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A Narrative Study on the Reconstruction of Life Meaning in Breast Cancer Patients

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Abstract: This study, conducted during an internship at the Tumor Hospital of S Province, employs a qualitative research paradigm. The primary research subjects were 11 hospitalized breast cancer patients, with data collected through semi-structured interviews and observation, followed by content analysis. The study aims to explore the disease experiences and life experiences of breast cancer patients, investigating what their illness means to them and whether it has led to a different understanding of the meaning of their lives. The findings reveal that the reconstruction of life meaning among breast cancer patients manifests as "new perceptions of existence, new attitudes toward life, and new life goals."

Keywords: Breast cancer patients; Disease narrative; Life meaning

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1. Introduction

My internship at the Patient Service Center of S Province Cancer Hospital marked my first entry into the field of medical social work and the provision of medical social work services. Daily interactions with cancer patients instilled in me a deeper respect for life and a greater appreciation for health. During my internship, I came into contact with the largest group of patients, who were breast cancer patients. Through prolonged interactions and exchanges with them, I observed that the diagnosis and treatment of cancer constitute major crisis events, particularly for breast cancer patients, whose lives are profoundly affected. On the physiological level, breast cancer patients endure the pain of surgery and the side effects of adjuvant therapies such as chemotherapy and radiation therapy, including hair loss and nausea. Their personal appearance also changes due to mastectomy. On the psychological level, in addition to concerns about their health, they face significant psychological distress before and after diagnosis. In terms of social life, breast cancer patients also face challenges in reintegrating into society after surgery. The disease disrupts the existing connection between the patient and the world, leading to a sense of self-fragmentation and causing their lives to become chaotic and disordered.

The author of "Gentle at the Bedside," Van den Berg, argues that healthy people have the deepest misunder-

standing of life and the shallowest understanding of its meaning [1]. Healthy individuals are often preoccupied with important matters in their career plans, such as education, status, money, and career, but can these external factors truly signify the value of our lives? When lying in a hospital bed, the invading disease takes control of the body, disrupting the original life plans or routine, leaving one to wonder how to move forward. Therefore, breast cancer patients particularly need to integrate the fragments of themselves. This disease narrative, the recounting and re-enactment of the illness and treatment process, serves as a way for them to cope with the disease, integrate their selves, and reconnect the relationship and order between their bodies and the world. Sometimes, it is the only way. Their lives have been paused by the disease, granting them the time and opportunity to reexamine their past experiences, redefine their life direction, and reassess their life's value.

During adolescence, the author suffered from severe acne, medically known as "acne vulgaris," which she believed to be a disease. From fifth grade to high school, the acne persisted for five years before finally disappearing. Although the acne has completely vanished, improper treatment left behind residual effects such as rough facial skin, thin epidermis, and enlarged pores. Before adolescence, I was particularly fond of snacks from the school canteen, unaware of their harmful effects. The acne episode during adolescence was a health crisis for me, leading to new insights about life and prompting positive changes in my behavior. Faced with the major life crisis of cancer, I became interested in how breast cancer patients perceive the meaning of life and what insights they gain from their experiences. This study aims to give breast cancer patients a voice, exploring and analyzing the insights gained from their disease experiences through their own narratives, and discussing and summarizing their understanding and reflections on the meaning of life after being diagnosed with breast cancer.

2. Research design

2.1. Research methodology

In social research, there are two fundamental yet mutually opposing methodological orientations: positivism and humanism. Positivism emphasizes the objective existence of social phenomena and the need to describe them as they are, while humanism emphasizes the subjective nature of human experience and the importance of understanding the subject's perspective to leverage the researcher's subjectivity in the research process. As Max Weber put it, this involves "committing to understanding," or what Wright Mills referred to as "understanding people." The interpretive approach seems most suitable for exploratory research on complex phenomena, especially when these phenomena are not well understood [2]. This study adopts a humanistic methodological approach, listening to breast cancer patients' narratives about their disease experiences and life experiences to understand the meanings they assign to disease events and the life insights they gain. The research findings are the result of generative understanding achieved through dialogue between the researcher and breast cancer patients.

