosis. The diagnosis in itself can be world-shattering, and this is further aggravated by physical symptoms that limit one's physical ability to live up to one's previous social roles. Addressing existential suffering can vastly improve quality of life and help patients navigate towards a good death.

#### The Phenomenological Method

Patient experiences were examined using the phenomenological method. This method, based on the philosopher Martin Heidegger's work, centers the first-person perspective of the person. This proved useful in obtaining a holistic understanding of the existential effects of a terminal cancer diagnosis as experienced by the patients themselves. Heidegger's philosophy, combined with the theories of some contemporary philosophers who have applied his work, further provided a basis from which to analyze the way that terminally ill cancer patients lose their sense of self and identity.

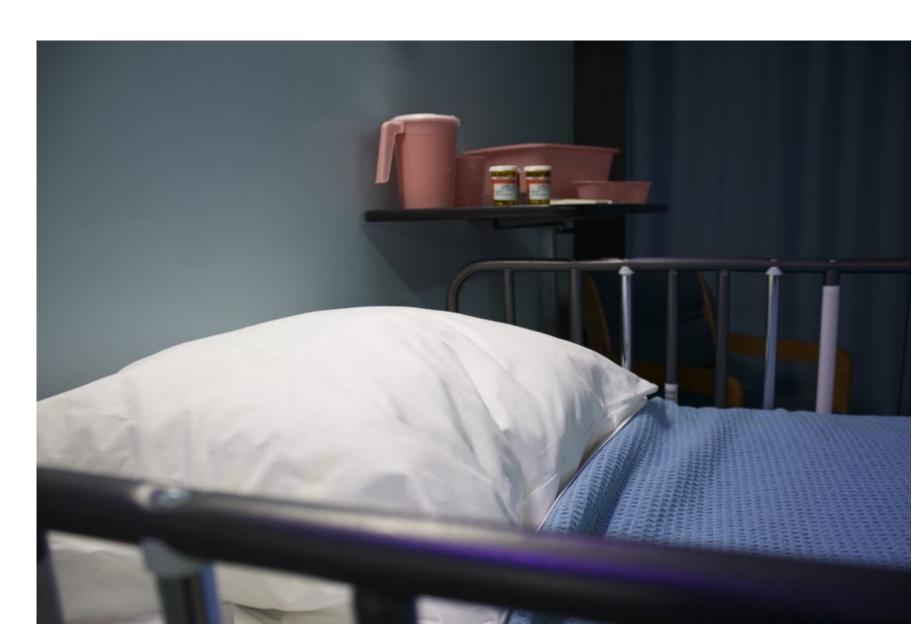


Figure 1. Photo by Bret Kavanaugh on Unsplash

#### **Living With Illness: Ontology**

Ontology is a branch of metaphysics that deals with the nature of being. An ontology of illness thus examines the nature of living with illness.

As human beings, we derive meaning from how we engage in the world and with others. Much of our identity is tied to our social roles. A terminal cancer diagnosis can cause a collapse of these social roles as the patient becomes aware that they are at the end of their life and deteriorates in physical ability. Frederik Svenaeus, a contemporary philosopher who has written extensively on the phenomenology of medicine, characterizes living with illness as an "unhomelike being-in-the-world." This phrase captures the disconnect that cancer causes; the surrounding world, the patient's own body, and even their identity can begin to feel alien. This can eventually lead to a total collapse of meaning and identity that can be summed up as ontological death.

