Notice of the Final Oral Examination for the Degree of Doctor of Philosophy of

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“Living↔Dying with Metastatic Breast Cancer: Women’s Accounts of Living Longer in Smaller Communities”

Interdisciplinary Studies

Monday, May 25, 2020
11:00am
Remote Defence

Supervisory Committee:
Dr. Pamela Moss, Faculty of Human and Social Development, University of Victoria (Supervisor)
Dr. Kelli Stajduhar (School of Nursing), UVic (Co-supervisor)
Dr. Denise Cloutier, Department of Geography, UVic (Outside Member)

External Examiner:
Dr. Carla Rice, Department of Family Relations and Applied Nutrition, University of Guelph

Chair of Oral Examination:
Dr. Ann Elliott-Goldschmid, School of Music, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

As a life-limiting illness mediated by rapid advancements in biomedical technologies, metastatic breast cancer (MBC) now presents in increasingly unexpected ways where women are living longer. These women’s lives may not fit well with established healthcare and societal understandings of an advanced breast cancer, including disease progression and prognosis. The purpose of this qualitative inquiry is to think differently about women’s daily lives with an ongoing MBC, while considering the underexplored context of these women living in smaller communities. I explored communities on Central Vancouver Island, which is on the west coast of British Columbia, Canada. The research question directing my inquiry was: how are women, who are living with MBC as a life-limiting illness over an extended period, produced as both living and dying subjects? The research was informed by a feminist relational materialist approach with a healthcare practitioner orientation, primarily informed by Braidotti. I used multiple data collection methods centered around sequential interviews with 14 women who had been living relatively well with MBC for at least two years.

Working with relational materialist and post qualitative principles, analysis disclosed the importance of temporal pulses and bodily transpositions in women’s lives. Temporal pulses speaks to how time was laden with tensions such that a distinctive part of living with ongoing MBC was an embodied sense of fluctuating time. There was also the idea as to how, at any given moment, women could bodily know their illness and mortality through varying frequencies of the presence and/or absence of markers of living and dying, often at the same time. Bodily transpositions speaks to how life-limiting illness was not so much about women moving from one set of circumstances to another as part of a clean-edged transition. Rather, the women navigated daily life with few set waymarkers. Within this context, ‘hope’ took on new forms and living with their advanced breast cancer became a kind of endurance demarcated by what I refer to as generative living.

These findings call into question the ways in which MBC gets talked about in categorical terms as palliative or end of life, and/or as chronic. Findings are an opportunity for healthcare practitioners, policy makers, and interdisciplinary leaders to further understand MBC specific to our contemporary context. Project findings also renew discussions of how best to support women’s needs, including the ways MBC is talked about. There is also opportunity to direct further research into MBC as an example of today’s shifting boundaries of living and dying (living↔dying).

Keywords: Braidotti, living and dying with advanced cancer, living longer with lifelimiting illness, metastatic breast cancer, post qualitative inquiry, feminist relational materialism, women’s health in smaller communities