PHENOMENOLOGIC STUDY: INNER STRENGTH IN WOMEN WITH BREAST CANCER

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

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September 29, 1993
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To the Associate Vice President for Research and Dean of the Graduate School:

I am submitting herewith a dissertation written by Gayle M. Roux entitled Phenomenologic Study: Inner Strength in Women With Breast Cancer.

I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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DEDICATION

Dedicated to my daughters, Yvonne and LaRoux Wallace.

Yvonne could not understand why anyone would go to school when they didn't have to. LaRoux would occasionally read over my shoulder while I worked at the computer, but she lost interest after a few sentences. During the formative years, little do children appreciate the foundation of inner strength that is established in the first family.

May my daughters, and all daughters,
Continue to grow in inner strength.

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Strong is what we make
each other. Until we are all strong together,
a strong woman is a woman strongly afraid.

Piercy, 1991, p. 57

There were many people who contributed to this study. They gave generously to me in everything from assistance with child care to editing, scholarship funding, Spanish interpretation, typing, and support . With affectionate gratitude, these people helped me from being strongly afraid:

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PHENOMENOLOGIC STUDY: INNER STRENGTH IN WOMEN WITH BREAST CANCER

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DECEMBER, 1993

ABSTRACT

Significance. This phenomenologic study generated descriptions of inner strength in women with the diagnoses of breast cancer. These descriptions will help nurses devise effective strategies to assist women coping with the demands of living a healthy lifestyle along with the uncertainty of their diagnoses. Breast cancer, as a disease, is widely studied. However, little is known about the development of inner strength and the woman's experiences that includes her conscious reactions to living with breast cancer as part of her health.

Theoretical Touchstone. Newman's (1986) existing theory of health as expanding consciousness served as a theoretical touchstone for the findings. Newman's theory was particularly useful because it conceptualizes breast cancer as a meaningful part of the health of these women.

Methodology. Qualitative research using a postmodern feminist phenomenological approach was utilized for this study. Data were generated using unstructured interviews.

Colaizzi's (1978) method of data analysis was used in the study to analyze the audiotapes and written transcripts. A review of scholarly and fictional literature was done after the data analysis. The criteria of rigor commonly associated with scientific inquiry was performed according to Sandelowski's (1986) method for achieving auditability and credibility.

Participants. The 18 participants ranged in age from 35 to 72, with a mean age of 52. The time range since diagnosis of breast cancer was 6 months to 20 years. The participants had varied treatment procedures, including lumpectomy, mastectomy and bone marrow transplant.

Findings. Based on a qualitative analysis, four themes emerged related to describing the participant's experience of inner strength in living with breast cancer. All of the participants described a feeling process of knowing and accepting they had breast cancer: Coming to Know. This seemed to lay the foundation for them to begin developing the strength needed to live a full and positive life. The participants made statements about their personality characteristics and the manner in which they dealt with things that personified a feisty, positive, playful and reflective self: Strength Within of She Who Knows.

Relatedness to others, self and God encompassed the third theme: Connection of She Who Knows. Having supportive family and friends, giving others a chance to show caring, and feeling God's presence were mentioned by the participants. The fourth theme that emerged, Movement of She Who Knows, personified the inner strength moving, exchanging, harmonizing, and facilitating desired change.

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CHAPTER I

INTRODUCTION

> Wisdom is the principal thing;
> therefore get wisdom: and with all
> thy getting get understanding.
> Proverbs, IV, 7

The purpose of research is the pursuit of information and knowledge. Ultimately, from information and knowledge, we hope to gain wisdom. This phenomenological study generated descriptions of inner strength in women with the diagnosis of breast cancer. From the wisdom of these women, an understanding grew about the lives of women living with cancer. Proverbs Chapter IV, Verse 7 emphasizes the importance of the getting of wisdom, but with this wisdom an appreciation and understanding of the human experience must blossom. This search for wisdom and understanding was explored from the woman's own perspective by asking:

1. "What is your lived experience of inner strength?" and
2. "Tell me about inner strength in your everyday life."

The study provided descriptions of the development of inner strength with a focus on the healthy, holistic functioning of women. Unstructured interviews generated the data. Discovered meanings and themes were documented using the women's words and described experiences. A review of

scholarly and fictional literature was done after the data analysis. Illustrations from the literature helped to communicate the richness and diversity of the women's experiences. Participant and faculty corroboration of the data analysis provided support for the validity of the study's meanings and themes.

The research objective was to describe inner strength in women living with the diagnosis of breast cancer. The results of meeting this objective was to contribute to the body of knowledge relating to the healthy functioning of women living with breast cancer. Thus, nurses could act as agents to nurture inner strength and coping with breast cancer from the perspective of inner strength's contribution to health. The nurse's role has expanded to allow the use of this body of knowledge to help women grow emotionally and to learn from their experiences with breast cancer. Nurse's could assist women to recognize and develop their own strengths and become more aware of internal and environmental cues for health promotion even in the presence of breast cancer.

Purpose of the Study

Health is one of the key conceptual paradigms of nursing. However, there is a varied interpretation of the concept of health (Reynolds, 1988). Research that describes health or well-being is sparse, especially research that

pertains to women. Viewing health as self-perceived and self-described encompasses and transcends a definition of health that previously described disease, illness, or pathology. Nearly everyone of adult age has some condition that could be termed disease; however, few of these persons consider themselves ill. Health then is not a utopian state to be achieved, but the totality of the life process to be experienced (Newman, 1986). More specifically, research on women's health is needed because of the great change and expansion from the original focus of women's health merely as reproductive health. Based on the philosophy that women should control their bodies and make informed choices regarding their health care, the women's health movement has come of age. Since breast cancer continues to be of primary concern for women, it remains a vital issue in this health movement.

Women working to fulfill multiple roles may experience a sense of isolation or stress related to the circumstances of their day-to-day world, and these feelings are greatly intensified with the addition of the diagnosis of breast cancer. Loveys and Klaich (1991) interviewed 79 women newly diagnosed with breast cancer and analyzed demands of the illness. Illness demands were found in every aspect of a woman's life, including her daily routines, her family and social experience, and her perception of the past, present,

and future. Yet, my professional relationships with women with breast cancer lead to the observation that these women demonstrated tremendous power and inner strength in fostering their own growth, as well as the growth of others. In spite of their "illness demands," they choose to focus on health.

Significance to Nursing

Women's descriptions of their experiences of inner strength living with breast cancer will help nurses devise effective strategies to help women cope with what has been termed "illness demands." A literature review revealed research studies and a body of knowledge focused on "demands of illness," treatment effects, and nursing interventions based on the medical model. There were no phenomenologic studies found in the literature that focused on the inner strengths of women living with breast cancer.

Whatever the situation of the woman's lifestyle, inner strength and caring are needed to heal the self. Janet Quinn, nursing professor and scholar-in-residence at the Center for Human Caring in Colorado stated, "When true healing occurs, relationship is reestablished--relationship to and within self, to others, and with one's purpose" (1989, p. 553). This definition of healing goes beyond the traditional one in the medical model. Women's experiences and strengths developed in living with breast cancer also do

not fit into the models of human growth and development that focus on men's lives. Because of this, in both traditional medical and nursing texts, women may be poorly understood and misrepresented. Nurses are traditionally socialized and educated in the expert care-provider role associated with the medical model (Allan & Hall, 1988). This model has historically been patriarchal. The present study is not based on that model, but rather on the assumption that healing originates from within. To gain authentic and valid understanding of inner strength in women requires research grounded in the female experience. The female experience means the study is based on three principles: 1) valuing of women, 2) acknowledging women's experiences, ideas and needs and 3) recognizing that ideological, social and interpersonal environments are different for women and men. These principles can begin to be understood as a concept of healing is considered.

Janet Quinn's (1989) concept of healing goes beyond the medical definition of cure which almost universally refers to the elimination of the signs and symptoms of disease--no more and no less. Often, if a person has a terminal metastatic disease that cannot be cured, I still hear the words, "There is nothing more we can do for you" from a professional with the "medical" definition of cure. Disease may be cured, but people require healing. "In addition,

individuals who will never be cured may, in fact, be healed" (Quinn, p. 554). The person who is a source of laughter and inspiration and wholeness for herself as well as for all those with whom she engages in relationships is only one example of the phenomenon of healing. "Healing, then, is about becoming increasingly whole, which means at least that relationship is reconciled or perhaps developed for the first time at any one or more complex and multidimensional levels of the person" (Quinn, p. 554).

Although healing originates within, the nurse can have the role that guides healing into being. Quinn's (1989) conceptualization of healing requires changing the way one thinks about the role of the nurse. Quinn defined this role as "the nurse as midwife to healing" (p. 555). The midwife is the one who assists in the birthing process, and in the context described by Quinn it relates to the nurse assisting in the birth of healing. "When true healing is occurring, there is always new life arising. Healing is always creative, bringing forth patterns and connections that did not exist before" (Quinn, p. 555).

The analogy between woman and the earth as a source of life has inspired myths and poems. Myths of the Great Mother were part of all the cultures that contributed to the stream of Western civilization (William, 1987). Throughout history there has been remarkable agreement on female

characteristics. A woman is a faithful and loyal wife, a loving mother, a caring giver to others, and a supporter of the moral values of society (William, 1987). Today these characteristics should not define the place of a woman, but rather give emphasis to treasured qualities for all human beings striving for well-being.

Contemporary women's health care is a system in which there is care for women by women. The traditional dominating masculine ideas, particularly those of the medical profession, must be challenged by both the client and nurse for a reciprocal relationship of shared responsibility and decision making to occur. The partnership between client and nurse should occur in the context of a shared definition of health. Health demands a definition from the perspective of women's experiences, and must be actualized within a network of helping and caring partners. Written from the perspective of female health care workers, a definition of health cannot mean that only women can give or receive empathy and care. Nevertheless we must recognize that in our society, the feminine principle is actualized primarily by women. The approach is feminist because it grows out of the strengths and experiences of women, and these positive feminine qualities can contribute greatly towards improving care for everyone--men, women, families, and communities. Not only women with breast cancer suffer as a result of the

way health care is delivered at present. Therefore, the research presented here explores the inner strengths of women with breast cancer in today's society. Hopefully future societies may benefit from the information, knowledge, and wisdom these women now embody.

There is only a limited body of knowledge or theoretical context on the healthy, holistic functioning of women, particularly women surviving breast cancer (Coward, 1990, 1991; Moch, 1990). The body of knowledge on women's health needs to be expanded. Nursing research can contribute a significant part to this body of knowledge.

Philosophy of Postmodern Feminist Phenomenology

The philosophy for the research is "Postmodern Feminist Phenomenology." Most critics agree that modernism involves a deliberate and radical break with some of the traditional bases of both Western science and Western culture and art. The term modernism is often used to identify what are considered distinctive features in the concepts, sensibility, form, and style of science, literature, and art since World War I (Abrams, 1988). Important intellectual precursors of modernism, in this sense, are thinkers who questioned the certainties that had provided a support for traditional modes of social organization, religion, science, morality. The conception of the human self--thinkers were pioneers such as Friedrich Nietzsche, Karl Marx, and Sigmund

Freud (Abrams, 1988). The modernist revolt against tradition manifested itself strongly after the catastrophe of World War I shook people's faith in the foundations and continuity of Western civilization. As T. S. Eliot wrote in a review of Joyce's Ulysses in 1923, the inherited mode which assumed a relatively coherent and stable social order, could not accord with "the immense panorama of futility and anarchy which is contemporary history."

The term postmodern is sometimes applied to the science, literature and art after World War II. Postmodernism involves not only a continuation of the countertraditional experiment of modernism, but also diverse attempts to break away from the modernist forms which had, inevitably, become in their turn conventional (Abrams, 1988). A familiar undertaking in postmodernism is to subvert the foundations of our accepted modes of thought and experience so as to reveal the existence and underlying feelings on which our supposed security is precariously suspended (Abrams). In postmodernism, society's structure comes out of life experiences. Human beings construct the world, and whatever irregularities there are in human existence come from human behavior. This human product is the standard by which to judge science, literature, and art (Polkinghorne, 1983). This study explored how women living with breast cancer construct their world, and the research

was based on the philosophy of postmodernism in looking beyond the superficial to reveal the deepest feelings of strength that these women experienced.

The phenomenological approach focuses on the structures of experience, the organizing principles that give form and meaning to the lifeworld. These structures come out of the life experiences of the people being interviewed. Edmund Husserl (1913) developed the phenomenological method as a means to gain knowledge of invariant structures of consciousness. Spiegelberg (1976) specified the two criteria of the would-be phenomenologist as explicit or implicit adoption of direct intuition as the source of knowledge, and insight into essential structures as a genuine possibility of philosophical knowledge. The structures of consciousness do not resemble the structures of logical and mathematical operations; they are made up of strata of transactions which have been constructed into meaningful human experience so that sense can be made of existence. "Phenomenology is particularly appropriate for the sciences when humanness and connection with the world are the point of inquiry" (Parse, Coyne, & Smith, 1985, p. 16). The method and philosophy of phenomenology composed the system of inquiry that investigated the various structures of inner strength which have made up the human experience of the women interviewed.

