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Abstract: Breast cancer was supposed to induce existential issues among women. The study's major aims were to examine breast cancer patients' existential issues and coping mechanisms. The author conducted the interviews using an existential approach to capture the extent to which breast cancer women encountered existential issues. Sample was collected via purposive sampling. In Punjab, Pakistan interviews were conducted with documented breast cancer ladies. The researcher looked at numerous themes that emerged from interviews with ten women with breast cancer, all of whom were under support from the government at the time of the interview. This research was qualitative. Death anxiety, loss of control, meaninglessness, loneliness, freedom of choice, helplessness, and hopelessness were some of the existential challenges identified by reflective thematic analysis of the interview data from women living with breast cancer. And applied a lot of coping strategies against these existential issues like religiosity, sense of spirituality, improved family bounding, rescuer defense, anxiety defense mechanisms (denial, suppression, projection), distancing herself, reinterpreting the event, enhanced self-esteem, reframing the situation, sharing their experience with others, finding reasons to be hopeful, realization, reevaluation, believe on fate, acceptance, universalize the predicament, meaningful activities, counseling session helped them against existential issues.

Key Words: Breast Cancer, Women, Coping Strategies, Punjab, Pakistan

Introduction

Existential psychology defines human existence in qualitative terms, that is, as each individual subjectively experiences itself (Spinelli, 2005). The existential philosophy, which originated in the nineteenth century, influenced the philosophical perspective and theoretical basis of this research. The first two waves of this movement were heavily influenced by Kierkegaard and Nietzsche. May (1958) states that existentialism arose during times of great suffering and anguish. As with psychotherapy, existentialism was focused on persons in difficulty, focusing on the individual's need to search for a "new framework" of awareness of his or her existence with a new and more stable understanding.

The goal of existential philosophy is to assist a person in realizing their actual selves, including their existential personalities (Eliason et al., 2010). The existential philosophy attempts to analyze how important human issues appear physiologically and to find the individual being (May 1983). Existential philosophy is unique in that it focuses on death and the meaning it brings to life, exposing the inconsistencies associated with bad life situations (Crossley, 1998; Greening, 1971). It is believed that suffering and pessimism typically precede inner improvement (Frankl, 1967) and are essential to gaining deeper meaning in one's life (King et al., 1978). Existential significance includes "the awareness of control, meaning, and value in one's existence, the search and achieving of goals, and an associated sense of fulfilment" (Reker, 2000).

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Existential Theory

Soren Kierkegaard and Fredrick Nietzsche, both nineteenth-century philosophers, are frequently considered fundamental contributors to the formation of existentialists (Sommers-Flanagan & Sommers-Flanagan, [Sommers2004](#)). According to this idea, persons are free agents in charge of their decisions and acts (Your Dictionary, [2020](#)). The only reality, according to Kierkegaard, is situational truth, or truth that exists as a human conviction. According to Nietzsche, the most important human goal is the want for strength, which is satisfied when a person acts on his or her desires. Acting on one's primitive urges leads to new truths and, consequently, greater personal growth (Hergenhahn & Henley, [Hergenhahn2013](#)).

Life's problems can force people to confront existential issues (Kugbey et al., [2019](#); Zimet et al., [1988](#)). Existential difficulties stem from death (Greenberg et al., [2004](#)) and a desire to escape nature's harsh truth (Frankl, [2005](#)). Altan [2001](#) (1999) calls these questions "ultimate" and "transcendental". The ultimate questions include one's connection to the universe's vast order, such as the purpose of existence, and the most basic, inescapable aspects of human experience, such as life and death (Yalom, [1980](#)).

The themes introduced by the existential theory are existential loneliness, existential anxiety, helplessness, guilt, and loss of control (Moustakis, [1961](#); RL, 1963; Von Witzleben, [1958](#)). Cancer patients' operational issues include uncertainty, vulnerability, helplessness, loneliness, fear, shock, wrath, and the quest for meaning and hope (Weisman & Worden, [1977](#); Frank-Stromberg et al., [1984](#); O'Connor et al., [1990](#); Halldorsdottir & Hamrin, [1996](#)).

