Abstract

As part of any doctoral candidature, including my own, many challenges must be confronted and addressed. There are questions of topic, scope, methods, methodology, and all of these require a detailed exploration and understanding by the candidate. Phenomenology is now commonplace within qualitative research and is utilised to explore a variety of topics. It is essential that the researcher have a sound understanding of the core ideas and concepts of phenomenology to ensure that data collection and analysis are undertaken appropriately. This paper reflects my own journey in gaining an understanding of Heideggarian phenomenology and applying this to my topic of exploring young non-metropolitan women’s experiences of familial breast cancer and increased risk classifications. It explores what these concepts are and how they can be applied to the topic as well as my journey from an uncertain student to a more confident PhD candidate.

Key words: young women, familial, breast cancer, phenomenology, reflection
Applying Heideggarian Principles to Young Women with Histories of Familial Breast Cancer

Background

This paper reflects my journey as a doctoral student and my attempt to understand phenomenology; in particular, how its concepts relate to, and produce an understanding of, young women’s experiences of familial breast cancer. It will document the thought process that has occurred from the very beginning of the research project through to the beginning stages of data collection and analysis. The doctoral study on which this reflection is based is a qualitative project that focuses on what it means for young, non-metropolitan women to experience familial breast cancer, and as such, be at increased risk for developing the disease themselves at some stage in their lives. The participants are aged 18-34, living in a non-metropolitan area of Victoria and are experiencing/or have experienced a family history of breast cancer or are classified as being at increased risk. These young women have participated in face-to-face semi-structured interviews. At this current stage, I have eleven participants, and have completed interviews with six young women. These women are from various towns in regional Victoria and have varying experiences from one diagnosis in the family to being diagnosed themselves to having upwards to ten relatives diagnosed with breast cancer and having the BRCA mutation, that is, having hereditary breast cancer in the family due to a mutation in the breast cancer gene.
Throughout this paper I will endeavour to describe my fears and challenges coming into my doctoral candidature, including my fear of theory. This will include a brief description of the importance of this research topic, and why I chose to undertake this research project. I will also attempt to give a succinct description of phenomenology which will include my understanding of some of the core concepts and in particular, this will include an exploration of how I feel Heideggarian Phenomenology can relate to, and help explain, young women’s experiences of familial breast cancer and being at increased risk. This will be emphasised through the use of examples that have arisen from the beginning stages of my data collection and preliminary data analysis; that is, what it means to be in that situation, from the perspective of someone that is experiencing it.

In the Beginning……

I was aware that my PhD was going to be something that would be challenging and fulfilling. Although this was the case there was one aspect that was worrying me; could I, and was I capable of, getting my head around theory and producing a worthwhile and well researched doctorate?? I began to read, and read, and read. I soon began to take comfort in the fact that much of my reading was challenging my preconceived idea that there was a right and a wrong method for my research. In fact, I was commonly finding that there was no right or wrong answer in research. That instead, it is about interpretation; studying the question in a rigorous manner, following the methodology, interpreting the data, and accepting that all of this still may not lead to the ‘right’ answer, but that that was okay (Callejo Perez 2006: 588). Along with this came the understanding that I did not need to have all the answers at
the outset. All the knowledge that I thought I needed to have, and to understand, would come with time, and with my development as a researcher (DeHon n.d.). With some of my fear diminished, and my new found knowledge in place, my journey began.