Postmodern feminism is a philosophy which states that human beings construct the world, and the only way of knowing how women as humans construct their world is by asking the women themselves. Feminism which emphasizes the feminist perspective investigates women's experiences and knowledge. Feminist research methodology arises as a response to the traditional empiricism that characterizes Western philosophy (Nielson, 1990). Based on the scientific method, these traditional methods assumed the natural world is knowable through objective observation and measurement by the researcher. This view of science reflects a rationality that rejects subjectivity or the worth of each person's experiences. In the post-World War II period, the postmodern period, many scientists recognized the scientific method is not the ultimate test of knowledge and truth. Parker and McFarlane (1991) present criteria of feminist research that served as a foundation for the study reported here:

1. The principal investigator is a woman.
2. Feminist methodology is used that allows for interaction between the researcher and the participant, with open expression of feelings and values.
3. The research focus is on the experience and

knowledge of women. The research process and reporting demonstrate an appreciation and sensitivity to the experiences of each participant.

4. The balance of power between researcher and participant is equitable. Taking a nonhierarchical position in relation to each other throughout the research process promotes a positive situation of exchange and learning for both researcher and participant.
5. The word "feminism" is used in the reporting of the study.
6. The study findings will help the participants as well as the researcher.
7. Bibliographic references to feminist literature are included in the review of literature.
8. Nonsexist language is maintained (Parker & McFarlane, 1991).

In feminist research, women's perspectives are of primary interest. "Although studying women is not new, studying women from the perspective of their own experiences, as they understand themselves and the world, is quite unprecedented" (Hall & Stevens, 1991, p. 17). This construction of the women's experience allows us "to understand the world seen through their eyes, rather than construct how their world is observed from the outside"

(Hall & Stevens, 1991, p. 18). By establishing a base of research on inner strengths in women living with breast cancer, both genders, as well as families, communities, and society, can benefit by enhancing mutual understanding.

As a concerted and self-conscious approach, feminism was not inaugurated until late in the 1960s. Behind it, however, lie two centuries of struggle for women's rights (Abrams, 1988). The feminist philosophy of this research considers contemporary movements for women's social, economic, religious, legal, political, and cultural freedom and equality. However, the major interest of the research was to reconstitute the experiences of women with breast cancer using the feminist phenomenological method so as to do justice to female points of view, concerns, and values which may or may not be expressed in contemporary movements.

The three basic principles of feminism cited by Hall and Stevens (1991) are: (1) a valuing of women and an acknowledgement of women's experiences, ideas, and needs, (2) a recognition of the existence of ideological, structural, and interpersonal environments that oppress women, and (3) a desire to bring about social change of oppressive conditions through critique and political action. While it was not in the scope of the study to actually "bring about social change," the concern is that the results of the study would be disseminated to improve the situations

of women living with breast cancer. A research goal was to communicate the study findings in such a way as to make women's lives better both for those women who participated, and for other women living with breast cancer. The study findings were communicated to any interested participants or community members through a presentation given at a community seminar in conjunction with a breast cancer support group.

Research Question

Intention of the Study

Many women with breast cancer have completed surgery and chemotherapy or radiation within several months after diagnosis. Health care and breast cancer research have concentrated on the period of chemotherapy with the side effects of nausea and hair loss, and other "demands of illness." Breast cancer, as a disease, is widely studied. However, as previously stated, little is known about the development of inner strengths and the woman's world that includes her conscious reaction to living with breast cancer as part of her health. As a facilitator of a breast cancer support group, I witnessed many changes over three years in women's ways of thinking and living. I did not investigate men, or women in other situations or with different types of cancer. I deliberately chose to explore inner strength in women, and only women with breast cancer, because the

phenomenon had the important considerations for nurses previously discussed.

Theoretical Touchstones

One of several purposes of qualitative research studies is to develop a conceptual framework derived from the phenomena of interest. However, a major research objective for my study was to describe the essential structure of inner strength that represented a meaningful life experience to women with breast cancer. Margaret Newman's (1986) existing nursing theory of health as expanding consciousness served as a frame of reference to generate ideas about this structure.

Newman's (1986) theory suggested a new, radical view of health, saying that disease is a manifestation of health. To view disease as a manifestation of health, one has to reject a dichotomous or polarized view of health and disease and think in terms of a synthesized view based on a dialectical fusion of opposites. Beryl Brubaker (1983) described the shift in thinking from a preoccupation with illness in the health care system to one focused instead on health. Newman further has a view of health that encompasses disease as a meaningful aspect of health, and health is a manifestation of the pattern of the person. This means health includes disease and disease includes health. The patterns of interaction of person and

environment constitute health, and these patterns give clues to be used in understanding the pattern of the person. Newman's view is based on a dialectical process of fusion of opposites--one point of view fuses with the opposite point of view and brings forth a new, synthesized view. Thus, health is viewed as a synthesis of disease and nondisease. Interestingly, women with breast cancer have a condition that could be termed disease, but few of these women consider themselves ill (Newman).

Basic to Newman's (1986) concept of health is a view of disease as a reflection of the pattern of person-environment interaction and as possibly an integrating factor that provides the tension for evolving consciousness. Health for women with breast cancer is the totality of the life process and all their experiences living with cancer. Embedded within Newman's theory is the idea that events that may appear to be undesirable such as breast cancer are really part of a much larger, more meaningful process. Health is equated with life, and life is seen as evolving towards increasing consciousness.

Newman's (1986) emphasis on health as process implies movement. The flow of life is seen as an evolution of patterning continually being synthesized into insights that lead to an ever-expanding consciousness. This expanding consciousness involves movement of increasing complexity,

growth, transformation, and evolution of consciousness. The revolutionary conceptualization of Newman's theory is a proposition: transformation metamorphosizes health as expanding consciousness, and health is the synthesis of disease and nondisease.

Newman (1986) conceptualized the movement towards health as the movement towards the highest level of consciousness. She stated most of us can only speculate about the highest level of consciousness. However, Newman suggested that human consciousness can be taught to expand, and people can learn how to interact with the whole spectrum of realities. At the mental level, "the balanced mind" and the search for knowledge are dominant. In the Newman model of health, it does not matter where one is in the process of promoting one's health. There is no basis for rejecting any experience as irrelevant. The important factor is to get in touch with one's pattern of interaction and recognize that whatever that pattern may be, the process is in progress and the experience is one of expanding consciousness.

I have incorporated Newman's (1986) theory into my clinical practice and research philosophy, and thus in order to assist clients, families, and communities towards health, I look at the patterning of relationships among people to discern their expanding consciousness. The quality of our relationships as health professionals with clients who seek

our assistance is critical, and nurses need to develop reciprocal relationships by a process of intuitive awareness, sensing, and knowing. Newman stated as professionals we must become increasingly aware of the significance of our interactions and the unpredictable, mysterious, sometimes spiritual quality of our energy interchange via these relationships. Threads of personal, family, and communal health are visible through relationships. Threads, described by Newman as patterns of energy exchange, within and outside the person, provide indices for measuring the health of a person. Newman (1987, 1990) asserted the most pressing need, regardless of where people fall on a wellness-illness continuum, is their relationship with people. "The task that each of them is facing is to engage in meaningful, reciprocal relationships" (Newman, 1987, p. 46).

Newman (1987) explained that for the nurse to assist the client with health generating patterns the nurse must help the client get in touch with her pattern of interacting and the insight that accompanies it--the phenomenon of pattern recognition. Newman (1990) advocated research as praxis and emphasized process as content. "The nurse-researcher cannot stand outside the person being researched in a subject-object fashion. The researcher is part of the interaction pattern which is the process of pattern

recognition and choice" (Newman, 1990, p. 40). Newman's research method for the process of identifying pattern--research as praxis--is research that involves the participant and researcher in a process of inquiry characterized by negotiation, reciprocity, and empowerment (1990).

Newman's (1986) theory of health and theory of health as praxis (1990) therefore served as a frame of reference and a theoretical touchstone for the findings. Further, Newman's theory is particularly useful in conceptualization of breast cancer as a meaningful part of health of women. The theory is applicable to any point of the life process, and no woman's experiences are considered irrelevant to her health pattern. In addition, the relationship between nurse and client described by Newman as intuition, sensing, and knowing also describes the nature of the relationship for the phenomenological system of inquiry. Whereas this perspective served as a frame of reference, it was held in abeyance when approaching the data.

Assumptions

Phenomenological analysis requires the researcher to state assumptions regarding the phenomenon under investigation and then bracket or suspend these preconceptions in order to fully understand the experience of the participant and not impose an *a priori* hypothesis on

the experience (Munhall & Oiler, 1986). Assumptions which underlay this study were:

1. While no woman is exactly the same as another, each has a structure of inner strength that can be extracted from women's verbal descriptions of their experiences.

2. Change and ongoing growth characterize the development of women across the lifespan.

3. Struggles or health stressors act as catalysts of transformation that assist in the expansion of inner strength and health.

4. The focus of nursing in women's health is gender specific care that nurtures the human potential and development of inner strength.

Description of the Phenomenon

The phenomenon, inner strength, has been chosen as a means of conceptualizing the strengthening experiences of women with breast cancer. Inner strength was not characterized by the researcher, but was described by the women through verbal descriptions of their experiences of this inner strength expressed in interviews. The study detailed in each woman's own language the considerable adjustments and growth brought on by a diagnosis of breast cancer.

Inner strength may vary depending on the particular context or culture within which the women lived, and all

experiences described were treated as being meaningful. The essential themes derived from the data analysis were not fully grasped in isolation; they were understood within the context of the whole phenomena. Inner strength was revealed by the women of the study to have many interwoven and interconnected parts. The study found specific elements that are components of inner strength; these components were expressed by the women themselves as they gave meaning to their experiences.

Women are usually comfortable with their caring traits, but often ill at ease with their strengths or aspiration for power. Yet, a woman surviving breast cancer is frequently referred to as being "a very strong woman." I wanted to investigate what this comment meant, and how these strong women developed their strengths.

Statement of Research Question

Capability, abilities, and transcendence of adversity developed in women with a diagnosis of breast cancer warranted further study. The present phenomenologic research helped generate the description of inner strength in women with the diagnosis of breast cancer. The investigation sought to answer the question: "What is the lived experience of inner strength in women with breast cancer?"

Limitations

The findings of the study are valid only for the women interviewed, at that specific location and point in time. A point in time is selected for the interview process, and this constraint affects temporal order. Changes occur with humans in different contexts and over time. The study participants were in various stages of recovery from breast cancer, so this may add some temporal perspective. In addition, women need time to accept the fact of their diagnosis and treatment, and develop inner strength, but concrete measurement of time in days and weeks is not necessarily related to self-development.

For sampling, a purposive sample was used. Sample diversity was attempted by adding some women from Midwestern states in addition to the majority of participants from Southwestern states. Women known to me through breast cancer support groups might have responded with set responses that were socially acceptable, but the participants seemed to be open and comfortable with a trusted interviewer as opposed to a stranger. I was acquainted with eight of the participants and had never met the other seven. There was not an observable difference in the sharing or openness between these two groups.

In an interview, the interviewer is a part of the research process. In phenomenologic research, the interview

gives an opportunity for first-hand research data from direct human communication. In this type of research, the interviewee may assume a role in which she offers what she believes the researcher wants to hear or what is socially desirable. In addition, phrasing the question around inner strength may have suggested to the participant she should not verbalize weaknesses or fears. The participants were instructed in the introduction that their own personal, honest experiences would make the research most useful. Indeed, the openness and richness of the interviews did not seem to reflect set responses from the participants.

Audio-recording of the interviews could also be a deterrent to open, honest communication. However, since recording was essential to the data, the participants were instructed regarding the need to record in order to maintain the research process. A very small, unobtrusive tape recorder was used, and as the interview proceeded it seemed both the participant and I forgot it was there.

The following limitations are possible:

1. Unconscious bias may have entered the data analysis despite my efforts to bracket prior knowledge.

Bias was guarded against throughout the study by adherence to the interview process of an unstructured interview, where the participant actually provides the "structure," ensuring a rich source of data from the

participant's perspective. The data analysis process was followed in a step-wise technique as developed by Colaizzi (1978) to decrease the likelihood of researcher's bias and to ensure a full elaboration of the phenomenon. The tapes were played many times over an eight-month period to verify the accuracy of portrayal of the participant's experiences and to reflect on the abstraction of themes in the data analysis.

2. The scope of language and the volume of data can affect the ability to extract the meaning from the descriptions and cause some of the richness of the data to be overlooked.

Efforts to minimize this were obtained by following strategies for ensuring credibility (see Chapter II, "Strategies to Achieve Rigor") such as including data that contained both typical and atypical elements and obtaining validation from three participants by having them read Chapter III ("Findings of the Study") to verify if they immediately recognized those descriptions of inner strength as their own. Chapter III was also given to a nursing research consultant to see if she could recognize the experience after having only read it in this study, and she felt the conceptualization and quotes describing inner strength were very clear and cogent.