The existential-philosophical movement explored anxiety, loneliness, isolation, helplessness, control, choice, responsibility, guilt, meaning, and authenticity (Mayers et al., [2005](#)). Three key notions from existential philosophy are loneliness, anxiety, and helplessness. Existential loneliness is described as a constant sense of isolation felt by humans (Moustakis, [1961](#); RL, 1963; Von Witzleben, [1958](#)), which is supposed to be defended against for the majority of the time and for which there is no permanent solution. Considering the interconnected nature of mortality and existential loneliness, it is necessary to address both simultaneously (Mayers & Svartberg, [2001](#)). The threats provided by the human situation, particularly the realization that we are finite cause existential anxiety (Frankl, [1967](#)). Existential anxiety can harm one's health (Berman et al., [2006](#); Hullett, [1994](#); Weems et al., [2004](#); Steger et al., [2006](#)). The way we deal with anxiety will decide whether our lives are full of worthless since interactions with such dangers, particularly death, can cause a significant adjustment in how we spend our lives (Frankl, [1967](#)). Anxiety is also affected by how helpless or in control one feels. According to Frankl ([1967](#)), threats may be beneficial and bad since they motivate people to live better and more meaningfully. According to Yalom ([1980](#)), dealing with them is society's fundamental issue.

Irving Yalom defines four ultimate issues (1980).

- Death
- Freedom (or responsibility in life)
- Loneliness (or being isolated)
- Meaninglessness

Existential dilemmas include personal, social, and physical factors (Gonzalez et al., [2011](#); Kanwal, [2022](#)). We consider this lack of stability an existential concern when patients' physical lives are in jeopardy (Crossley, [1998](#); Greening, [1971](#); Yang et al., [2010](#)).

Individuals engage in a never-ending cycle of cognitive and behavioural attempts to overcome existential issues that are particularly complicated and probably beyond their abilities and/or resources (Lazarus & Folkman, [1984](#)). Coping methods are available to deal with these issues. Coping has been discovered to help cancer victims deal with the existential issues that arise as a consequence of their assessment and treatment (Meraviglia, 2004). Tools and coping mechanisms are available to tackle these issues. The incapacity to have a healthy confrontation with these existential issues, according to Yalom ([1980](#)), is the source of many problems (Zafirides et al., [2013](#)).

Breast Cancer

Breast cancer is a typically diagnosed malignancy in women (Çalışkan, [2018](#)). Breast cancer diagnosis,



medical interventions and side effects present several issues for women, all of which affect their overall health (Brunault et al., 2016; Gold et al., 2016; Dheda et al., 2017; Zyga et al., 2015). The diagnosis and treatment of breast cancer may be terrifying (Dheda et al., 2017). It's a chronic disease, but that doesn't change the fact that it's a life-threatening disease (Dheda et al., 2017; Zyga et al., 2015) and the world's second leading cause of mortality (Georgia et al., 2015). As a result, there is a strong interest in oncology research as a way to deal with cancer diagnoses (Wu et al., 2016). Coping is a complicated process that requires and interacts with biological and psychological variables in its growth and formation.

Research is needed on breast cancer patients' mental health (Kugbey et al., 2019). Few studies have examined breast cancer patients' existential difficulties and coping techniques. Multiple mental problems were seen as a result of people's incapacity to tackle existential issues with a sensible approach, according to Zafirides et al. (2013). As a result, Kugbey et al. (2020) advised that future research should focus on breast cancer victims' coping mechanisms. This research examined how breast cancer women handle existential issues.

Nurses in the cancer ward were studied by Ekedahl and Wengstrom (2006) to see how they dealt with existential issues. This study will solve a research vacuum by concentrating on breast cancer women. Mayers et al. (2005) concentrate on existential difficulties and coping mechanisms in HIV-positive women.

Koole et al. (2006) found that existential questions strongly impact thoughts, emotions, and actions. Kretschmer and Storm (2018) examined existential contemplation and mental health. In an article, Koole et al. (2006) distinguished existential concerns. The first existential issue is the psychological conflict between death's finality and people's desire to live. A second key existential issue is the conflict between people's desire to feel connected to others and rejection, as well as the realization that their subjective world can never be shared. According to one study, symptomatic women showed moderately higher degrees of existential loneliness (Mayers et al., 2002). The third major existential concern in existential psychology is the conflict between people's desire for a clear sense of who they are and how they fit into the world and problems caused by struggles between self-aspects, unclear boundaries between self and non-self, or limited self-insight. Freedom is a fourth important existential concern that develops from people's free choice vs external constraints and accountability for their acts. The fifth major problem in existential psychology is meaning, which stems from a contradiction between people's desire to believe life has purpose and random or meaningless events.