2.2. Research paradigm

In terms of research paradigms, qualitative research is a hallmark of the humanistic methodological approach. Qualitative research emphasizes gaining a natural and open understanding of the experiential world and contextual circumstances of research participants. Its key characteristics include providing vivid and comprehensive descriptions of phenomena within their natural contexts, avoiding constraints imposed by pre-determined constructs, and enabling a deep understanding of the meaning of experiences and phenomena. It explores individuals within their contextual frameworks to uncover the complexities of human life experiences [3]. Each breast cancer patient's life experience is unique and individual, and their perceptions of their feelings after diagnosis and their past experiences vary greatly.

Quantitative research struggles to capture each unique individual's narrative of their own experiences and the construction of meaning, as well as describe the living environment and overall landscape influencing the meaning-making process of research participants. Therefore, to understand the subtle and nuanced shifts in the meaning of life experienced by breast cancer patients after diagnosis, qualitative research is the most appropriate research paradigm.

2.3. Research methods

2.3.1. Semi-structured interview method

This study employs semi-structured interviews to collect data. An interview outline is designed based on the research objectives and relevant literature to serve as a guide for the interview. During the interview process, questions are flexibly adjusted according to the actual situation. Given that interviewees may have different individual feelings, perspectives, or insights regarding the research questions, the relaxed conversational process allows them to express their subjective experiences with greater flexibility, thereby yielding their unique and rich life experiences and perspectives.

2.3.2. Observation method

Collect data by observing the facial expressions, body language, changes in daily life, and interactions with others of breast cancer patients during the interview process, serving as supplementary material for the interview data in this study.

2.3.3. Content analysis method

In order to present more comprehensive and diverse research results, the author attempts to interpret, judge, and explore the content related to the research questions by reading, feeling, analyzing, and understanding books related to breast cancer patients, and uses this as supplementary material for the research data. The theme of the author's research is "rebuilding the meaning of life," which requires a large amount of data to support the research. However, due to time and resource constraints, literary works are more intuitive and convenient. The literary works selected by the author describe real-life experiences that have occurred in reality, making them valuable as research materials for analysis.

2.4. Theoretical framework

Sachman analyzed different stages of disease experience, revealing how people in Western culture utilize their experiences of physical conditions to recognize disease symptoms and make positive changes. Sachman pointed out that when an individual believes they are ill, they undergo five distinct reaction stages: experiencing symptoms, accepting the role of being ill, seeking medical services, assuming the role of a dependent patient, and recovery and healing [4]. Lederer views the process of becoming ill as a complex psychological process. She proposed three mutually independent yet overlapping disease processes: the initial phase, the acceptance phase, and the recovery phase [5]. Sachman's theory of illness and medical care stages provides a comprehensive and detailed account of the disease process, vividly capturing the recurring emotions and inner struggles patients experience from the onset of illness through treatment and recovery. Lederer's three-stage theory of illness, however, is more concise, with its most distinctive feature being its precise explanation of the relationships between the three stages of illness. To uncover the meaning of life after illness from the disease narratives of breast cancer patients, this study integrates Sacks' illness and medical care stages theory and Lederer's three-stage theory of illness, combined with the author's experience interacting with breast cancer patients during their internship. The theoretical framework of this study is divided into three stages: the disease discovery stage, the disease treatment stage, and the disease adaptation stage (as shown in Figure 1). These three stages are both independent and overlapping. The interview

guidelines will be designed and refined around these three stages [6].

Figure 1: Theoretical framework of this study.

2.5. Research participants

The study participants are breast cancer patients. The selection criteria are determined based on the research objectives: women diagnosed with breast cancer through pathological examination and who are aware of their diagnosis; those who have undergone breast cancer resection surgery, are currently undergoing postoperative adjuvant therapy, and have a high expected survival rate; and those with no history of mental illness, and who possess adequate understanding and communication abilities [7].