Despite these limitations, I was confident that I was asking a significant and worthwhile question for women, and especially women with an experience of breast cancer. I was not trying to find absolute truth, but partial truth; the truth for the women I interviewed. Inner strength was chosen as the "right" question, or question of worth, because it placed the context of the research in a healthy realm, as opposed to a "demand of illness."

While not "generalizable," the study will contribute to the body of knowledge regarding women living with breast cancer. Since limited nursing research exists on healthy women regarding their lived experiences of their inner strengths, the contribution to nursing's body of knowledge will be important to the field of nursing.

Summary

Breast cancer, as a disease, has been much studied, but little is known about the development of inner strength and the woman's world that includes her conscious reactions to living with breast cancer as part of her health. The present study addressed the lack of information by asking questions about and gaining knowledge regarding the self-reported development of inner strength in the woman's every-day experiences.

CHAPTER II

METHODOLOGY

> Phenomenology is of superb research value not because it provides definite answers to our questions, but rather for the sake of the questions themselves; because these questions enlarge our conception of what is possible, enrich our intellectual imagination, and diminish the dogmatic assurance which closes the mind against speculation.
>
> Bertrand Russell

The phenomenologic research approach was chosen for the study because it is best suited to evoke and to describe the meanings of inner strength for women living with breast cancer. Lived experience is the way in which we perceive reality. As living persons, we have an awareness of things and ourselves which is immediate, direct, and nonabstractive. We "live through (erleben) life with an intimate sense of its concrete, qualitative features and myriad patterns, meanings, values, and relations" (Ermath, 1978, p. 97). To understand lived through experience is to go beyond the taken-for-granted aspects of life. It is to "uncover meanings in everyday practice in such a way that they are not destroyed, distorted, decontextualized, trivialized or sentimentalized" (Benner, 1985, p. 6). As such, phenomenology leads to a deeper understanding of the nature of everyday experience, and ultimately what it means

to be human. My study of the experiences of inner strength in these women with breast cancer aimed at clarifying the knowledge and realities. In an effort to more deeply understand who women are as they live with breast cancer, the study explored the ways in which cancer changed their lives and how they drew from their deepest strengths to recover and live a fulfilling life.

Donald Polkinghorne (1983) stated that the exemplar of data collection in human science is the face-to-face interview. The face-to-face encounter provides the richest data source for the human science researcher seeking to understand human structures of experience. The embedding system of the interview involves the way the researcher conducts the interaction; the researcher needs to establish a relational context in which the participant will feel free to reveal her experiences. The following approaches from Colaizzi's interview method were implemented:

1. The researcher realizes the participant is more than a source of data--she is a valued, individual person.

2. The researcher makes contact with the verbalized experiences of the participant only when listening with her total being.

3. The dialogue is between two persons in a shared partnership without social or professional division (Colaizzi, 1978).

Naturalistic Setting

The setting for the study was primarily in Dallas, Texas, and its surrounding suburbs. A small number of interviews were also done in other Midwestern and Southwestern states. The interviews were analyzed collectively in addition to comparison of the geographical settings for any differences. The physical location of the interviews was usually in the client's home, while three interviews were in the participant's or researcher's place of employment.

Participants

The participants for the study consisted of women over eighteen years of age who had a diagnosis of breast cancer for at least six months. Women with all types of surgical corrections, and treatment modalities of chemotherapy, radiation, or bone marrow transplant used in cancer treatment were included. Colaizzi (1978) set the criteria for participants in phenomenologic research as people who have lived the specific phenomena of interest. In addition, participants representing a wide range of demographic variables were used. The breast cancer participants were chosen from purposive samples (Morse, 1986) of women known to me from a breast cancer support group, or recommended by other nurses and women with breast cancer. Voluntary participation was solicited. Participants were interviewed

until the sample size was large enough that incoming data provided no new information.

Protection of Participants' Rights

The proposal for the study was submitted to the Human Subjects Review Committee of the Texas Woman's University. Permission from the committee was obtained before data collection was initiated (Appendix A).

Each prospective participant was asked to participate in a research study involving the tape recording of descriptions of her lived experiences of inner strength. Women were given an explanation of what was involved in the study and an explanation of their rights (Appendix B). The prospective participants in the study were informed of the purpose of the study, and the data generation method, as well as being assured of privacy and confidentiality. The benefits for the participants were stated as the opportunity to express their lived experiences, and the potential for nursing to use the knowledge to assist other women with breast cancer to develop their health and inner strengths. Prior to the interview, written consent form B (Consent to Act as a Participant) and C (Consent to Tape Record) as required by Texas Woman's University Human Subjects Review Committee were read and signed (Appendix C). Consent was obtained at the initiation of the tape recording, and the women were informed that they did not have to complete the

recording and that they could stop at any point without any penalty. The respective names of participants were not included on the typed transcript of the interview. No names were used in the reporting of findings.

Data Collection

After obtaining a signed consent to participate, I conducted and recorded the interview. The women were asked to discuss their lived experiences of inner strength. I asked questions only when it was necessary to clarify what the woman was relating. There was no time limit placed on the interview, and the discussion continued until the participant felt she had finished her descriptions of her experiences of inner strength. The average length of the interviews were one and one-half hour. Data collection took place over 10 months.

The participants completed a demographic checklist upon finishing the interview (Appendix D). This was done so the demographic questions did not prompt concerns during the interview. Demographic data was obtained on age, education, type of cancer treatments, income, insurance availability, membership in a support group, and role models of other women with breast cancer.

Data Analysis

Following collection of the data, each interview was transcribed verbatim. Colaizzi's (1978) method of data

analysis was used to analyze the audiotapes and written transcripts. The following technique developed by Colaizzi (1978) was performed to ensure a deep and full elaboration of the phenomenon:

1. Each audiotape was listened to for a sense of the woman's meaning. I was sensitive to the tonality of language and the manner of each participant's speech.

2. A typist transcribed the audiotapes verbatim. I then listened to each audiotape along with the written transcription to verify completeness.

3. Each participant read through the interview transcript to verify the accuracy of portrayal of her experiences, delete any material she felt did not reflect what they meant to say, add additional material she may have remembered, or emphasize anything she said previously.

4. The meaningful words and phrases were highlighted in the transcription. The selection of phrases or sentences that directly pertain to the investigated phenomenon is known as <u>extracting statements.</u>

5. Formulated meanings of the significant statements were developed and listed. Formulating meanings is a complex step because it involves "reading" the participants' statements for what they mean, not just what they say. The formulations must discover and illuminate the meanings in the various contexts of the original descriptions.

6. Clusters of themes were aggregated from the list of formulated meanings. I placed themes in a table with thematic descriptions and quotes. Devising the table allowed for the emergence of themes which were common to most of the participants' descriptions. However, discrepancies may be noted among various clusters; some themes may seem contradictory to other themes. I then proceeded with the study knowing that each participant described what was reality for herself. Each woman's description was existentially real and valid for that woman.

7. The results were integrated into an exhaustive description of the phenomenon.

8. A statement of the fundamental structure of the phenomenology was formulated. The essential structure of the phenomenon is considered to be embodied in the exhaustive description arrived at in step 7 (Colaizzi, 1978).

Strategies to Achieve Rigor

As noted earlier, the aim of phenomenologic inquiry is understanding. The truth value resides in the discovery of human phenomena or experiences as they are lived and perceived by the participants. Significantly, truth is participant-oriented rather than researcher-defined. The artistic approach to qualitative inquiry emphasizes the irreplicability of the research process and product

(Sandelowski, 1986). When qualitative research is viewed as an alternative form of scientific inquiry, there are different views of the criteria of rigor commonly associated with scientific inquiry. The following outline of strategies to achieve rigor was performed according to Sandelowski's (1986) method.

Achieving Auditability

Auditability is achieved when the researcher specifies a clear decision trail concerning the entire study. Any reader or another researcher can follow the progression of events in the study and understand the logic (Sandelowski, 1986). Auditability was demonstrated primarily in the description, explanation, and justification of the research report. Auditability was specifically achieved in the study as described under the following pages:

1. How the researcher became interested in the subject matter of the study (Chapter I, p. 4, 15, 22)
2. How the researcher views the phenomenon (Chapter I, p. 20-22)
3. What were the specific purposes of the study (Chapter I, p. 2-3)
4. How the subjects came to be included in the study and how they were approached (Chapter 2, p. 28-30)

5. What was the impact or reaction the participants and researcher had on each other (Chapter V, p. 123-126; 130-133)
6. How the data were collected (Chapter II, p. 30)
7. How long data collection lasted (Chapter II, p. 30)
8. Where was the setting in which data were collected (Chapter II, p. 28)
9. How the data were transformed for analysis and interpretation (Chapter II, p. 31-33; Chapter V, p. 115-120)
10. How various elements of the data were weighted (Chapter V, p. 116-119)
11. What specific techniques were used to determine the truth value and applicability of the data (Chapter II, p. 33-34; Chapter V, p. 131-133)

Achieving Credibility

Sandelowski (1986) defined a qualitative research as credible when it presents such familiar descriptions or interpretations of a human experience that the people having the experience would immediately recognize those descriptions or interpretations as their own. A study is also credible when other researchers can recognize the experience when confronted with it after having only read it in a study. For the study there were several strategies for ensuring credibility:

1. Checking that the significant statements and meanings about the data contain the typical and atypical elements of the data
2. Obtaining validation from the participants themselves
3. Obtaining validation from the faculty on the dissertation committee
4. Maintaining contact with the participants from a breast cancer support group in order to enhance the likelihood of direct sharing of the participants' experiences.
5. Reviewing scholarly and fictional literature after the data analysis to support the women's experiences in the data sources through illustrations from the literature.

Summary

Data were generated using unstructured interviews. A review of scholarly and fictional literature was done after the data analysis to decrease unconscious bias from prior knowledge, where I might have accepted what was already written. Performing an extensive literature review after the data analysis enhances discovery, rather than funnelling the researcher towards a prior conceptualization of the phenomenon. I viewed qualitative inquiry as a blending of science and artistic approaches. Validity was supported

through metaphors from literature and participant and faculty corroboration of the data analysis. The criteria of rigor commonly associated with scientific inquiry was performed according to Sandelowski's (1986) method for achieving auditability and credibility.

CHAPTER III

FINDINGS OF THE STUDY

> In all humility and with the greatest respect, I dedicate this chapter to the spirits of those women to whose original interviews I have striven to be faithful:
>
> I feel a second finger lie
> Above mine on the pen.
>
> Michael Hardwick

Description of the Participants

The 18 participants ranged in age from 35 to 72, with a mean age of 52 and median of 54. All the women had been diagnosed with breast cancer for at least 6 months, with a time range since diagnosis of 6 months to 20 years. The participants had varied treatment procedures for their cancer, including lumpectomy, mastectomy and bone marrow transplant (Table 1). The purposive sample consisted of seven women previously known to the researcher through a breast cancer support group, and eleven women obtained through networking with another nurse. The participants were primarily white, middle-class women. Two participants were Hispanic; for one Spanish was her primary language. A bilingual interpreter was used during her interview. One participant was an African-American. The participants completed a demographic data form (Appendix D) at the

TABLE 1. DEMOGRAPHIC DATA

PARTICIPANT	SOCIOECONOMIC BACKGROUND			PERSONAL LIFE				BREAST CANCER			SUPPORT MECHANISM		
No.	Age (Years)	Ethnic ID	Education	Living Situation	Employment	Marital Status	Financial Status	Time since Diagnosis	Type of Treatment	Reoccurrence	Family & Friends	Breast Cancer Support Group	Role Model
Footnotes -->		1	2	3	4	5	6	7	8	9			
A	44	W	UG (some)	SP / Ch	FT	M	IN	14 Y & 5 M	MB, RA, CH, TA	Y	Y	Y	Y
B	46	W	UG (some)	SP / Ch	PT	M	AD	1 Y & 2 M	MO, CH, TA	N	Y	Y	N
C	62	W	UG	SP	HM	M	MA	12 Y	MB, CH., TA	Y	Y	Y	Y
D	43	W	UG	SP / Ch	HM	M	MA	1 Y	MO, RA, CH, TA, BO	N	Y	Y	N
E	62	W	HS	AL	FT	DS	AD	2 Y & 1 M	LU, MB, CH, TA	N	Y	Y	N
F	54	W	HS	SP	RE	M	AD	1 Y & 6 M	MO, RA, CH, TA	N	Y	Y	N
G	42	W	HS	SP	FT	M	AD	10 M	LU, MO, RA, CH	N	Y	Y	N
H	40	H	PR	CH	HM	M	IN	3 Y & 6 M	MO, CH	N	Y	N	N
I	63	W	HS/UG(some)	SP	HM	M	MA	6 M	LU, RA, CH, TA	N	Y	N	N
J	58	W	HS	SP	HM	M	AD	7 Y	MB, CH, TA	Y	Y	Y	N
K	52	W	GR	SP	PT	M	MA	20 Y	MO	N	Y	N	N
L	56	W	UG	SP	HM	M	MA	14 Y	MO	N	Y	N	N
M	45	W	UG	SP / Ch	FT	M	AD	3 Y	LU	N	Y	Y	Y
N	72	W	HS/UG(some)	AL	PT / RE	W	IN	2 Y	MO, CH, OT	Y	Y	N	N
O	35	W	UG (ongoing)	SP	FT	S	AD	1 Y & 2 M	LU, MO, RA, CH	N	Y	N	Y
P	55	B	UG	SP	PT	M	AD	18 Y	MO	N	Y	N	Y
Q	59	H	HS	CH	FT	DS	AD	4 Y	MO, RA, CH, TA	N	Y	Y	Y
R	70	W	HS	AL	RE	W	AD	1 Y & 2 M	MO, RA, CH, TA	N	N	Y	N

Footnotes:

1. B - Black; H - Hispanic; W - White.
2. HS - High School; GR - College (Graduate Degree); PR - Primary Education; UG - College (Undergraduate Degree).
3. AL - Alone; Ch - Children; SP - Spouse, Partner, Lover.
4. FT - Full Time; HM - Homemaker; PT - Part Time; RE - Retired.
5. DS - Divorced/Separated; M - Married; S - Single; W - Widowed.
6. AD - Adequate; IN - Inadequate; MA - More than Adequate.
7. Yr - Year; Mo - Month.
8. BO - Bonemarrow Transpant; CH - Chemotherapy; LU - Lumpectomy; MB - Mastectomy/Both Breasts;
   MO - Mastectomy/One Breast; OT - Other, e.g. Oral Novaldex; RA - Radiation; TA - Tamoxifen.
9. N - No; Y- Yes.

end of the interview as previously noted. The participants were given a list of breast cancer resources (Appendix E) as a part of debriefing at the closure of the interview. The researcher's availability and phone numbers were also emphasized to the participants at the debriefing.