Rationale of Study

Knowing our death is connected with existential issues (Greenberg et al., 2004). Existential issues covered duty, choice, helplessness, control, death, fear, isolation, loneliness, and authenticity and meaning (Mayers et al., 2005). Breast cancer individuals often have existential issues. Breast cancer diagnosis, treatment, side effects, and recurrence raised existential issues. These issues have a direct effect on these women, so breast cancer women adopt many coping techniques to cope with these existential issues. Coping is a way of overcoming these existential issues. Coping can negatively influence existential issues as well. Survivors of breast cancer and existential issues are understudied. These issues play an important role among breast cancer women because it's the populations that have more existential issues. This is why we're doing this study: to learn more about the existential issues faced by breast cancer women and how they deal with them. Pakistani breast cancer women's strategies for dealing with these existential issues have not been previously documented in the literature.

Breast cancer women's existential issues and how they cope with them are the study's primary focus. The second purpose relates to our aim to fill a gap in the research on the psychological adaptability of breast cancer women.

This research has aided healthcare workers in motivating women with breast cancer to investigate their existential issues and coping abilities as an appropriate reaction to these issues. Psychologists and counsellors can support breast cancer women. Consistent screening for coping mechanisms and existential issues should be a part of routine breast cancer screenings and treatment for women, according to this study.

Objective of the Study

To examine breast cancer women's existential issues and coping mechanisms.

Method

Participant Characteristics

Female patients at a cancer centre in Punjab, Pakistan, were the subjects of the current study. Participants were selected through the purposive sampling technique. Participation in the research was voluntary, and no one was paid or compensated for their participation in the study. The women in this qualitative interview research were between the ages of 18 and 80 (Fradelos et al., 2017). All of the women in this research had been diagnosed with breast cancer between one and eight years before the beginning of this study. Out of the ten women, four were married, two were unmarried, two had lost a spouse, and two were remarried. Two women finished high school, two had post-high school training, three were college interns, and three graduated. Before breast cancer, nine women's financial situations had changed since the disease's emergence. Two of the women had one child, two of the women had two children, and four of the women had three children.

Inclusion and Exclusion Criteria

Exclusion and inclusion criteria were:

- a) Documented breast cancer ladies were included in the cancer hospital in Punjab, Pakistan.
- b) Participation in the research was voluntary.
- c) No history of prior mental disorder.
- d) Outside of breast cancer, participants were excluded.

Research Design

This study employed qualitative research.

Sampling Technique

Purposive sampling was used to acquire data from a cancer hospital in Punjab, Pakistan.

Procedure

The objective of the interview guide was to look at the existential issues that breast cancer ladies faced or coping techniques against these existential issues. Wide-ranging and open-ended questions encouraged women to lead the discourse and suggest issues the researcher had not addressed. The cancer hospital made it easy for the researcher to interview ten breast cancer patients. The sample for this research was purposively selected from cancer hospitals in Punjab, Pakistan. Participants were chosen based on their willingness to talk about their experiences. The research participants gave their informed consent after a detailed explanation of the aim and nature of the data collection and storage. Interviews were performed after gaining an understanding of the limitations, and reflexive thematic analysis was used to analyze the interview material (Braun & Clarke, 2019).

Operational Definitions

Existential Issues

Existential issues have personal, social, and physical dimensions. (Gonzalez et al., 2011; Kanwal et al., 2022). Responsibility, choice, powerlessness, control, death dread, loneliness, isolation, purpose, and authenticity were existential issues (Mayers et al., 2005). These issues were explored by reflexive thematic analysis of the interview material.

Coping

The authors defined coping as "constantly changing cognitive and behavioural efforts which are undertaken by an individual to deal with demands which are especially challenging and are probably exceeding individual capacities and/or resources (Lazarus & Folkman, 1984). In various ways, coping



mechanisms are utilized together, separately, or in a certain order (Thoits, 1991). These coping techniques were explored by reflexive thematic analysis of the interview material.

Ethical Consideration

All the respondents participated in the study after filling out the informed consent form, which showed their willingness to provide information. They were assured about the confidentiality of their personal information. Respondents were allowed to withdraw from participating in the research at any stage. The anonymity of the respondents was protected. The prior information was granted by the ethical review committee to start the research process.

Findings

Existential issues and coping among breast cancer women were shown by the findings. The findings also illuminate Eastern breast cancer women's existential issues and coping mechanisms.