3. Research process

3.1. Developing the interview guide

Based on the research objectives and questions, the researcher developed an interview outline through the analysis of relevant domestic and international literature. The outline covers three main areas: issues related to experiences prior to diagnosis, issues during treatment, and issues after treatment.

3.2. Selection of research participants

When selecting research subjects, the author referred to the selection criteria, comprehensively considered the homogeneity and heterogeneity of the sample, and ultimately determined 11 breast cancer patients as the research subjects for this study using purposive sampling. To protect the privacy of the interviewees, all research subjects are identified by numbers, and their basic information is shown in **Table 1**.

Table 1. Overview of basic information of respondents

Number	Age	Occupation	Educational attainment	Marital status	Status of children	Duration of illness
C1	32	Preschool teacher	Undergraduate	Married	1 woman	2 years 1 month
C2	45	Warehouse management	High school	Married	1 piece	3 months
C3	34	Sales	Specialist	Married	1 piece	2 years 2 months
C4	46	Workers	Technical school	Divorce	1 piece	5 months
C5	50	Chief Financial Officer	Undergraduate	Married	1 piece	1 year 1 month
C6	65	Accounting	Undergraduate	Married	1 woman	6 months
C7	51	Accounting	High school	Married	1 woman	1 year
C8	55	no	Elementary school	Married	1 girl 1 son	10 months
C9	57	No fixed job	High school	Married	2 girls 1 son	2 months
C10	43	No fixed job	Junior high school	Married	1 piece	Nine months
C11	56	Supermarket owner	High school	Married	2 sons	6 months

3.3. Collecting relevant information

Prior to the formal interviews, the researcher selected two participants for preliminary interviews to determine whether the interview outline needed revision and whether the interview results could address the research objectives. Each interview lasted approximately one hour, and participants were provided with answers to any additional questions based on their individual needs following the interview. Based on the insights gained from the pre-interviews and the preliminary analysis of the interview transcripts, the researcher discussed with two medical social workers from the internship hospital to refine the previously drafted interview questions, finalizing them as the formal interview outline. Additionally, drawing on the experience from the pre-interviews, the researcher organized key points regarding research ethics and data collection, which served as a reference for the formal interviews [8].

Using the revised interview outline, the researcher conducted the formal interviews, interviewing a total of 11 breast cancer patients aged between 32 and 65 years old. Each interviewee was interviewed approximately one to two times, with varying interview durations ranging from 40 minutes to 159 minutes, totaling 876 minutes (**Table 2**). After each interview, the author reviewed the interview content, reflected on it in conjunction with observation notes, and identified key points for the next interview as well as issues requiring clarification. Additionally, since the researcher spent an extended period interning at the hospital, the participants regularly returned for treatment. The researcher continued to follow up with them after the interviews. This allowed the researcher to confirm the accuracy of the interview data and gain insights into the participants' reactions and circumstances post-interview, which was helpful for subsequent data analysis.

Table 2. Interview record form for respondents

Number	Interview location	Number of interviews	Duration of interviews (minutes)
C1	Breast ward	1	50
C2	Patient Service Center	1	58
C3	Patient Service Center	2	75
C4	Patient Service Center	2	105
C5	Breast ward	2	115
C6	Patient Service Center	2	123
C7	Patient Service Center	2	159
C8	Breast ward	1	50
C9	Breast ward	1	49
C10	Breast ward	1	40
C11	Breast ward	1	52

Drawing on some experience in selecting interviewees, the author began collecting literary works related to breast cancer patients using online platforms. After carefully reviewing the information provided in the works, the author once again employed the thematic sampling method to select seven literary works (**Table 3**) as the textual materials for the study, thereby supplementing the research data. To facilitate the use of the materials, the titles of the works are replaced with numbers. The author repeatedly read the selected literary works related to breast cancer patients, not only making reflective notes in the books but also marking content relevant to the research ques-

tions with a highlighter. These marked sentences will be used as supplementary materials for the interview data and analyzed together with the interview data in the later stages.