Analysis of Data

Based on a qualitative analysis of interview data, the experiences of inner strength for women with a diagnosis of breast cancer can be divided into four major themes: (1) Coming to Know, (2) Strength Within: She Who Knows, (3) Connection of She Who Knows, and (4) Movement of She Who Knows. Data were analyzed using constant comparison between the transcribed interviews for similarities, differences, and general patterns. Eleven figures numbered 1 through 2j detail descriptive statements written in the language of the participant, the feeling state experienced by the participant, and the subtheme and focal meaning stated in the language of the researcher at a more abstract level of discourse (Figure 1-2j). The figures for each subtheme correspond to the subtheme description and direct quotes of the women in the following sections. From the phenomenological study emerged rich tales and insights into the lived experience of inner strength in women living with breast cancer, and a narrative description of the themes is included to tell the story as the women told it.

Figure 1. The Four Themes of Inner Strength

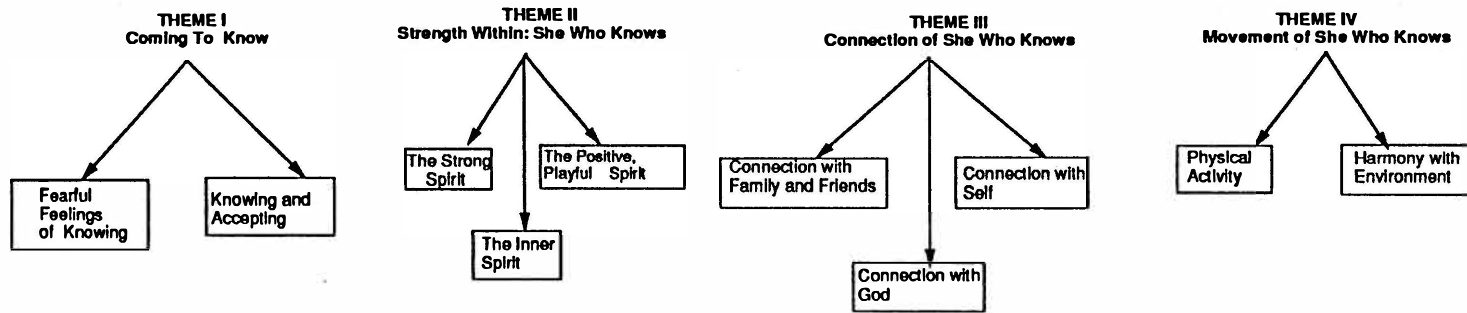
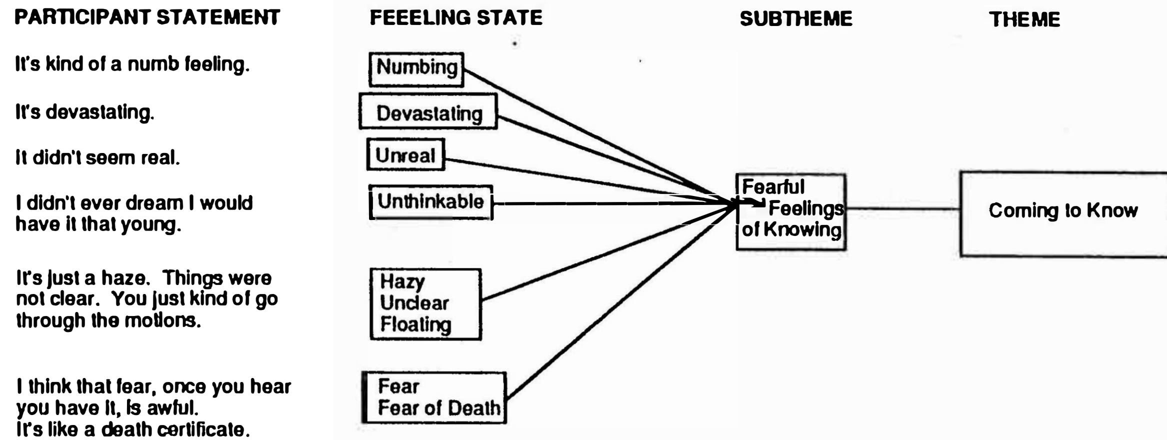
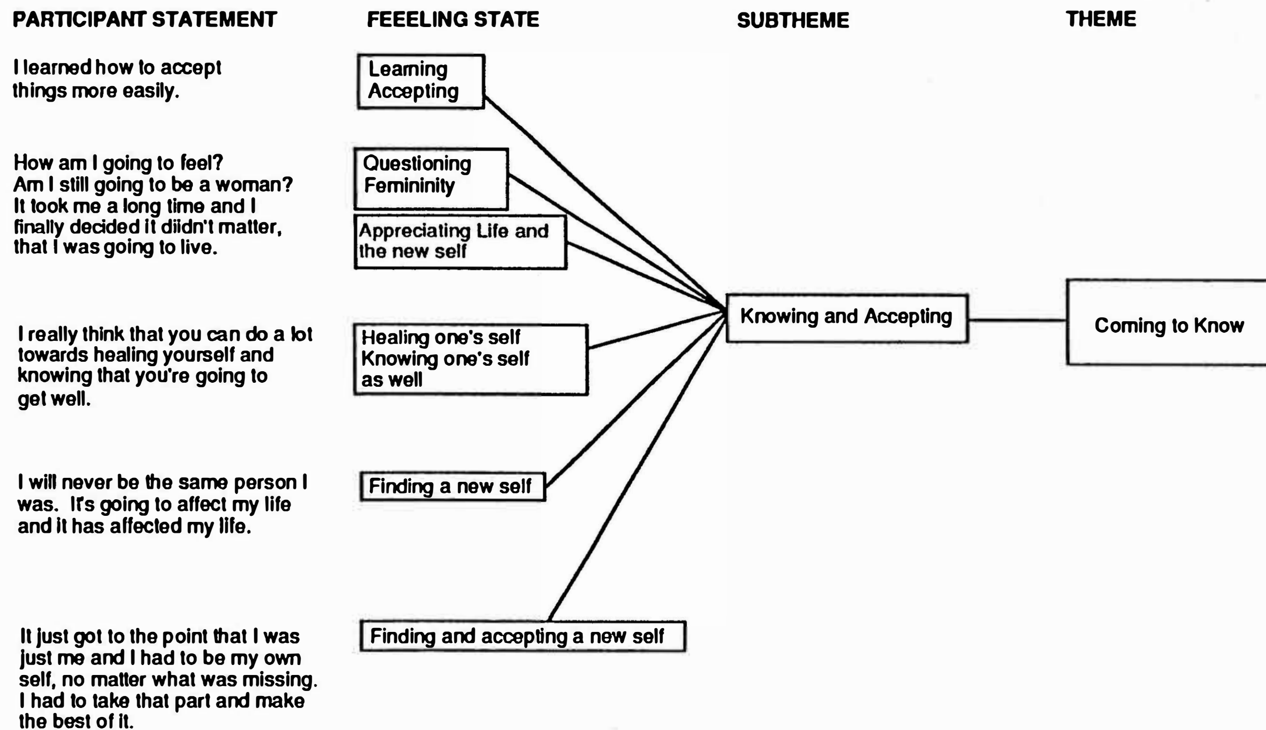


Figure 2a. Theme I - Subtheme A - Fearful Feelings of Knowing



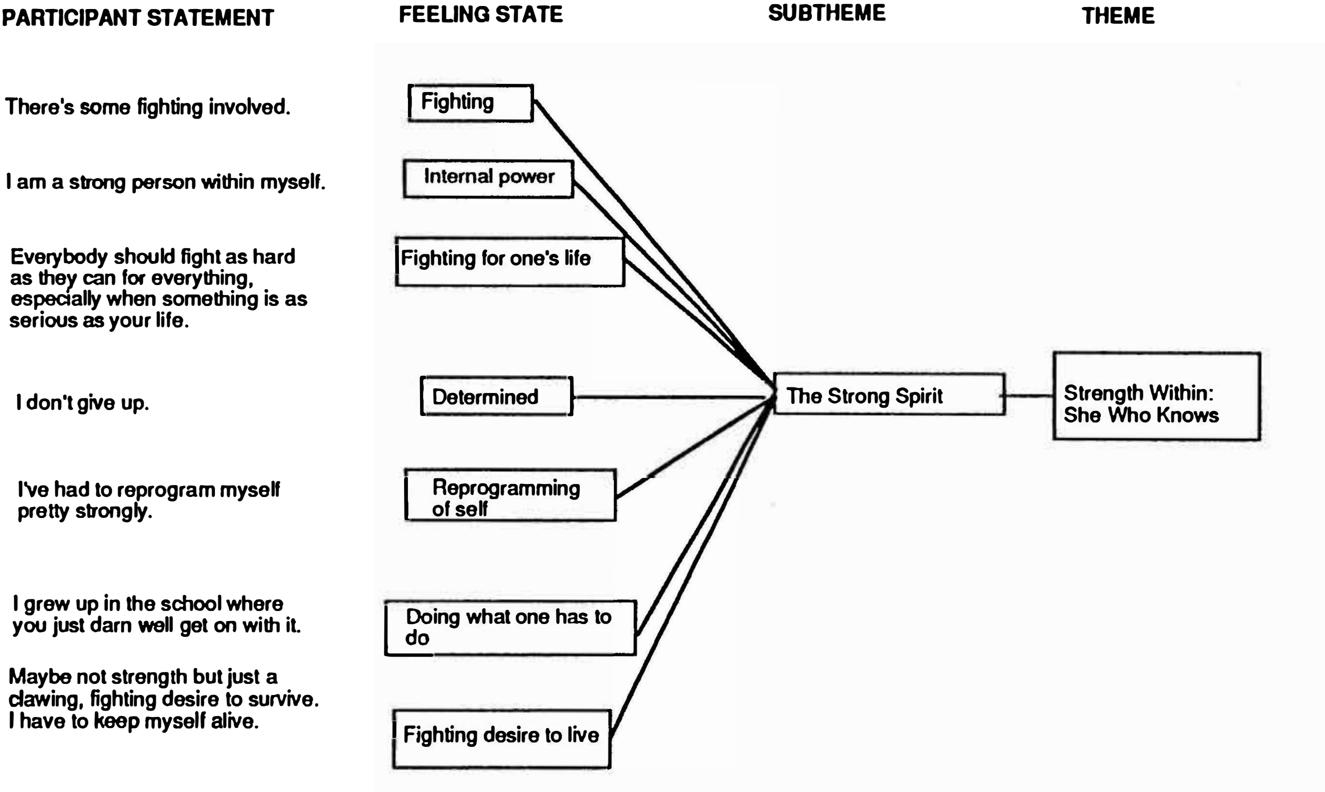
Focal Meaning : Shocked by the diagnosis of breast cancer, the woman feels a fogginess and uncertainty, and fears her own death.