Death Anxiety

A diagnosis of breast cancer that might lead to early death seems to cause excessive death worry. According to Jaspers (1970), boundary circumstances, especially death, may cause existential distress. Boundary circumstances provide "frightening threats of being" (Ottens and Hanna, 1998). As counterintuitive as existential theory is, several women in our sample identified variables that helped them adjust to the diagnosis after overcoming the first shock. One lady revealed her complete psychological disorganization after hearing this news:

"After hearing the news of my cancer, I was panicked and scared too with the possibility of my death any time."

"Both of my sisters have it. Initially, I thought a lot about my sickness. I would state who died first if I didn't want to die."

Psychoanalytic literature calls this a twin-ship experience (Kohut, 1984). A breast cancer diagnosis was formerly linked to death, with one lady stating:

"I felt poisoned."

She also adds:

"My disease showed me that I may die, even though I knew I would."

She realized her mortality when her sister died of breast cancer. Her fear caused a psychotic episode with illusions that "She had passed away." Her children had these fears:

"I couldn't control myself and wouldn't allow the kids out."

One patient's fear of death persisted after hospitalization:

"My worst concern was staying in the home and waiting for anything to happen, thinking about my sickness."

Religious women downplayed their death concern and focused on the diagnosis's benefits and the chance to go "Away from the devil." According to one lady, addressing her mortality during the diagnosis helped her create a more meaningful life, reducing her death dread. Her breast cancer diagnosis helped her "Maintain straightness." She said:

"Realizing my mortality has only served to increase my enthusiasm for living."

According to research by Weaver and Flannelly (2004), many cancer patients find comfort in their religious beliefs while they deal with the disease's effects. Studies have shown that people with cancer who draw strength from their religious beliefs are more likely to choose an active coping strategy, where they face their disease head-on and strive to find good ways to cope. Patients may find a valuable social support system in their faith-based communities, and these groups can also play an important role in preventing cancer.

The mothers were able to control their fear of dying because of the protecting aspect of their children. Some of the ladies were putting up barriers like repression and denial. As soon as they dealt with the shock, they helped them psychologically cope with death worry. Denying the reality of the situation lets the victim get back on their feet and face the pain in "more tolerable dosages." as pointed out by Janoff-Bulman (1992). When a lady went to her doctor's visits, she said she was able to overcome her fear of dying by focusing on the positive aspects of her life that "brought joy to my life." Lady said:

"Instead of dwelling on my issues, I'd rather focus on all the wonderful things in the world."

Actualizing the death assumptions/Acceptance is another existential coping strategy. For example, one woman shared:

"My insight to life is that death is a natural process. Everyone has to face it. Illnesses and death are full of uncertain-ties. We just can't control them".

Loss of Control

Several writers have detailed the psychological coping mechanisms that these women used as they reclaimed control of their lives (Crossley, 1998; Janoff-Bulman, 1992; Taylor, 1989). According to Crossley (1998), Janoff-Bulman (1992), and Taylor (1989), one approach was to reframe the experience as a meaningful component of daily living. This follows naturally from the observation made by Riskind et al. (1995) that individuals build their meanings, and these meanings have a significant impact on their lives. They found purpose and happiness in raising children. One mother, for instance, felt fortunate to have given birth to a lovely daughter while battling breast cancer; she is now free of the condition. Eloquently, one breast cancer survivor detailed how her illness had been an integral part of her reaching her life objectives, including becoming a mother. Many ladies with breast cancer may relate to her feelings. Enhancing self-esteem was breast cancer patients' second psychological tactic for control. One lady quotes this:

"While many individuals seem to be either unhappy or unable to go over their current circumstances, I choose to look at my life through this lens and be grateful for what I have. It motivates me to keep going."

The idea that she was more righteous than her ex-partner, who had left her because of her illness—something she had refused to do—bolstered one woman's moral fibre. Carrying one's pain with dignity is a source of purpose, as Frankl explains (King et al., 1978).

Reframing their predicament was the third psychological coping approach they used to acquire control. A sense of mastery is fostered more by one's beliefs about reality than by the fact itself, as pointed out by Taylor (1989). To illustrate the point, one lady recounted the difficulties she experienced in accepting her diagnosis before assuring herself that she was unique among the deceased:

"I had to make some adjustments, and now I'm here, even though we both have the same disease. Perhaps it was something they were overlooking or not doing that I was receiving."

Putting their situation in the perspective of other potential diseases and life's problems, in general, was the fourth psychological coping approach that many women used. A single lady exemplified this procedure:

"Despite everything that's going on, I keep telling myself that none of us is worse off than anybody else. Events reported in the media, such as gun violence between civilians... Diabetes and similar diseases seem to affect a large number of individuals, and sadly, some have succumbed to them. I might have died from diabetes or HIV, but instead, I claim to have something that is a different kind of death."