I was one of the fortunate people who were able to come into their doctorate with a fairly good idea of what they wanted to explore for their research. I had been told, and read, many times that it is important to choose a topic in which you have a keen interest, one that can hold your attention for the full span of your candidature; a topic driven by curiosity, rather than method (Callejo Perez 2006: 578; Polit & Tatano Beck 2004: 70; Ross & Morrison 1992: 19). I knew that this topic could derive from many sources; interest, relevance to work, gaps in literature and personal experience (Roberts 2007: 23). At the outset of my PhD, I was concerned that it would be frowned upon for the starting point of my research to be my personal interest and experience of the topic, the more I read, the more I realised that this was not the case, and that it was an acceptable place to begin (Etherington 2005: 179; Gilbert 2001: 11; Lowe 2007: 26-27; Roberts 2007: 23). I was also aware of the common problem of biting of more than you can chew; taking on a research project that was too big, unrealistic and unclear (Clough & Nutbrown 2007: 38, 164; Ross & Morrison 1992: 19). For me, this resulted in my broad focus of young women and breast cancer being redefined to focus on what it means to young women to experience familial breast cancer and to be, or feel, at increased risk of developing the disease at some stage in their lives. Research suggests that women who are identified as ‘high risk’ or who are found to have a genetic mutation are faced with their own specific concerns. Young women are usually classified as having an increased risk when they have factors such as “a strong family history of breast cancer, previous breast or chest wall radiation,
atypia, lobular carcinoma in situ detected at biopsy or a history of breast cancer” (Hadden 2007: 1). The term risk is the most commonly used term when discussing breast cancer prevention and is often associated with fear and anxiety, implying that someone is, in a sense, in danger (Simpson 2000: 131). This information provides them with little in the way of new options, alternatives or interventions; they know that they have the increased possibility of developing breast cancer but are offered no options of prevention, intervention or cure (Potts 2000: 8). As a result, these young women can experience significant depression and anxiety (Furniss 2000: 647). The main recommendation for these women is that they remain breast aware and have regular clinical breast examinations (Shannon & Smith 2003: 2638), although this does not change the knowledge that these women are faced with a “confrontation of their own dangerous bodies” (Potts 2000: 8), the perpetual axe hanging over their heads. This assessment of risk can have significant impacts on the women identified and to complicate this further, there are limited intervention options (Furniss 2000: 647), other than that of medical interventions such as surgery (Potts 2000: 8). Bilateral prophylactic mastectomy has been found to be helpful in some women (Furniss 2000: 649), but for younger women, the prospect of preventative mastectomy can be one that confronts them with the prospect of losing their wholeness and femininity, as they would no longer fit societies “ideal of two-breasted symmetry” (Potts 2000: 8-9). What it means to young women to have a family history of breast cancer and/or be at high risk for breast cancer is currently under-researched in Australia and internationally. The majority of breast cancer research focuses on older women and women who have had a diagnosis (and their experiences of treatment and surgery). Although some broad information is available in the literature, as seen above, there is a significant gap in research about these young women’s experiences
and thoughts. As a result, this research can provide a valuable contribution to the knowledge of how young women experience familial breast cancer and as such, provide valuable insight for future developments in education and service delivery, as well as providing sociological insight into the gendered experience of body, health, illness, risk and the influence of living in a non metropolitan area on young women’s experiences.

Introducing Heidegger....

It took me some time to feel confident in a choice of methodology for this research. I explored many options including grounded theory, case studies and narrative studies. Although I was not familiar, or confident with phenomenology, it appeared to best suit my research aims and so a long and tedious process of reading and understanding began until eventually it began to ‘click’ and made sense to me, and to what I was researching. Phenomenology has been defined as ‘the study of phenomena as they present themselves in direct experiences’ (Hancock 2002: 4; O’Leary 2004: 122), and as a qualitative methodology that seeks to uncover the meaning and essence of given phenomena (Higginbottom 2004: 12). The main emphasis in this approach is on the viewpoint of the experiencing person in regards to specific situations occurring in the everyday world. It is through this ‘inside’ approach that we can gain insight from within the world of the person familiar with the phenomenon, and as such, understand what that is like for that person to be in that given situation (Becker 1992: 7-8). Researchers take a serious interest in not only their informants’ experience, but also their own, in their ordinary, everyday life. This focus on everyday lived experience allows phenomenology to be applied to a vast array of topics; anything that can be
experienced and described can be explored using phenomenology (Becker 1992: 31). Rather than just answer an immediate, individual problem, phenomenologist’s have the goal of ‘articulating essential insights into the phenomenon, ones that can be understood, recognised and used by others’ (Becker 1992: 33). As a method, phenomenology is an effective way of researching lived experiences of phenomenon as well as providing a way of comprehending the nature of experience (Benner 1994). ‘Lived experience of the world of everyday life is the central focus of the phenomenological enquiry’ (Streubert & Carpenter 2007: 77).