Figure 2b. Theme I - Subtheme B - Knowing and Accepting



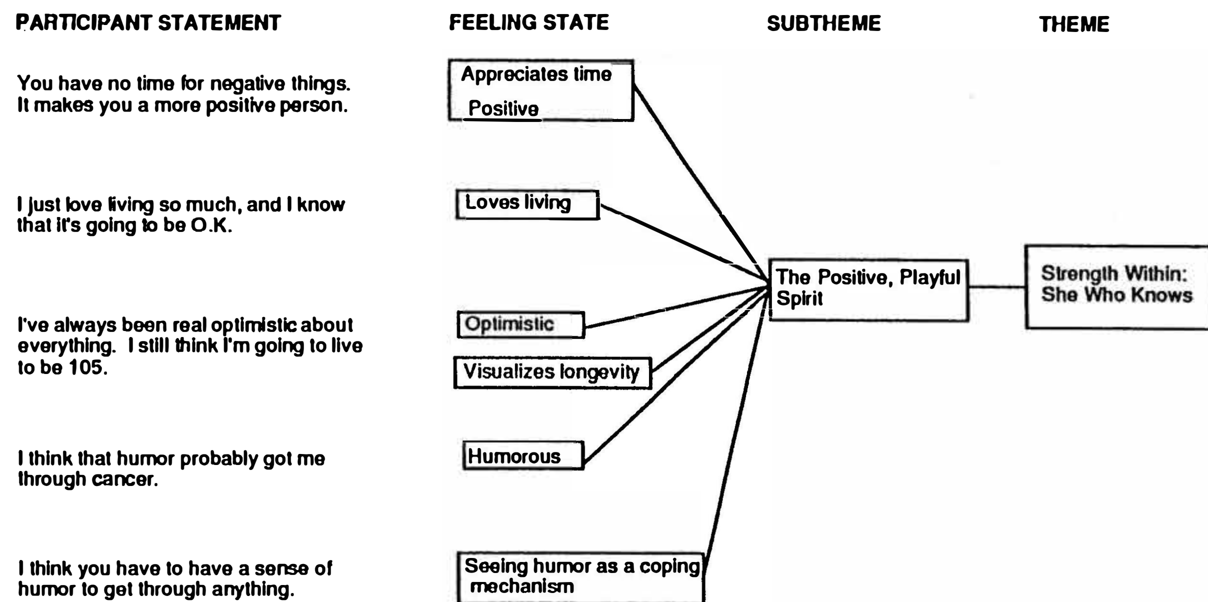
Focal Meaning : In knowing and accepting herself as a woman with breast cancer, the woman feels an appreciation for life and her new self.

Figure 2c. Theme II - Subtheme A - The Strong Spirit



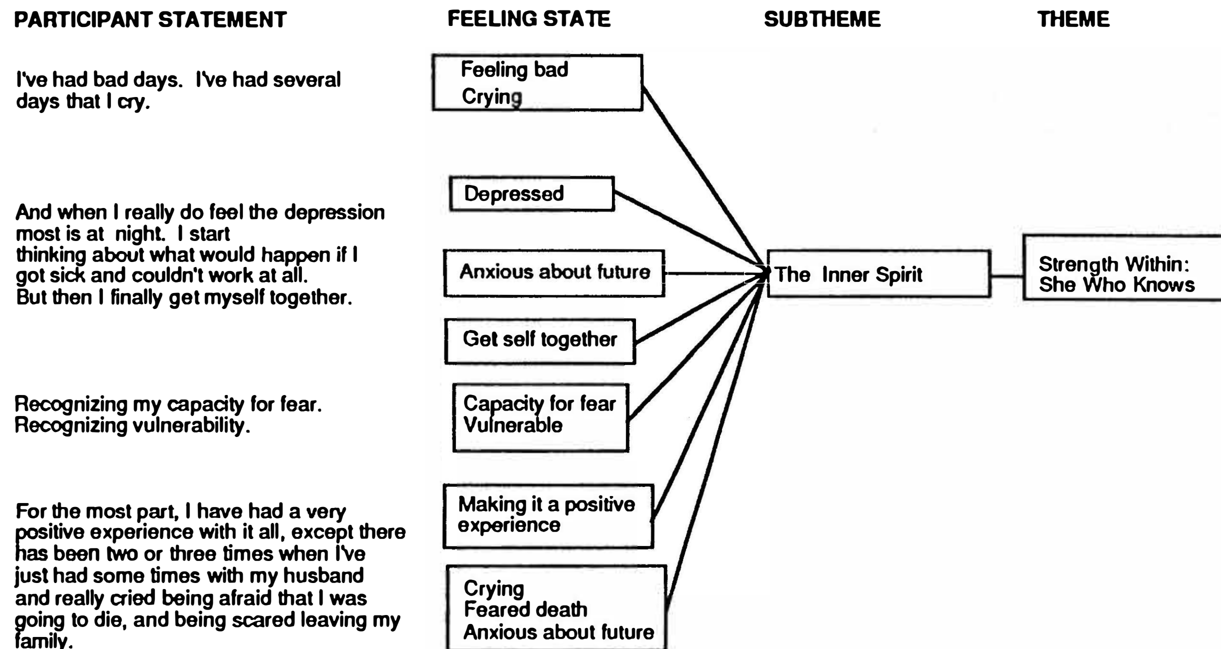
Focal Meaning : Reprogramming herself as a woman with breast cancer, the woman embodies the fighting desire to live.

Figure 2d. Theme II - Subtheme B - The Positive, Playful Spirit



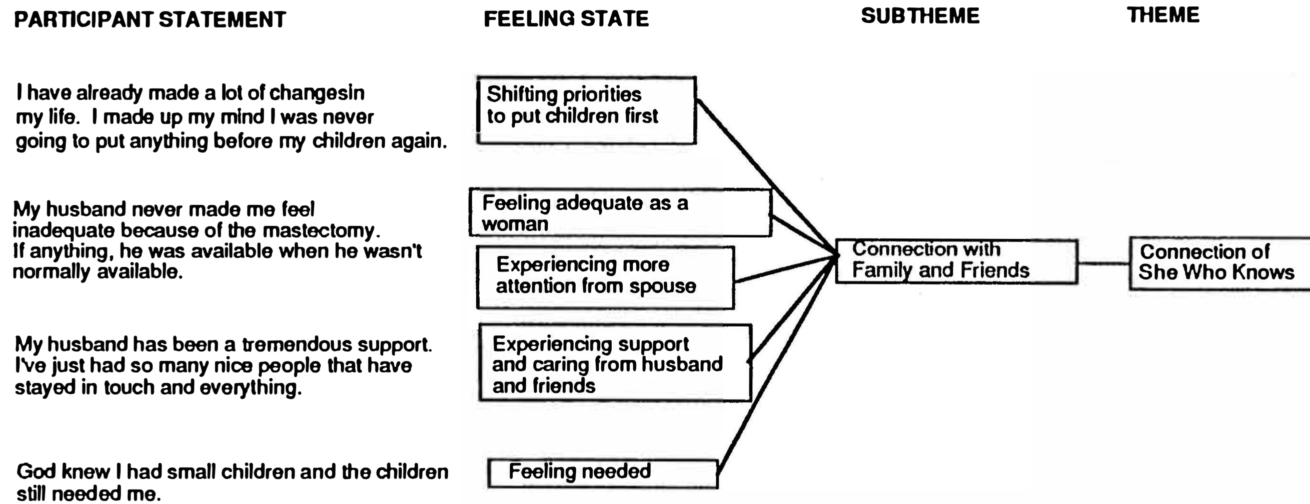
Focal Meaning : As the woman gets to know herself with breast cancer, she has the ability to use laughter, playfulness, and zest for living as inner strength.

Figure 2e. Theme II - Subtheme C - The Inner Self



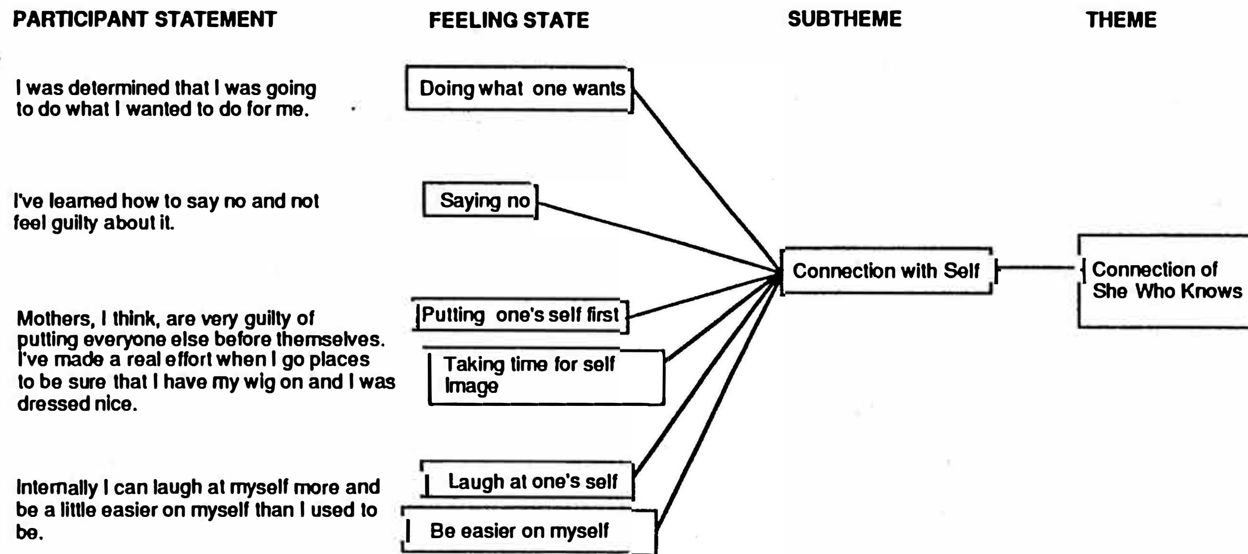
Focal Meaning : As the woman gets to know herself with breast cancer, the inner self experiences the knowing of grief and loss as inner strength.

Figure 2f. Theme III - Subtheme A - Connection with Family and Friends



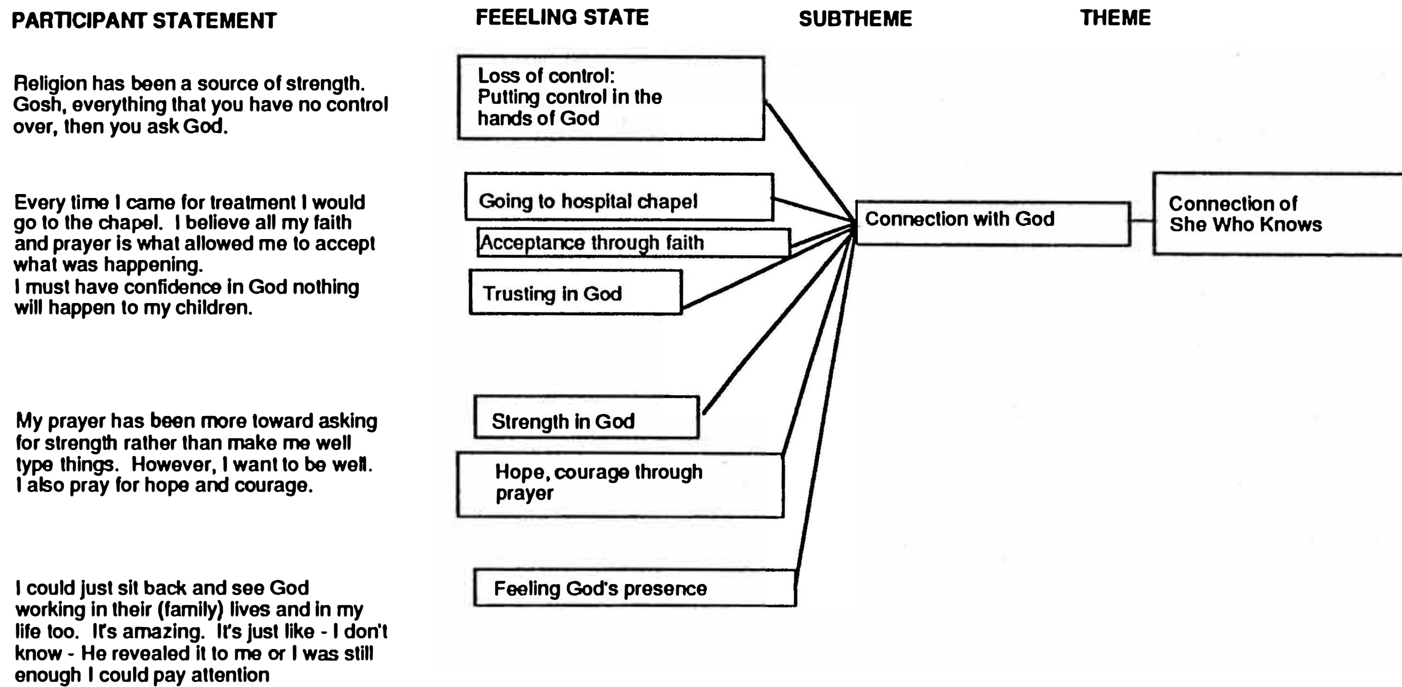
Focal Meaning : Family and friends that tried to understand what the woman was experiencing formed a connection of love and meaning.