Table 3. Overview of literary works

Number	Title	Year of Publication
A1	"What Doesn't Kill Me Makes Me Strong"	2016
A2	"Unfinished Life"	2011
A3	"Brilliant as Autumn Leaves"	2018
A4	"Mourning Breasts"	2010
A5	"All Good Times"	2018
A6	"Medical Journey Together"	2021
A7	"Life Like Summer Flowers"	2015

3.4. Data organization and analysis

The author first transcribed the interview recordings into text and saved them as electronic documents. Subsequently, each recording was re-listened to, and errors were corrected, redundant words were removed, and unclear or incomplete sentences were supplemented. All interview recordings were transcribed into verbatim transcripts totaling nearly 160,000 words. After saving the verbatim transcripts of the interviews, the author compiled the sentences marked in the text works into an electronic document to form verbatim transcripts. Based on the core concepts of grounded theory coding, the author used qualitative analysis software NVivo to further code and categorize the verbatim transcripts of the interviews and text works, extracting various themes reflected in the data [9].

3.4.1. Open coding

Initially, sentence-by-sentence coding was conducted, primarily based on the original language of the data and the researcher's conceptualization of the content, aiming to accurately reveal the true meaning intended by the research subjects. After the first phase of coding, a total of 295 initial concepts were obtained. Due to the large number of initial concepts and some overlap, the researcher used NVivo's node reorganization function to repeatedly summarize and refine these initial concepts, forming 35 categories frequently mentioned by the research subjects, such as valuing time, being tolerant of others, and following one's interests. These categories were marked as free nodes, and representative original interview statements and initial concepts corresponding to each category were listed [10].

3.4.2. Main axis coding

This study conducted a detailed analysis of the connotations of the 35 basic categories and used them as a core to find the connections between the categories. After classification and integration, 17 main categories were finally formed, namely Perceiving Physical Abnormalities, Receiving a Diagnosis, Physical Suffering, Psychological Agony, Internal Acceptance, External Restructuring, Supportive Relationships, The Power of Love, The Importance of Life, health as the foundation, indifference to fame and fortune, understanding tolerance, understanding death, changing habits, focusing on the inner self, valuing family, and lowering expectations. Subsequently, the author marked these 17 main categories as sub-nodes, forming higher-level categories based on the free nodes.

3.4.3. Selective coding

In selective coding, 17 main categories were formed by integrating the main axis codes, from which six more systematic core categories were ultimately extracted, namely the sudden onset of disease, the bitterness of treatment, coexisting with disease, new understanding of existence, new attitudes towards life, and new life goals.

3.4.4. Establishing a relationship model

Coding and analyzing the disease narratives of breast cancer patients not only requires identifying the meaning of life after diagnosis but also summarizing the connections and mechanisms between the meaning of life and disease narratives. This study constructed a relational model of life meaning reconstruction for breast cancer patients based on typical core category relational structures (as shown in Figure 2). The process from the sudden onset of disease, through the bitterness of treatment, to living with the disease constitutes the entire narrative of breast cancer patients' disease. In this process, the author discovered the life meaning of breast cancer patients after diagnosis. The transition from their original life meaning to their current life meaning is a gradual and ascending process. Breast cancer patients not only experience post-traumatic growth and change during this process but also undergo transformation and elevation of their life meaning, primarily manifested in changes in existential cognition, attitudes toward life, and life goals. Breast cancer patients do not merely experience a change in their understanding of life's meaning after the conclusion of disease treatment. Throughout the entire disease journey, their understanding of life's meaning undergoes a gradual transformation. During the prolonged period of coexistence with the disease, breast cancer patients are better able to organize and integrate their understanding of life's meaning [11].