From this point I narrowed my focus again by choosing to utilise Heideggarian phenomenology. The focus is one of uncovering ‘Being’ as structures of human life itself (Koch 1999); of studying how people interpret their lives and make meaning of their experiences (Cohen 2000: 5). It is an interpretive approach that concentrates on the ‘historical meanings of experiences and their developmental and cumulative effects on individual and social levels’ (Laverty 2003). It is concerned with the life world or human experience as lived and focuses on revealing details and seemingly insignificant aspects within experience that may be taken for granted in our lives, with a goal of creating meanings and achieving a sense of understanding (Laverty 2003). One of the tenets of this approach is to see informants as ‘people who offer a picture of what it is like to be themselves as they make sense of an important experience’, rather than as a group of individual characteristics (Steeves 2000: 50). By asking what it means to be a person it is thought that we can come to understand more clearly how we know the world (Leonard 1994: 45). Heidegger’s phenomenology suggests that life is a text, and as such, the purpose of the inquiry is to understand that text (Koch 1999). Furthermore, his hermeneutic phenomenological approach provides ‘a philosophy to interpret the being of human beings; to uncover the phenomena for
investigation; and to provide an analysis for the structures of existence’ (Plager 1994: 65-66). Within this framework, researchers work to find the single phrase or statement that will ‘do justice to the integrity, complexity and essential being of the phenomenon’ (Becker 1992: 33).

After I had conducted my first few interviews, and through the process of my transcription (which formed the initial stages of my preliminary analysis) many Heideggarian concepts started to jump out at me as being relevant to what my participants were telling me; I began to see the link between the data and the theory. Due to the length of this paper it will not be possible to discuss all of the relevant concepts but a description of some of the main dominant concepts is outlined below.

**Being-With-Others/Being-with:**

In my being-in-the-world I always, and essentially, experience things in relation to other people. As long as I exist I am always with others in some way. The world is essentially a public or social world. This being-with-others still applies even when we are alone or isolated. This occurs through the fact that when alone or isolated, others become conspicuous through their absence and they are still with us through the man-made things that surround us (Heidegger 1962: 157; Watts 2001: 32-33). In regards to young women and breast cancer; this is appears to be a central theme. It can refer to the people that are in the young women’s worlds; that is, their immediate and extended families, friends and peers. These people can be noted through their support and attendance during the experiences or through their absence, such as the mother or parents being absent due to treatment related travel. One of the main memories stated
by younger women who have participated in this research is the noted absence of their mother, or both their parents, during the diagnosis and treatment phases.

**Thrownness:**

Every human, that is, every Dasein, remains permanently in the state of being thrown and this influences and shapes its entire existence. Our possibilities are determined by the chance event of our thrownness, which is responsible for where we always already are, and who we always already are. My thrownness means that I have a past I always carry with me, that must serve as a foundation for my current existence, and which defines and limits my future possibilities (Collins & Selina 2007: 72; Watts 2001: 33-34). Heidegger thought every Dasein is completely shaped by his or her culture. Having no control over the thrownness of one’s social environment, one becomes part of a culture, and all of one’s behaviours are consequently learned from that culture (Lemay & Pitts 1996: 44-45). In the case of this research, thrownness can be seen in that fact that these women are thrown into a family history of breast cancer and this can to some extent explain why they are the way they are now and how this affects their future possibilities. An example of this was seen in one participant who has now dedicated her life to supporting young women with breast cancer and this has significantly shaped her present and future life. In contrast, it is also possible that some participants try to limit their future possibilities by choosing a life path, and making decisions that allow them the opportunity to avoid situations in their life that may bring them into contact with health or breast cancer. This can extend to choices of career paths but can also apply to their attitude towards their own health. Specifically, in some of the younger women, not wanting to do any early intervention
techniques such as breast self examination (BSE) as it reminds them of their experiences, causes them to feel more worried and anxious and in their eyes, tempts fate.