Figure 2g. Theme III - Subtheme B -Connection with Self



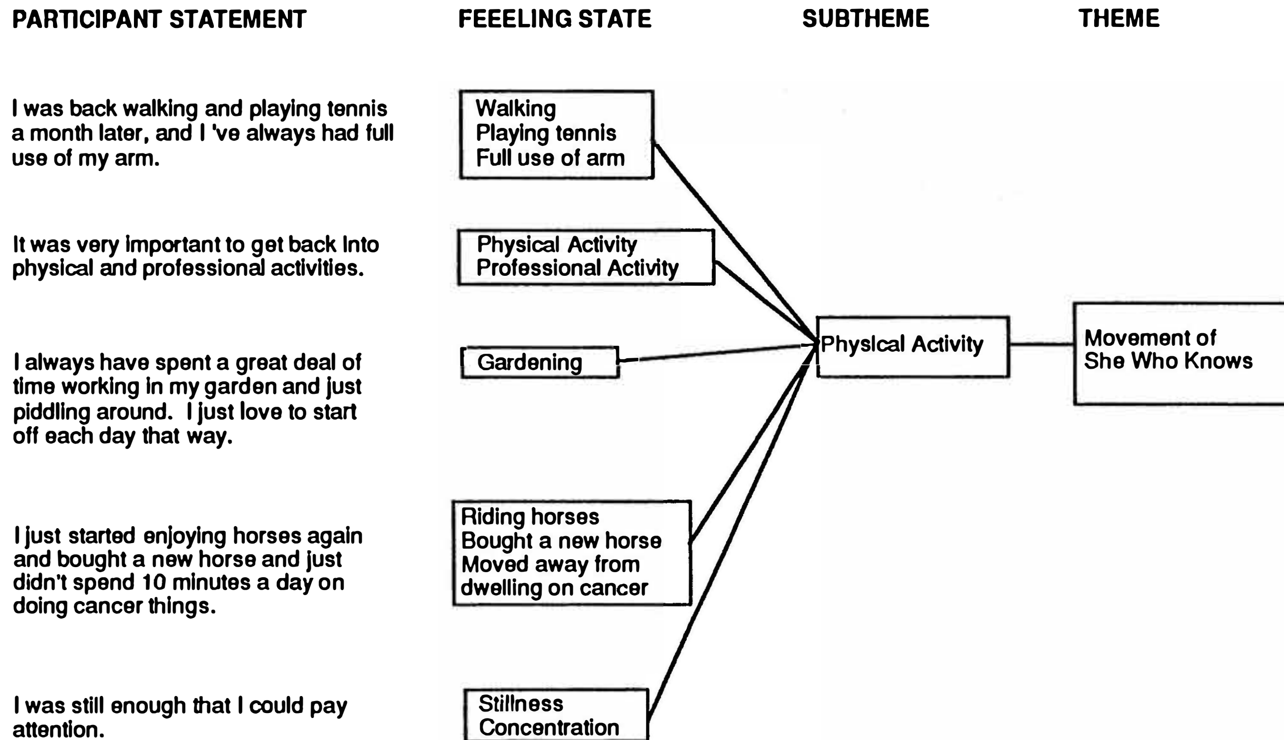
Focal Meaning: Understanding what the self was experiencing with breast cancer, the woman formed a deeper connection with herself.

Figure 2h. Theme III - Subtheme C - Connection with God



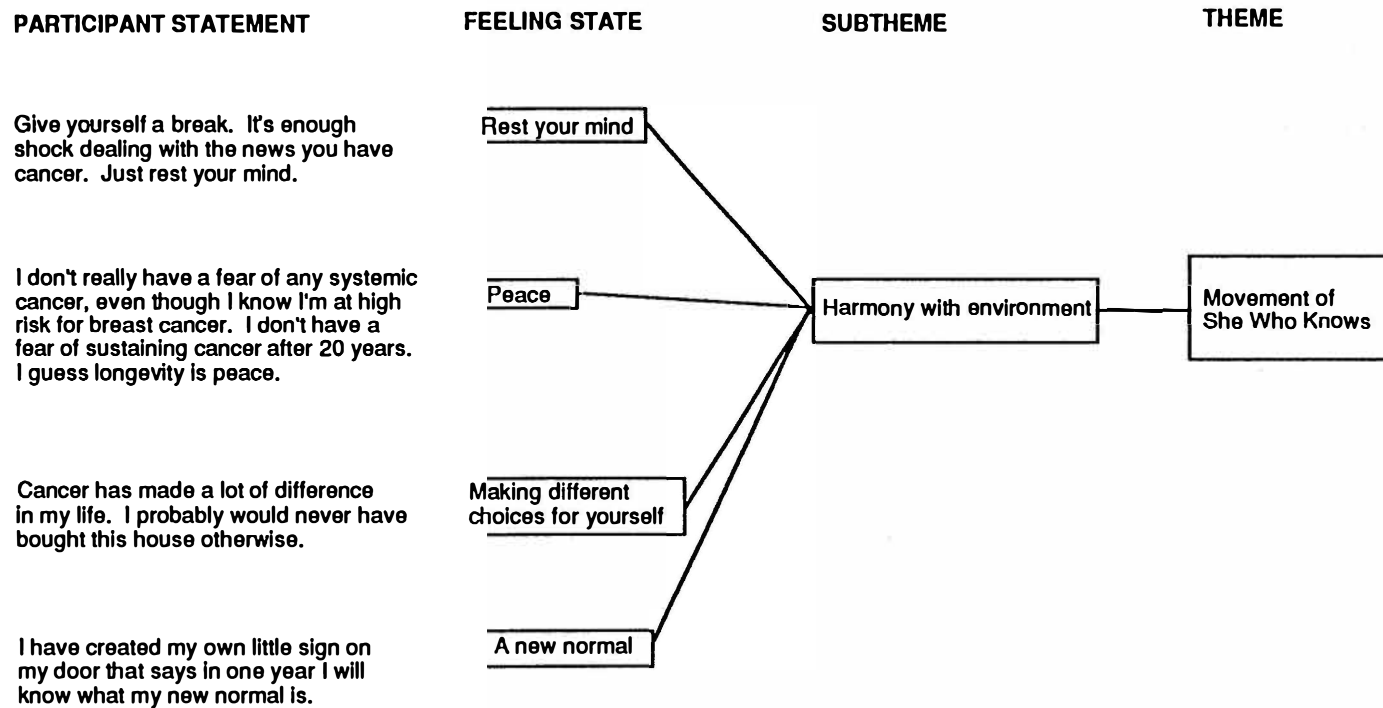
Focal Meaning: Feeling what the self was experiencing with breast cancer, the woman expressed her feelings in prayer and formed a deeper spiritual connection.

Figure 2i. Theme IV - Subtheme A - Physical Activity



Focal Meaning: Movement was a choice in the rhythmic expression of inner strength.

Figure 2j. Theme IV - Subtheme B - Harmony with Environment



Focal Meaning: Movement is the personification of inner strength exchanging, harmonizing and facilitating desired change for the woman.

The following sections expand on the four major themes.

Coming to Know

While doing some of the earliest interviews, I was struck by the fact that, whether I asked or not, all of the participants seemed to want to talk about when their breast cancer was first suspected or diagnosed. Thus, the first theme "Coming to Know" was seeded. The actual consciousness of knowing seemed to be a universal, necessary step in the participants actualizing the entire process of inner strength. The women generally wished to know the fabric of their world, and to develop a sense of understanding beyond the initial chaos at the time of diagnosis. All the participants described an initial shock and numbness, which was categorized as the subtheme "Fearful Feelings of Knowing." A second subtheme that emerged in the area of "Coming to Know" is the stage of "Knowing and Accepting." This acceptance seemed to grow out of the participants' awareness of their diagnosis, knowledge of its difficulty, knowledge of living with uncertainty or fear of reoccurrence, but also the acceptance of the challenge with a defiance to live a full life. These themes of acceptance reflected patterns of knowing in the lives of these women.

Fearful Feelings of Knowing

The initial shock and final realization that she had breast cancer occurred for Participant M only after she had

three surgical procedures for biopsy, lumpectomy, and lymph node excision. She stated:

> The realization for me came that I actually had cancer on the day that I visited Dr. K's office and was told I had to have chemotherapy... Not until I really got to the point of sitting down with Dr. K and him saying 'Yes, we are going to do chemotherapy' did I really realize I had cancer. I literally fell apart and bawled the whole time. I cried, had everybody in the whole office upset, I had my daughter crying, left there very depressed, called my mother, cried all the next day...and worked through it. (Participant M)

Fourteen of the fifteen participants described these "Fearful Feelings of Knowing" as very dramatic, unreal, and alarming. Whatever the form of fear in "Coming to Know," it was almost universally expressed as:

I never imagined that I would have breast cancer." (Participant C)

"After I found out, it's kind of a numb feeling. It's devastating. My daughter was with me and we were both just numb. We just couldn't believe it." (Participant F)

"I was just numb. I think it was just sort of like--it didn't seem real." (Participant B)

"I think that fear, once you hear you have it, is awful." (Participant C)

"She [the doctor] called me and said, 'Uh-huh, it's malignant.' That was a --'My God, it's malignant!' It sort of blew me away at the time and I fell apart for about fifteen minutes and then called a friend." (Participant I)

"It's devastating when you find out you have breast cancer." (Participant B)

"I didn't ever dream I would have it [breast cancer] that young." (Participant K)

"At first there were months where I felt like crawling in bed and putting the blankets over my head. I really was spaced out, stressed out, whatever, and it was fear." (Participant A)

"It's always shocking to hear that kind of diagnosis." (Participant O)

Knowing and Accepting

Embracing the reality of their diagnosis seemed to be a catalyst for acceptance in the participants. Most of the participants did not explicitly state an exact point of acceptance, but all discussed emotional and intellectual changes that implied acceptance, an acknowledgement of ongoing uncertainty, and a beginning source of inner strength. Participants described this transition to "Knowing and Accepting" during their experiences with breast

cancer. Participant M described a point of acceptance following her stark realization she had cancer when she visited the oncologist's office as:

> ...I cried all the next day, and worked through it. I mean, once you got through that and you said, 'OK, it is cancer and I am going to have chemotherapy and this is going to happen to you during chemo,' then I was okay. From that point on, I did not have a real problem. (Participant M)

"I learned how to accept things more easily, I think. Sometimes it gets hard--everybody has problems, though, at times." (Participant L)

"I know there are no definites in cancer. I must grasp the feeling that I feel good today.... I wasted days that I felt good." (Participant F)

> We all have these things we don't want to do. Like I say, it's not an experience I would have chosen. But you know, nobody knows when it's their time. It's just when you're a cancer patient, you know that it could be before you thought it would be, but nobody really knows. I mean, other healthy people go all the time. (Participant J)

Participant O related all the changes that cancer had made in her life, and the process of growth she lived through in coming to accept her mortality and fears. The

initial feelings shared might lead one to think living with breast cancer was very negative, but she finishes her "circle of acceptance" on a positive note with a different sense of self:

> Facing your own mortality, I mean truly facing your own mortality and the fear. Recognizing my capacity for fear. Recognizing vulnerability. My dependence--I was extremely independent before and I've had to face--in one fell swoop I had to face my mortality, my vulnerability, my--I had to learn to be dependent, truly had to learn to be dependent--all at the same time. Those have been wonderful lessons. I don't mean any of this--none of this experience has been bad, mind you. I've only grown in a positive way from it, but I am in no way, shape or form, not physically or mentally, the same person I was a year and a half ago. I can promise you. (Participant O)

In describing her decision in choosing between surgeries of lumpectomy or mastectomy, Participant G illustrated a 10 week acceptance process as:

> So, they left the option to me and I had 10 weeks to think about it. During that 10 weeks, I started my chemo. That was a real hard 10 weeks. I didn't tell anybody, just J. [her husband]. I talked about it and he said it didn't matter to him whether I lost a breast

> and he would rather I was overtreated, but it was a hard decision. It was real, real hard for me to make because it's a hard thing to think about losing a section of your body, and it made me real uncomfortable. I kept thinking how am I going to look? How am I going to feel? Am I still going to be a woman? It took me a long time and I finally decided it didn't matter, that I was going to live. It didn't matter what I had to do in order to do it. So, I said okay and I did it [elected mastectomy]. (Participant G)

Strength Within: She Who Knows

Once the women described the knowing and accepting of their breast cancer, their stories took on a much more vigorous tone. Through analysis related to describing the participants' experiences of inner strength, patterns of grit, determination, humor, playfulness, and an open expression of all feelings and moods emerged. The women spoke of doing what was important for themselves, having the confidence and defiance to fight for themselves, and being more reflective and expressive. I categorized this common element as the theme "Strength Within: She Who Knows." The subthemes of which the participants spoke can be categorized as: (1) The Strong Spirit, (2) The Positive, Playful Spirit, and (3) The Inner Spirit.

The Strong Spirit

The women described an emotional, physical and spiritual perseverance and robustness that invigorated the interviews with a spirited life. In reading and rereading the interview transcripts, the themes were very evident, but I felt the nuances, laughter, and emphasis of words on the tape recordings made the interview transcripts seem dull in comparison. I listened to the actual tape recordings several times to maintain the "feel" of strength described. Some of the experiences were retold as:

> I just feel like I'm kind of getting back to normal. There's some fighting involved and it's hard to describe that your day is not as easy as when you didn't have cancer. There are times I have to get a hold of myself. Sometimes say, 'Just go do that.' (Participant A)

"I am a strong person within myself. But if something was to happen to my children, I cannot say." (Participant H)

"It's been two years almost, straight, that I've gone through all of this stuff. It's a life change. It really is. It's life-changing and you just deal with it the best way you can." (Participant F)

> I just from the beginning accepted like, hey, I've got this, now what are we going to do about it? I've got to fight with whatever I can. My prayer has been more

> toward asking for strength rather than make-me-well type things. However, I want to be well. (Participant D)

One participant described an interaction with her husband that illustrated her feelings of her own strengthening experiences, as well as her ability to assert her need for a change of conversation from hearing negative office problems from her husband. She described her spouse as a "really delightful, nice guy, but a bit of a complainer."