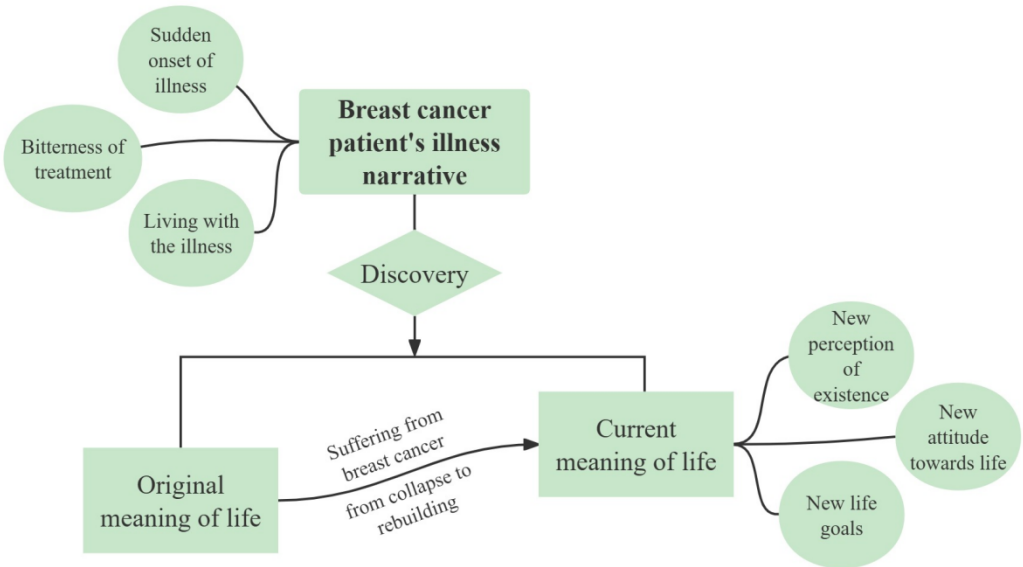

Figure 2. Model of the reconstruction of the meaning of life in breast cancer patients.

4. Research conclusions

After enduring the ordeal of life and death, breast cancer patients have gained new insights and interpretations of the meaning of their lives. They gradually break free from material constraints, place greater emphasis on family relationships while also prioritizing their own health and inner well-being, and actively live life for themselves.

4.1. Awareness: New existential recognition

When breast cancer patients learn of their diagnosis, they become aware of their existence. Family responsibilities and unfulfilled aspirations become their motivation to survive, and they quickly recognize the importance of individual life.

4.1.1. The power of love

Breast cancer patients express their love for their families primarily through fulfilling their family responsibilities, such as caring for their parents, accompanying their husbands, and spending time with their children. Family members are the source of confidence for breast cancer patients to continue treatment and provide them with the strength to keep living. Breast cancer patients also express a desire to enjoy life, with the desire to live fully becoming one of their motivations for survival. Some breast cancer patients express a desire to read and write, reflecting their love for themselves.

- C9: For the family, to fulfill one's duty to the elderly.
- C7: I feel like I haven't lived properly yet, I haven't truly enjoyed life, so how could this happen?

4.1.2. Life above all

Sometimes, simply being alive is the lowest standard, but it is also the highest standard. Only when faced with dire circumstances do people realize how fortunate it is to be alive. Breast cancer has robbed patients of their health, and the uncertainties of the future make life incredibly precious to them. In times of peace and tranquility, they took their lives for granted. The sudden onset of illness served as a wake-up call, prompting them to value and cherish their lives even more after narrowly escaping death.

- A2: As long as you're alive, you can talk about life.
- C11: We still haven't cherished life properly.

4.2. Insight: A new attitude toward life

Breast cancer patients cannot choose or change their disease, but they can choose how to approach it. After enduring the hardships of the disease, breast cancer patients are attempting to adopt a new attitude toward both their illness and life, thereby regaining the value and meaning of life.