Care:

Heidegger’s use of the term ‘care’ differs from society’s normal understanding. Heidegger’s use encompasses three aspects; Sorge (which pertains directly to Daesin) and includes an attitude of anxiety or worry arising out of apprehensions concerning the future, Besorgen (relates to its activities in the world) and includes getting, providing, acquiring something for oneself or someone else; attending to, or taking care of something; to be concerned, troubled or worried about something and Fursorge (relates to its being with others) and includes solicitude; actively caring for someone who needs help (Inwood 1999: 35). The aspect of Dasein’s way of being-in-the-world that it most cares about is the fact that it is alive. When faced with the possibility of death, Dasein begins to care about its way of living in a far more intense and profound way. It enters an authentic mode of existence, where what it cares about most of all is the fact that it is a Being-toward-death (Watts 2001:46-48). For the women involved in this study, there appeared to be both care about themselves (wanting to have a future, wanting to live a long life, fear about surgery, treatment and how this would affect their lives), care for others (wanting to protect and help their children, family members at risk, partners and in some cases wanting to extend themselves to others who are going through what they have been through) as well as care for the community (dedicating their lives to breast cancer, developing careers to help women and participating in awareness and fund raising initiatives).
**Being-Toward-Death:**

The possibilities of my life are defined by, dependent on, and only make sense in the light of my eventual death. In the light of this awareness of death, it is possible to see clearly the present situations and opportunities in life and the possibilities these offer. Truly feeling in the depths of your own Being that each moment may be your last, frees you from pettiness and the pressures of living as others expect you to live. While inauthentic Dasein tends to be completely absorbed in the present and immediate past and future, authentic Dasein looks ahead to its own death, back to its birth and beyond, to its historical past in order to survey its own life as a whole. The inauthentic mood that discloses death is fear which focuses on the specific or actual event of death and flees from what it sees. This attitude is characterized by denial of the ever-present possibility of death, instead, viewing it as a remote possibility that may happen in the distant future, and for the moment only happens to others (Collins & Selina 2007: 85; Harman 2007: 71-72; Watts 2001: 50-52).

This appears to be another significant area for some of the young women interviewed. The young women who had a close family member such as a mother diagnosed with breast cancer reported experiencing this moment of fear; alone at night thinking this person they love could die. It is in this moment that the realisation comes that death is a distinct possibility; a loved one is suffering and they are ‘helpless’ to change it. Although this is the case, there is some evidence to suggest that that this is an inauthentic mode of being as these feelings and fears are then deliberately dismissed, avoided or denied.
Moods/disposedness:

To be in a mood is to be tuned into life in a certain way, and this influences the nature of our understanding at any given moment. To be in a particular type of mood is to view the totality of our existence in a particular kind of way, which in turn influences our feelings and behaviour in the world (Watts 2001: 38-39).

For the young women in my study, looking back on it, especially in the light of their loved ones survival, they have a more optimistic outlook about what they went through and their own risk and likelihood of developing breast cancer. In contrast, their reflections of how they were feeling when it was happening; the fear and confusion, confronted them with the reality of breast cancer and the possible death of their loved one. This demonstrates the importance of mood in shaping how we feel, as well as the impact this has on how we view the world and our experiences.

A concluding thought….

Phenomenology has been around for many years and has been proven to be an effective method to gain insight into experiences, from the perspective of those who know best. It has the ability to be applied to many different subject areas, including the exploration of young women’s experiences of familial breast cancer.

On a personal level, after a year and a half of constant reading and to begin with, what could be referred to as a fear of Heidegger, I am now in the data collection stage of my doctorate and despite all my doubts, undertaking a phenomenological study. In the beginning stages of my data collection and analysis I suddenly had what I have had
referred to as my ‘ah ha’ moment. This was the moment within my preliminary analysis where something suddenly clicked; in which I could make the connection between what I had been reading and what I was hearing from my participants. To me, this was the proof that despite all the self doubt, fear and wondering whether phenomenology was beyond me, I was able to understand and apply phenomenology and as a result, produce new knowledge in a severely under researched area; proof that even a young, fearful, novice researcher can successfully understand, undertake and utilise this method.

(Word count 3,400)
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