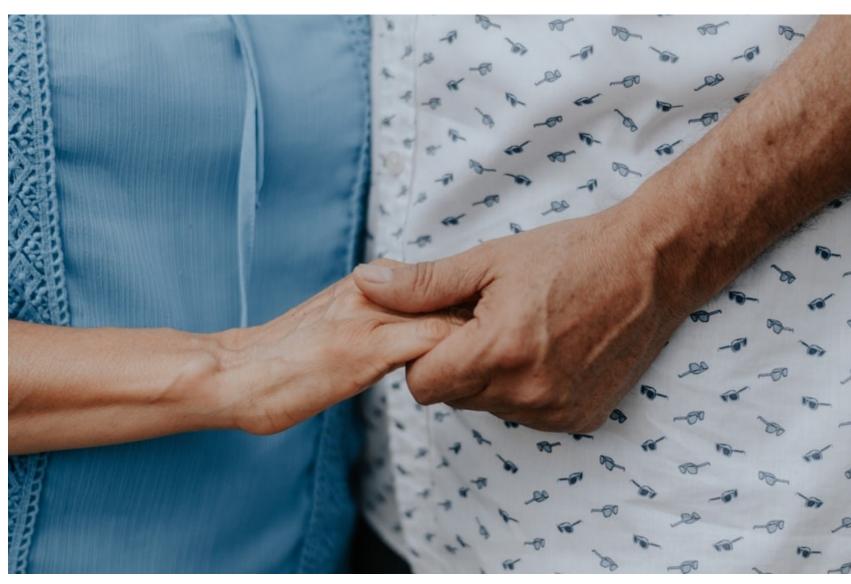


Figure 2. Photo by Nani Chavez on Unsplash

### Living With Illness: Patient Experiences with a Loss of Self and Identity

A literature review concerning patient experiences with existential suffering and a loss of self and identity was conducted. The corresponding findings where then examined through a phenomenological lens in the context of the established ontology. The stories and experiences of patients corroborate the theory that a loss of self can be one of the most distressing and fundamental symptoms of a terminal cancer diagnosis. A loss of self was found to often be associated with exacerbated anxiety toward death, as patients did not want to die feeling as if their existence was meaningless.

Patients suffer especially when others begin to perceive them as merely patients and not by their previous social roles. It is not only distressing that they are no longer physically able to fulfil these social roles, but they report further feelings of sadness and disconnect when they feel replaced or discredited by their loved ones.



Figure 3. Photo by Clay Banks on Unsplash.

# Alleviating Existential Suffering: Helping Patients Maintain Their Sense of Self and Identity

There are significant steps that medical providers can take to ameliorate existential suffering by helping the patient build a resilient sense of self.

- Having a phenomenological understanding of living with illness and existential suffering can help identify symptoms and possible support strategies.
- Clinical empathy and realism should be promoted.
- Spiritual support should be readily available
- Legacy work and dignity therapy have proven effective in helping patients identify with former social roles and identities.
- Validating continuity of pre-illness identities and avoiding reducing the person to mere patient-hood further combats a loss of self.
- Meaning-centered psychotherapy and cognitive behavioral approaches have further proven effective in building a resilient sense of self.

#### References

Aho, K. A. (2016). *Med Health Care Philos, 19*(1), 55-63. Bauereiß, N. Obermaier, S. Özünal, SE, Baumeister, H. (2

Bauereiß, N, Obermaier, S, Özünal, SE, Baumeister, H. (2018). *Psycho-Oncology*. 27, 2531–2545.

Best, M., Aldridge, L., Butow, P., Olver, I., & Webster, F. (2015).
Psychooncology, 24(9), 977-986.
Charmaz K. (1983). Sociology of health & illness, 5(2), 168–195.

Gordijn, B., & Ten Have, H. (2020). Med Health Care Philos, 23(3), 333-334.

Grech, A., & Marks, A. (2017). *J Palliat Med, 20*(1), 93-94.

Gullick, J., & West, S. (2020). *Med Health Care Philos, 23*(1), 87-105. Henoch, I., & Danielson, E. (2009). *Psychooncology, 18*(3), 225-236.

Kissane D. W. (2012). *172*(19), 1501–1505.

Thomson, I. (2013) Death and Demise in Being and Time. In M.A. Wrathall, ed., The Cambridge Companion to Heidegger's Being and Time, pp. 260-90. New York: Cambridge University Press

Maersk, J. L., Cutchin, M. P., & la Cour, K. (2018). *Health Place, 51*, 11-18.

Nanton, V., Munday, D., Dale, J., Mason, B., Kendall, M., & Murray, S. (2016). British Journal of Health Psychology, 21(2), 351-373.

Oechsle, K., Wais, M. C., Vehling, S., Bokemeyer, C., & Mehnert, A. (2014). *J Pain Symptom Manage, 48*(3), 313-321.

Rodriguez-Prat, A., Monforte-Royo, C., Porta-Sales, J., Escribano, X., & Balaguer, A. (2016). *PLoS One, 11*(3), e0151435.

Svenaeus, F. (2011). *Med Health Care Philos, 14*(3), 333-343. Svenaeus, F. (2020). *Med Health Care Philos, 23*(3), 335-342.

Vehling, S., & Kissane, D. W. (2018). *Psychooncology, 27*(11), 2525-2530. Willig, C., & Wirth, L. (2018). *Health Psychol, 37*(3), 228-237.