4.2.1. Health is the foundation

From being healthy individuals forced into the role of patients, breast cancer patients lose their health and yearn to regain it, thereby realizing the importance of physical well-being. They once believed that illness was far removed from their lives, prioritizing higher life goals over their health. However, illness has made them aware that a healthy body is the foundation for achieving more in life.

- C3: Healthy people may never truly understand how much health is desired and how precious it is to a patient.
- C8: When you're not sick, you don't think much about it, but when you get sick, you realize how important health is. Only when your body is healthy can you think about other things.

4.2.2. Indifference to fame and wealth

While illness has made breast cancer patients more attentive to their health, it has also prompted them to reorder

the priorities in their lives. Money and fame are no longer their goals. They realize that fame and fortune are fleeting and that they should pursue long-lasting, sustainable life goals. Illness has also helped breast cancer patients see through some of their past relationships and distinguish their true friends.

- C7: When it comes to money, it's about working hard to earn it. But after getting sick, I realized it's not that important. After working hard for years, even though my position improved, the money I earned wasn't enough to cover the medical expenses.

- A2: Cancer has taught me that if there is someone in the afterlife whom I should dedicate myself to, you'll find that many of the world's social conventions are so trivial they're worth a casual smile.

4.2.3. Understanding tolerance

Disease brings crisis to the lives of breast cancer patients, but it is also an opportunity for transformation. After falling ill, they adjust their mindset, no longer judging others by their own unique standards, letting go of their own obsessions, and embracing others with a broad-minded attitude. They learn to let go of the trivial matters in life, experiencing the simplicity and beauty of tolerance.

- C2: Before, if my husband didn't put his shoes away properly, I would get angry. Now I don't care—it's just part of life, and I feel like I'm not so nitpicky anymore.

- C3: I don't feel that way anymore. For example, if someone lacks manners on the bus, I might think about it, but I won't scold them. I'll just think, "Why are they like that?" I feel my heart is bigger now, more open-minded, and more tolerant.

- C5: In both work and life, we should be tolerant of others and free our minds. When you tolerate others, you let go of your own burdens. Don't be too rigid.

4.2.4. Understanding death

Facing the threat of life and the approach of death is a shared experience for breast cancer patients. They are closer to death than before and have the opportunity to reflect on it, gaining a deeper understanding of the impermanence of life and its limitations. Breast cancer patients do not avoid discussing death. They understand that death is something everyone must experience, that it is inevitable and cannot be changed, but that one can choose how to face it. Before death arrives, they focus on what they can change, cherishing the time they have left and living each day to the fullest.

- A7: No one is afraid of death, and everyone will die; it is a certainty from the moment we are born.

- C5: I believe life is a process, and everyone will reach the end, some sooner than others. Therefore, living each day to the fullest makes life meaningful.

4.3. Action: New life goals

Life goals represent the objectives or aspirations that breast cancer patients currently or in the future wish to achieve or attain, as well as the direction they are committed to changing in their lives. Breast cancer has a profound impact on all aspects of a woman's physical and mental well-being, leading to varying degrees of change in their lifestyle habits, priorities, and relationships with family members.

4.3.1. Changing habits

In addition to actively changing their diets for health reasons, breast cancer patients also take proactive steps to

maintain their physical well-being by adjusting their schedules and exercising regularly. With a strong sense of responsibility for their health, they are willing to give up some of their previous preferences, paying attention to food combinations, taste, and whether foods are organic or eco-friendly, and no longer eat and drink indiscriminately. Some breast cancer patients had varying degrees of late-night work experience before falling ill. Staying up late can cause significant harm to the body. The disease has made them deeply aware of the negative impact of their previous late-night habits, prompting them to actively change their unhealthy sleep patterns. Before falling ill, they may have neglected exercise for various reasons. The disease has made them reevaluate the importance of exercise and rediscover its benefits.

- C6: I now force myself to eat eggs, even though I've never liked them my whole life. But since getting sick, I eat one every morning. This morning I really didn't want to eat an egg, so I fried one for myself.