She tried to normalize her position and lessen the potentially devastating impact of the diagnosis by believing that everyone had it tough.

As an added psychological support, many women found that teaching and sharing their stories helped them transform their emotions of powerlessness into a sense of mastery. According to Wolfenstein (1957), trauma survivors may help others recover by transforming into "the effective storyteller" and drawing others into their experience. It raises their sense of self-worth. In addition to spreading the word publicly,



several people found that learning more about their condition gave them a greater feeling of control and improved their mental health.

The fifth psychological coping mechanism that many women used was to look for reasons to be positive. This gave them a feeling of power over their circumstances. First, there are more treatments available now than in the past; second, many have survived to this point, which gives them a sense of symbolic security; and third, the general trend of more women getting breast cancer over time. These are just a few of the reasons given by women who have battled breast cancer. Because of this, a lady said, those in charge should investigate the problem and come up with a solution.

Last but not least, several breast cancer survivors said that a stronger spirituality helped them cope (Siegel and Schrimshaw, 2000). To illustrate the point, a lady shared how her religious convictions gave her the fortitude to "hold" the existential doubts brought to a head by her circumstances. As one lady put it:

"I must say, my faith played a significant role in helping me make right with my creator. He probably led the way, but I felt comfort anyway."

Additionally, this domain may be a significant therapeutic target because of the correlation between spirituality and the capacity to appreciate life despite illness.

Meaninglessness

The significance of one's life, the pursuit and realization of desirable objectives, and an associated feeling of fulfilment is what existential meaning is all about (Reker & Cousins, 2000). A lifeline is severed due to the restriction on life expectancy. Aims, particularly those with a lengthy time horizon, become meaningless. According to one lady:

"How do I make sense of the time that is coming to an end?"

Loss of anchoring is a common symptom of chronic illness patients, and it may be reasonable to label it as an existential crisis when patients' physical lives are in jeopardy (Yang et al., 2010). A woman who has breast cancer stated:

"Everything in my life fell apart. I stared into the abyss."

Existential meaning is positively associated with hope (Mascaro & Rosen, 2006). Meraviglia (2006) accesses the meaning in life mediated the impact of breast cancer. A more meaningful life might be born out of tragedy, say existentialists (Bugental, 1965). The importance of living in the now and making the most of each moment may be magnified when one comes to terms with the fact that time is limited and so valuable (Mayers and Svartberg, 2001). One woman said:

"One must not take life for granted; this much is certain to me. Things aren't taken for granted anymore; I now see that everything we go through in life is a process, even if I didn't realize it before. What I need is here, even if it's not what I want."

The importance of caring for one's children was emphasized by one breast cancer patient. She spoke about how the breast cancer diagnosis had shocked her but also how it had given her the chance to be a better mother to her kid. Some of these women found new purpose in life and improved their ability to survive when they reconnected with family, a process that many women started as they started to rehabilitate. In contrast to her previous life, when she was "currently employed", Waheeda reflected on how her new life with family had grown richer. Almost every woman who has ever dealt with breast cancer has felt what she did.

"I am grateful for each day because "this is life even though I have this disease," the patient says."

The patients rethought their life experiences and had their narratives retold.

One woman said:

"I prefer to assign meaning to events when they do not involve me, so I do not always have the same thoughts when they do."

The ladies wished that life had continued the same way it had before cancer struck, according to the results. It seemed like the ladies were making an effort to engage in meaningful pursuits that nourished their bodies and spirits.

"When I can overcome emotions of meaninglessness, I keep up with what I have done previously. I get up and move around a lot, and it's nice to be exhausted after exercising."

Loneliness

It is possible for the sufferer to feel like an outsider. The "loneliness" that one lady described as a result of her breast cancer diagnosis and the subsequent rejection she felt from others was a direct result of the stigmatization of the disease. She said that her illness, family members' return to her care, and her feelings of loneliness had all been alleviated. Kretschmer and Storm find a positive relationship between existential thinking and existential loneliness.

Maybe their illness had protected them from feelings of isolation, but many breast cancer survivors reduced their fear of being alone by concentrating on the good things in their lives. The "rescuer defence," as it is referred to in existential psychology literature, is an effort to protect oneself from the terror of being alone or from taking charge of one's own life (Ottens & Hanna, 1998). A diagnosis of breast cancer, according to Ottens and Hanna (1998), is an example of a border scenario that might lead to a lowering of defences, an examination of fundamental existential questions, and the realization of latent potential. As a result of this procedure, the ladies are inspired to begin a path of personal development, which reduces their sense of isolation.