> I said, 'Just can it. Don't come home with all your problems. Leave some of them at the office.' I said, 'You know, I've got the strength to cope with absolutely everything that is happening to me right now, but I cannot stand whiners and complainers and, you know, things are awful.' One day I really did, I just blew it. Those seem to be my releases, and I only did it maybe three times with him. ...It just so happened that I thought to myself, I don't have the strength to cope with this. I don't want to listen to this whining. I'm doing just fine. And I was. I really felt I was doing just great. So being very straightforward---I must say he's never said another word [in complaint] since. (Participant I)

"I believe that everybody should fight as hard as they can fight for everything, especially when something is as serious as your life." (Participant G)

"You have confidence in your doctors, but you also have to have confidence in yourself that you can and will handle whatever it is." (Participant J)

"I think cancer has made a stronger, more mature person out of me. And I do not take anything for granted." (Participant P)

"I don't give up. I never give up on anything. I just keep on going." (Participant N)

"It was terrible to hear that I had cancer and I've had to reprogram myself pretty strongly." (Participant O)

One participant described herself as "mean and ornery." The husband of one of the participants who had a bone marrow transplant described his wife when she underwent the procedure as, "strong, positive, and ready to kick ass." These irreverent, common expressions seem to describe the grit and spirit of the participants better than any theoretical term I could choose.

Speaking of her determination to survive breast cancer, one participant described the feeling of being needed by her husband as well as her own intrinsic personal defiance:

> He [her husband] kept saying, 'You can't die because I'll be alone and I can't be alone. I

> can't handle it.' I think that that's part of the reason I've been so--I have to do this, I'm going to do this. There is no--death is not an option here attitude. It's not. Death is not an option. As far as I'm concerned, from day one it has never been an option. So, I'm trying to keep that kind of an attitude because I have somebody that I feel like I'm needed for and I think that has helped me a whole, whole lot and it's made me--Not that I wouldn't have been death is not an option anyway, because I'm really mean and ornery and I like to--I want things my way. They're done my way and they're done when I want them and that's just the way I am, not just this illness, but with everything. (Participant G)

Participant P had a mastectomy in 1975, and she attributes some of her inner strength to the fact that she had to rely on herself, as no one else at the time would talk about breast cancer or mastectomy. She shared this historical perspective:

> Well, my recovery had to all be on my own because I knew nobody that had a mastectomy, and at that time, in 1975, if a person had a mastectomy, they wouldn't tell you. They would sit and talk to you for hours and not say I've gone through the same thing.

> So, with me not knowing anybody, I had to try and get all of the strength all on my own and I had to develop a personality where I could cope--where I got my strength was just from me, with me being a very outgoing person and being involved in so much. (Participant P).

The strong spirit was expressed metaphorically by one participant's straightforward statement, "I've climbed the mountain. I've had cancer and beat it." (Participant D)

The Positive, Playful Spirit

The need to be positive was stated by all the participants as an attitude for which they aspired, and this was also implicitly evident in the overall tone of the interviews. The women seemed to have an ability to laugh at themselves and some of the humbling situations in which they found themselves. This positive attitude was balanced with the acknowledgement of uncertainty, an acknowledgement that made the optimism seem very true but real:

"I don't think I had this fear of terminal, aggressive cancer. I felt like I was cured, even though, you know, you wait for the 5-year and 10-year." (Participant K)

"I still tried to think positive. I just tried to keep a real positive attitude. That was the biggest thing I worked on, just staying positive and staying busy." (Participant B)

"When something like this happens, you have no time for negative things. It makes you a more positive person. It makes you lose patience with whining people."
(Participant P)

"Maybe I'm more optimistic than anything. I knew that it was going to be okay. It felt like it was going to be okay." Regarding her thoughts about recurrence, she shared,

> I never thought there would be any more. The positive thought. It sounds crazy, but it is positive thinking....It's just optimism I would say. Just being on the upbeat most of the time, trying to figure out, you know, you can't get down, I mean, something's happened, okay. Come on, pick up to the next level.
> (Participant L)

Participant C summarized the positive feeling state she maintained when she underwent treatment for a recurrence in the opposite breast eight years after her initial diagnosis: "I was disappointed, and it's scary. It really is scary. I just love living so much, and I know that it's going to be okay." (Participant C)

Humor was explicitly cited as a strong force for many of the women. When humor was not directly stated, it was very evident in their laughter throughout the interview and in the stories they told about themselves. The challenging

and humiliating experiences of breast cancer were often expressed with a humorous and playful tone.

Participant M stated, "I think that humor probably got me through cancer." Participant J shared her ability to laugh at herself in the telling of her humiliating experience at her husband's company picnic:

> I decided I could go to my husband's company picnic. Well, it hit me, instant diarrhea. I got out of the restroom and I saw a bench and I felt like I could get to the bench. I got to the bench and I don't remember anything else because I passed out. They called the paramedics and I kept trying to tell them I was okay. I didn't want them to take me to a hospital. And they couldn't do a blood pressure and they couldn't do all this because of my arm [indwelling port-a-cath]. I was so busy telling them what they could not do to me, and they made me sign a form that I refused to go to a hospital. They said, 'Well, you write your name good.' I said, 'I told you I'm okay.'...But you have to understand they carried me out in front of all these people on their stretcher with my wig sitting on my stomach!

Participant J had been very serious in her storytelling until she broke out in loud laughter at her punchy ending.

Participant M retold the story of the playfulness she experienced at work with her boss:

> One of the things that got me through the cancer was my boss, and the fact that he made it fun for me to come to work when I was in wigs. He used to place bets on which wig I'd wear that day. One day I decided to scare him and get even with him, so I came in a clown wig instead of my normal wig. They used to make a pot, a little betting pot, on what wig I was going to wear that day. (Participant M)

Participant N explained how her humor was evident to others around her, "Everybody says I wish I could joke about it [breast cancer] as well as you do. I said,'You could if you put your mind to it.' (Participant N)

Having the ability to laugh and be playful became a way for the participants to release energy, to feel lightness in serious or humiliating situations, and to gain distance in order to stay positive. The participants acquired strength in using humor and playfulness by not taking their breast cancer experience as too intense or too grim.

The Inner Spirit

The participants' descriptions of being introspective and expressive regarding their own psychological processes portrayed what the lived experience of inner strength was like for them in their day-to-day moods. Despite the fact

that the participants were very positive, they also expressed an ability and willingness to deal with moods and an open expression of all emotions. The participants seemed to be able to take the risk to be themselves in different facets of their personalities, and risked expressing moods without undue concern for approval. Attention to becoming more aware of their feelings was evidenced in the majority of the participants' descriptions, and opening themselves to expression of emotional reactions provided the opportunity to realize their inner strength.

Many participants verbalized releases needed by crying. Participant A described how she felt when her family and friends did not visit her when she was hospitalized,

> Well, I got real mad. I cry, and if I haven't cried enough, I'll think about other sad things like my children will be so terribly lost if I die. I just need to cry a lot to get it out because it's not like I can resolve it or change it. (Participant A)

"During my treatment I felt terrible. I felt it was overwhelming. When I felt overwhelmed I would go to church or lock myself up in my room and cry for a short while. My emotional release was by crying." (Participant H)

Participant M explained how her cancer experiences had changed her attitudes even three years later:

> Almost three years into my cancer now--I still have mood swings about it. I'm still twice as moody as I was before. I still have aches and pains that I blame on the cancer or on the treatment or that are different than I was before. My personality is not quite the same as it was before. I'm probably a little more serious about life than I was before. (Participant M)

Participant B shared a story about her husband describing her feelings to his mother and father. This story illustrated that Participant B was annoyed at her husband's painting too rosy of a picture, his answering for her regarding her moods, and their ability to discuss their situation:

> You have down times. I remember one time hearing G. [her husband] talk on the phone to his mother and father, 'Oh, she's doing so great. I'm so proud of her. Da, da, da.' I said to him, 'What makes you think I'm doing so great?' Because I was having a real down mood right then, you know, and it shocked G. He said, 'Honey, but you are.' And then I was, but it--you know, sometimes I think you try to stay up so much that you've got to have those down moods too. You have to sometimes. (Participant B)
>
> I've had days. I've had several days that I cry.

> I had one really bad pity weekend. The whole weekend. I laid around all weekend and cried and felt sorry for myself, but I only had one really bad pity weekend....And I have had pity time. Not a lot of it, because--in my case--it didn't really help me any. About the only thing it really does is relieve some of my tension. But not very often. (Participant G)

"I remember crying. Before the first surgery, I remember crying, lying in bed with B. [her husband] and crying. That was--but once we got it taken care of, I wasn't depressed afterwards. I think we've done pretty well." (Participant C)

Participant D described her expression of feelings with her husband as, "But we have had some moments that we've been out of control where we have just gotten emotional, but I think that is normal." (Participant D)

Connection of She Who Knows

The theme of Connection includes interrelating with family, friends, self, and God. The knowing and valuing of relating to both the human and the supernatural in a meaningful way permeated all the themes in this study. A multitude of dimensions evolved from this theme--experiencing others' expressions of support and caring, feeling loved and needed, knowing loneliness, giving and

receiving, self-nurturing, validating experiences with other women with breast cancer, and experiencing the closeness and presence of God. The ability to make connection formed a rich and meaningful nucleus for inner strength for the participants. The three subthemes that emerged were: (1) Connection with Family and Friends, (2) Connection with Self, and (3) Connection with God.

Connection with Family and Friends

"My family is a great support. They are so precious to me. They were always there." (Participant F)

" I guess I'm aware of the fact that I may not live as long as a friend who is my age who has not had it. Therefore, I value that time and my relationships more than I did." (Participant C)

> And I probably talk to my kids twice as much as I normally would....I've never felt isolated. I didn't have time to--or at least I felt I didn't have time to feel isolated, or the energy to feel isolated. Unbelievably good friends. Just incredible. That has been a real revelation to me, what people will do. Unbelievable. I'll be eternally grateful for that. That makes you kind of squishy inside. It really does. (Participant I)

Participant L shared how important it was to her after her mastectomy that her friends would bother to hit tennis

balls with her: "I would say I think having friends that would come and hit tennis balls with me was a big factor in my recovery when, you know, you couldn't really play. I mean, I could hit balls, and that was important." (Participant L)

Participant E emphasized how meaningful the breast cancer support group and her physicians had been: "If I had to move away and leave the group and Dr. K and Dr. C., because those guys are my lifeline, that would be devastating to me because I would feel like I really was all alone." (Participant E)

> I think during the time immediately following my surgery, chemo and radiation I was keenly aware of spending time with my family. I find now that I'm slipping back into my old ways of working the extra long hours and not spending quite as much time with family as I was before. But I am more aware of the time that I don't spend with them. I make a point to call my daughter every day. I make a point to tell my son I love him. (Participant M)

Participant D described her relationship and sexual intimacy with her spouse as:

> I felt somewhat inhibited or embarrassed having J. [her husband] see me after my mastectomy. He made

> me feel more confident. He just kept telling me he didn't marry me for my breasts. It was always clear to me that we would eventually resume our sexual activity. So much time passed between each close encounter. From the time I started treatment to the present we've had very few intimate moments. Once my counts were stable we began to try and have sex again. The will was there, but the way has been hard. For me it was like starting over. Physically it was very uncomfortable, but we've learned to use vaginal moisture creams to make things easier.
>
> In times that sexual activity was taboo, we could always find some way to stay close--being with each other, hugs, kisses, etc. Our love has become stronger because of this experience I've had with cancer. (Participant D)

Connection with Self

Participants often described a change in themselves that encompassed increasing the time spent on themselves, putting themselves first, doing things for themselves they would have not done before, and saying no to what they did before and didn't want to do. Participants experienced not only an increased sensitivity to others, but also to themselves.