- A6: I used to be someone who couldn't go a day without meat, but now I've become a vegetarian.

- A7: I made a promise with Vivi that we'll celebrate together every anniversary. After treatment, we'll be healthy again. I need to recover properly, get back to work step by step, and never stay up late again.

- C2: Health comes first; I must exercise regularly from now on.

4.3.2. Focus on the inner self

After going through an illness, breast cancer patients become more aware of what they truly want and need. They let go of many things they once carried, such as career prospects, making money, social status, and others' expectations. They follow their inner desires to live the life they want, pursue what truly interests them, develop new hobbies, and experience the beauty and comfort of travel and alone time. They truly live according to their own heart's wishes.

- C3: What is my goal in job hunting now? Happiness must come first, and I must be willing to do this job. I must enjoy it and be able to bring some help to those around me, feeling a sense of fulfillment.

- A6: After returning to school, I decisively abandoned my original career plan—statistics and finance—because I didn't like it and wasn't good at it. Instead, I returned to the field where I felt most comfortable—the humanities—and became a Chinese language teacher for foreigners. It's not that I'm particularly talented in the humanities; I just wanted to use the time I had stolen from death twice to do something I was willing to do.

- A7: At that time, she always needed friends by her side. Over the years, her friends gradually noticed that she had changed. She no longer needed constant companionship; she would go shopping or dining alone and occasionally travel by herself.

4.3.3. Valuing family

Breast cancer patients reflect on the various relationships within their families before their illness and cherish and appreciate this familial bond even more. They actively strive to fill the gaps in their hearts. Faced with unforeseen circumstances and an uncertain future, breast cancer patients express their desire to spend more time with their parents and cherish every moment they have with them. The diagnosis of breast cancer serves as a turning point in the lives of patients, enabling them to discover previously unnoticed virtues in their husbands. They no longer look down on their husbands but gradually begin to value their presence. Breast cancer patients become more gentle and patient in their interactions with their children, paying attention to the ways they communicate with them. As a result, their children also grow and develop in the way their parents had hoped.

- C5: People say that companionship is the most sincere form of love. Spend more time with your parents.

When we were children, our parents were our world. Now, our children are our world. Go out for a walk, spend time with your parents, and make each day special.

- C2: After getting this illness, I realize that a husband and wife are the closest people. Look at our parents—they're old, and we can't rely on our children. We have siblings, but the one who's here with me is him. Now I speak to him more gently. Before, I looked down on him in every way, but now I think he's pretty good.

- C3: This includes how we treat our children. Before, if a child had an issue, I think all parents have scolded their children at some point. But now, we pay attention to how we do it.

4.3.4. Lowering expectations

Breast cancer patients, both in their personal lives and careers, have always set extremely high standards for themselves, striving for perfection in everything they do, often at the expense of their health. Now, they are beginning to adjust their expectations, lowering the bar for themselves and lightening their mental load. They are also letting go of the various demands and expectations they once placed on their husbands, relieving them of the invisible pressure they felt and allowing themselves to live a less strenuous life, free from the emotional toll these expectations once caused. Before their diagnosis, breast cancer patients placed great importance on their children's academic performance and rankings in class. However, the disease has led them to prioritize their children's physical and mental well-being, no longer forcing them to meet the goals set for them. They no longer impose excessive restrictions on their children through their words and actions. Additionally, breast cancer patients no longer impose strict demands on their colleagues and those around them, beginning to lower their internal standards and understanding the importance of maintaining a balance.

- C1: I don't care about many things anymore. I feel that my inner adjustment has been relatively good. It's because I wanted too much and felt burdened by too many things, wanting everything to be perfect.

- C3: In the past few years, my husband had some minor flaws, and I would point them out directly without holding back. But now I realize that true character is revealed in adversity. After over 30 years, he is just that kind of person—carefree and careless. I no longer mention it to him.