The women's children acted as a buffer, reducing the severity of their existential loneliness. Having a kid meant that women had to stay connected to the outside world so that they could take care of the child properly. According to Andrews et al. (1993), moms have an "integral global involvement" when they tend to their children's care and attention demands. When rejection becomes too painful, concentrating on children might give "interpersonal affiliation," minimizing loneliness and giving it purpose. According to one woman:

"When I was a kid, I lived alone. I feel less alone now. My kid and I are quite the handful." Caregiving for a kid increases closeness between the lady and her child, reducing isolation.

Freedom of Choice

Although the breast cancer diagnosis limited the options available to these women, the interview data revealed that they had to make several new and difficult decisions. One option was to choose which treatment plan would work best for their kid or themselves. Uncertainty around the long-term effects and adverse effects of various drugs gave rise to this problem. The existential literature emphasizes the reaction of anxiety when faced with indecision, as one lady demonstrated (Corey, 1982):

"A lot of the time, I simply don't feel like taking my medication; it's like a chore that you eventually become bored of. But I'm so worried that my family will suffer if I don't take my medication, so I have to get up and take them before I go to sleep."

All women faced several consequences as a result of their decision regarding the revelation of their illness, both inside the family and to the outside world (Siegel & Scrimshaw, 2000). Multiple ladies shared the experience of being rejected due to the stigmatization of breast cancer and the widespread belief that it is more infectious than other types of cancer. Because of this, there would be a stigma connected with disclosing cancer to anybody outside of the immediate family or close circle of friends. There may be psychological ramifications, such as despair and anxiety, for the woman if she discloses her breast cancer to anybody beyond her immediate family. This is in addition to the stigma and rejection that the woman experiences.

Mothers resorted to avoiding or avoiding others, or even projecting their sentiments onto others, to manage the distress that came with dealing with choices. A patient reported:



"I am removing myself from all domestic duties and matters after my cancer diagnosis because I have realized that my daughter-in-law and sons no longer listen to me when I speak; instead, they blindly obey their wife's commands."

Helplessness

According to Janoff-Bulman (1992), when trauma breaks the illusion of invulnerability that one usually takes for granted, emotions of helplessness emerge. Contrary to popular belief, existentialists maintain that individuals have agency over their destinies, regardless of the severity of the forces that befall them. One lady described these emotions as follows:

"People may go out and get into automobile accidents and die today, but I wasn't afraid about being struck by a vehicle before I found out I was sick. Before this, I had never considered such things."

Hopelessness

A lady, like many women, vacillated between optimism for the future and despair as she battled to recover control over her despairing thoughts that she would die soon.

One woman said:

"Not having a future is the saddest thing that could happen to me. In my heart, having grandkids has always been a dream. Such a thing cannot take place to me."

One woman said that after getting breast cancer, I got to start visiting a counsellor for counselling. She said:

"Counseling session by a counsellor is giving me some hope for a time."

Discussion

Methods for dealing with existential issues experienced by breast cancer women were the focus of this study. Women in Punjab, Pakistan, who have breast cancer and are grappling with existential issues, were the focus of this research. This research made contributions to the literature on existential crisis and coping mechanisms possible.

Conclusion

From an existential-philosophical standpoint, breast cancer women's existential issues are profound. Evidence from the study shows that these ladies are able to feel good even when things are tough for them. Religiosity, sense of spirituality, improved family bonding, rescuer defence, anxiety defence mechanisms (denial, suppression, projection), distancing herself, reinterpreting the event, enhanced self-esteem, reframing the situation, sharing their experience with others, finding reasons to be hopeful, realization, reevaluation, believe on fate, acceptance, universalize the predicament, meaningful activities, counselling sessions helped with existential issues, according to the breast cancer survivors. Dedicating one's life to someone gives one a purpose, so ameliorating pain; children played a vital role in these women's capacity to mature and discover meaning despite catastrophe.

Limitation and Strengths

The sample size of this study contains only ten females, so the results are not generalized to the whole World, so the size should be maximized in future studies. The sample of the current study was only women, so future research should include both genders in the study or do a comparison between both genders. These analyses did not include cancer stage, an essential variable. Future research should incorporate it. Future studies should be conducted on other chronic disease as well.

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