- C5: I don't judge others either. I used to be very strict, but now I'm not as strict anymore.

5. Discussion

As long as we are alive, people will always pursue the value and meaning of life. Narrative, as a method, provides a pathway for exploring the meaning of life. It enables individuals to confront their own experiences and the nature of their lives, address internal struggles, challenges, and complex emotions, and reinterpret the meaning of their lives from a new perspective. Medical social workers can use narrative methods to provide professional support to breast cancer patients in understanding the meaning of their lives and achieving positive growth and change. Combining the social work theories and methods learned, the author believes that three methods, film, theater, and painting, can be used to build a bridge for disease narratives, thereby making the narrative practices of medical social workers for breast cancer patients more scientific and practical.

5.1. Using visual narratives to guide breast cancer patients in reflecting on their lives

Visual media, such as photos and videos, can help breast cancer patients reflect on their lives. Medical social workers can organize important life events, such as birth, schooling, work, and marriage, based on a timeline, or group photos or videos around themes like family, friends, and travel to expand the breadth of patients' life stories from

different perspectives. By continuously extending the narrative through videos and photos and recreating existing memories, and through repeated recollection and reinforcement, past experiences can be integrated into current disease events, helping breast cancer patients deepen their understanding of the meaning of life.

5.2. Utilizing theater narrative to assist breast cancer patients in understanding the present

Theater believes that every person is unique, and every story is worth listening to. Medical social workers can use theater techniques such as "moving statues" and "three-part stories" to help breast cancer patients spontaneously use body movements and language to share stories and feelings about their current experiences with the disease. Through guiding both performers and audience members (all breast cancer patients) to reflect on the events, they can help them understand, recognize, and explore their current selves, facilitating the exchange and sharing of life experiences, thereby continuously elevating their understanding and appreciation of the meaning of life.

5.3. Applying a painting narrative to encourage breast cancer patients to face the future

Art is not only for appreciation but also a tool for communication and exchange. As an expressive art form, painting holds unique value and significance. Medical social workers can apply painting methods to encourage breast cancer patients to draw their future blueprints and plan their lives. Painting provides breast cancer patients with a channel to reflect on the meaning of life and explore their existence. Through the three stages of "painting," "narrating the painting," and "interpreting the painting," breast cancer patients can unleash their creativity, reflect on their disease experiences and life experiences, and better understand the meaning of their lives and their future direction.

5.4. Utilizing narrative therapy to address individual differences among breast cancer patients

When individual breast cancer patients are unable to achieve change or growth through group narrative therapy and their quest for life meaning is hindered, medical social workers should employ narrative therapy to assist them. By encouraging breast cancer patients to share their experiences related to the disease, medical social workers can separate the issues that arise from the patients themselves, enabling them to gain the strength to solve problems and make changes, reflect on the meaning of their lives, and reinterpret their life stories, thereby fostering positive transformation.

6. Conclusion

When individuals treat a disease, the disease also acts like a doctor in treating the individual. The disease honestly tells them: Before falling ill, they were not living life to the fullest. Disease narratives can serve as a vehicle to combat disease and suffering, through which an individual's life experiences are presented, interpreted, and reconstructed. Breast cancer patients, through disease narratives, reflect on their past life experiences and gain a new perspective on the meaning of life, thereby constructing new existential cognition, attitudes toward life, and life goals. This grants them a newfound strength and enables them to embody a new self.

This study only used a small number of breast cancer patients from hospitals and textual works as research subjects, which is insufficient to generalize to every breast cancer patient. The author was unable to further explore whether the age of breast cancer patients or the duration of their illness affects their understanding of the meaning of life. In this study, the participants' sense of life meaning had already been largely reconstructed and they had

emerged from their low points. The author hopes to have the opportunity to conduct research with individuals who have experienced setbacks and undergone reconstruction, to present different inner meanings of life, and looks forward to more scholars joining this field of study and publishing related research in the future.

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Disclosure statement

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