"That's kind of where I'm at, just kind of doing something special for me and kind of letting go of being a professional cancer person." (Participant A)

> I'm really trying to take better care of myself. I never paid attention. I mean, when we came up here four years ago, I didn't go to the doctor. I would probably still not have gone to the doctor if I didn't find that lump. I was just real careless about it all my life. The dentist, the same thing. Well, I'm not anymore. I faithfully keep my doctor appointments. I faithfully keep my dental appointments....I'm trying to be healthy. (Participant E)

"You do things to treat yourself. You know, I've never had my nails done, so I thought I'll start treating myself and have my nails done." (Participant B)

> I can actually say no now to some things that I didn't before and I don't feel guilty about it now. I can deal with that now, but before I'd feel guilty. But now I can do that. It's not that I'm doing anything different, but I just look at things different. (Participant D)

"I think you have to be aware and learn that if I don't take care of me, I can't expect anyone else to." (Participant C)

"I pay attention to my body....You know, people aren't cautious until it happens to them. Unfortunately, I was the same way. But now I pay attention. I'm conscious of everything." (Participant G)

"I think a person's biggest thing is having faith in your own self....Your own self takes in a lot of territory. That's where I think it is. If it would break out tomorrow, I'd still feel the same." (Participant N)

" I respect the hell out of anybody for sticking through this. I do. You know, myself included." (Participant O)

"I probably have done what I felt like was better for myself--used my head more about myself. I've learned how to say no and not feel guilty about it, like I probably should have done for a long, long time." (Participant J)

Connection with Self is best summarized by Participant E as:

> I was determined that I was going to do what I wanted to do for me from then on and that was one of the things that I made up my mind to right away. From now on I'm going to think about me first and quit worrying about everybody else. (Participant E)

Connection with God

Clearly, facing breast cancer is a challenging experience. Participant A declared, "Breast cancer is a

very annoying disease and it's not gone yet." One of the notable themes in the interviews was the spiritual or religious dimension of human experience. The women seemed to focus beyond the immediate context of daily life and utilize spiritual transcendence to abstract meaning and peace of mind from stressful experiences. Spirituality was a source of meaning and strength, and 12 of the 15 participants reported a meaningful connection with God throughout their experiences with breast cancer. The other three participants said religion was not an important connection for them, but they respected religion as very meaningful for others.

> Religion has been a part of what has helped me. I don't doubt God, but He can't read the books or do the treatment for me. God has helped me, given me a lot of breaks....Not a deserving, but a statistic. I have done better than people expected. I have prayed to get better. I never thought the cancer was a punishment, or God's fault. When I had the spot on my lung I prayed, 'I know You can take it away. If You want to, You can do this for me.' (Participant A)
>
> I believe all my faith and prayer is what allowed me to accept what was happening....During my chemo treatment I would feel ill. I would lie down for a short while because I felt like I was burning up

inside. Then I would go to the church and cry and pray. I would go for about a half-hour daily, and I never asked God why or to heal my illness. I prayed to God to give me courage to accept what was happening to me. (Participant H)

I was born into a Christian family. It's been a source of strength. Gosh, everything that you have no control over, then you ask God. Then He makes-He paves the way. So that's a big source of strength because He does everything in the world that you can't do. (Participant P)

Participant F described a sense of stillness and presence with God as:

When you go through a time like this, you're so much closer to the Lord than you are any other time. It's just a fact. And I was able to see God working in so many different ways in my life and my family, my son, my whole family. There was just little special things that I could see God doing in their lives. From my situation, I don't know. But I was able to see it. I don't know if it's because of my condition or what, but I could just sit back and see God working in their lives and in my life too. It's amazing. It's just like--I don't know--He revealed it to me or I was still

enough I could pay attention. I don't know, but it's neat. (Participant F)

Well, I prayed. I think that's probably when it hit [at the point of lymph node surgery], though, that I had a hard time. I didn't know what to pray for and I remember G. [her husband] and I talked about it and I said, 'I've never had any problems praying for my children or my family or my friends'. Yet, when I hit this period I couldn't pray....Eventually I did lots of praying. A lot of praying. (Participant B)

Participant C shared how her faith helped her through a reoccurrence of cancer:

I have a tremendous faith. My faith is extremely strong. I cannot imagine how in the world anybody could get through one of these things without having a tremendous faith in God. I know that whatever happened, it would be alright....When the cancer came back after those eight years, I wasn't thrilled with that and I know that's doubly scary. Once again, I felt so blessed that it was detected when it was very, very small and it had not gone anywhere. I had faith; it got me through it. (Participant C)

Some of the participants who were not regular church members still expressed a spiritual connection with God:

> I think you have a new awareness of God when you go through this. I don't necessarily think you have to sit in a church to have it. I think that it just happens to you. I don't even know how to explain it. You're certainly thankful for every day that you're here. I mean, I get up in the morning and I look outside and I say, 'Thank God, for letting me be here another day and to deal with whatever I have to deal with.' Some days I wonder why He's got me here dealing with some of these things. (Participant M)

> I'm not a real religious person. I mean, I'm religious but I don't go to church on Sundays like I should and I don't pray all the time. I have prayed while this is going on, but mostly I think that God is to me not like a person. God is everything to me. I think that He helps everybody, and if you need help, He's there. During all of my chemos, I felt like I wasn't alone. I felt like there was somebody there....I know that while I was doing it, I wasn't by myself. I know that somebody was there whether I was praying and asking for help or not. (Participant G)

Participant L described herself as a regular church member, but she also expressed a sense of spiritual presence by stating, "The church did help, I mean it's there. You always get something from the church." (Participant L)

Movement of She Who Knows

Insights are a mystery. As Newman (1986) stated, "One can participate in them, share them, live them in the existential sense, but they are often not explained by logic" (p. 112). I felt this mystery regarding the movement and growth described by all the women in this study. However, I know I witnessed their movement into the future and resistance against fear and uncertainty. Movement was a choice in their evolution of inner strength.

Many of the participants were physically active in sports such as walking and tennis. However, movement in this theme encompasses not only physical activity, but also feeling processes and a harmony of interaction with the environment. Movement was a critical choice point, and could mean everything from choosing to be still to listen to God, to making an intense decision regarding their shared or coordinated movements with family members.

Physical Activity

Participant A shared a story that illustrates both the physical activity and rhythm of movement, as well as the feeling process, that occurred to make her choose to stop dwelling on cancer:

> I did back up and backed off all these things I had been trying to do and just said okay, I can take a three-month vacation. Well, I liked it so well I

> never went back to work. I didn't want to read any more cancer books. I didn't want to meditate, not that I'm against meditation, but I got away from dwelling on cancer and I found out that was really good for me. I finally broke the spell of dwelling on it, where you can't help but do it. I just started enjoying horses again and bought a new horse and just didn't spend 10 minutes a day on doing cancer things. You know, it's like you become a professional cancer person....I found when I was riding the horse, I was not in pain. I just have such a good time on a horse and if I could ride all day, it would be even better. Even when I developed the heart problem and my heart beat funny, when I'm riding a horse, the rhythm of the horse helped. (Participant A)

Another participant described her decision to buy a house:

> It's just that it [the cancer] has made a lot of difference in my life. I probably would never have bought this house otherwise because it kind of brings you up short and makes you realize that your life is going to come to an end, not necessarily any sooner than anyone else, but it is going to come to an end where before I always felt like I'm going to live forever. (Participant E)

Many of the participants described their individual movement and exercise patterns as:

"I exercise to relax. I walk and go to exercise class three times a week. I exercise a lot." (Participant C)

"The loss of my breast just never did bother me really that much. There's other things in life. You're still alive, I mean, you're still moving--you can do things." (Participant L)

> My main fear was that they may have to remove the pectoralis muscle and I'm a tennis player, so I was very much relieved that they didn't have to do that. I was back walking and back playing tennis a month later, and I've always had full use of my arm. (Participant K)

> My yard is in such bad shape because the stuff has not had any care in the past 14 months. I have always spent a great deal of time working in my garden and just piddling around. I just love to start off each day that way when I was working out there. Of course my house shows it sometimes, but I have fun. (Participant J)

> I do the same activities that I did before. I didn't give up anything. They were amazed at me when they came in the next morning after I had surgery and I was sitting up in bed and doing exercises. Then I stood up and I did like you do when you bowl....I feel just fine

> and I go to the national bowling tournaments and everything. (Participant N)

Harmony with Environment

Harmony with environment characterizes the inner strength the women experienced in making choices that were right for themselves, and harmonizing their rhythms "to the beat of their own drum." An example of a very critical decision that required inner strength to move in the direction of personal growth is shared by Participant E:

> J. [her husband] wanted to come back to me when he found out I had the cancer and I knew before that he was already having second thoughts about the divorce, but that was the third or fourth time he had done this, you know, said, 'I don't want to be married anymore.' I think that I would have given in and gone back and tried again which would have just--we would have never worked. But I was determined that I was going to do what I wanted to do for me. (Participant E)

Participant F experienced movement as the willed composure of the body in silent reflection when she shared her feelings of God's presence in her life as "I was still enough that I could pay attention." (Participant F)

Summary

Based on a qualitative analysis of data, four themes emerged related to describing the participant's experience

of inner strength in living with breast cancer. All the participants described a feeling process of knowing and accepting they had breast cancer, Coming To Know. This seemed to lay the foundation for them to begin developing the strength needed to live a full and positive life. Thus the second theme emerged, Strength Within of She Who Knows. The participants made statements about their personality characteristics and the manner in which they dealt with things that personified a feisty, positive, playful and reflective self. Relatedness to others, self and God encompassed the third theme, Connection of She Who Knows. Having supportive family and friends, giving others a chance to show caring, developing bonds with other women with breast cancer, and feeling God's presence were mentioned by the participants.

Moving dimension changes were evident in all of the interviews, ranging from moving to a contemplative point from which to listen to God to making critical decisions regarding divorce. The theme that emerged, Movement of She Who Knows, personified the inner strength moving, exchanging, harmonizing, and facilitating desired change for the woman.

CHAPTER IV

REVIEW OF LITERATURE

> The letter was the symbol of her calling. Such helpfulness was found in her,--so much power to do, and power to sympathize,--that many people refused to interpret the scarlet A by its original signification. They said that it meant Able; so strong was Hester Prynne, with a woman's strength.
>
> Nathaniel Hawthorne

Differences in opinion exist regarding the question of whether the literature review in a phenomenological study should be done before beginning the study, or after the data analysis. In some ways, the literature review in this study has been an ongoing process. As a researcher, I have functioned in a professional and academic environment where I have done a great deal of reading over the last few years. In the strictest sense, I chose to do the structured literature review for the study after the interviews and data analysis were completed. I came to this decision when I explored the question, "How will the literature review be used to guide this study?" My two objectives of the literature review were: (1) to connect my phenomenologic findings with other findings to discover creative ways themes of inner strength were communicated, and (2) to examine the "fit" of the findings to the results of other studies.

Glaser and Strauss (1967) advised qualitative researchers to maintain a cautious attitude in relation to the literature review. "The danger is, of course, to force the data in the wrong direction if one is imbued with concepts from the literature." (p. 31). Research in the discovery mode would prove fruitless if the researcher closed off analysis based on preconceived ideas. Therefore, the phenomena of interest in the present study was not strictly reviewed in the literature until after the analysis was completed. Pure experience, prior to any interpretation of it, is elusive (Munhall & Oiler, 1986). The aim, nevertheless, is "emancipation from preconceptions" (Spiegelberg, 1976, p. 656.).

Phenomenology aims to describe lived experience and its meaning rather than to define, categorize, explain, or interpret it (Munhall & Oiler, 1986, p. 81). Munhall and Oiler described this principle used by the researcher as "enlargement" of the qualitative expression of findings. Communicating phenomenological findings need not be restricted to narrative descriptions, but can include photographs, fiction, and poems (Oiler, 1980).

The main focus of the literature review was "enlargement" of the phenomenological description of inner strength. The phenomenological perspective would have us think again about what is real in the experience of women

with the diagnosis of breast cancer. By thinking again, we may be able to come to a richer understanding about the women, ourselves, and how nursing can assist. These understandings are directly related to the development of a body of knowledge and the design of quality nursing care. To contribute to a body of knowledge, understandings of inner strength were described through select literature identified and reviewed in four areas: poetry, non-fictional journal and personal accounts of women with breast cancer, empirical studies, and fiction.

The Use of Literature and Poetry in Phenomenology

Merleau Ponty (1964) felt that the tasks of literature and philosophy coincide, in the aim of allowing experience to speak to us. In phenomenologic research, the aim is to make the meaning in experience appear by revealing perceptions. Literature can give us privileged access to perception. The major benefit of examining imaginative literature is the opportunity to grasp meanings not otherwise clear in our direct experience (Oiler, 1980). Understanding another's experience is advanced by literature or storytelling when it provides us with expressions for reflection with at least some of our habitual meanings bracketed. The communication of literature is of enormous value to us in expanding awareness. Images and symbols in literature and poetry speak to us about experience. "Since

it is vision that gives us the best understanding of experience, the words that are used in poetry to express reality give us a clearer view in images than the precise language of science" (Oiler, 1980, p. 123).

Literary works have been a rich source of information for nursing (Oiler, 1980; Watson, 1985, Paterson & Zerad, 1988). "Literary themes are often the same as the human themes that nurses need to recognize: endurance in the face of suffering, the quest for meaning and acceptance of loss" (Younger, 1990, p. 39). The depictions of suffering and other aspects of the human condition found in poetry, drama, and fiction are far more concrete and realistic than those given in textbooks (Paterson & Zerad, 1988). Watson (1985) pointed out that art is a condition of human life and a means of human-to-human contact. Through literature one receives another person's expression of feeling and one is capable of experiencing the emotion that moved the other to express it. Thus a major value of literature is that as metaphor, it confronts one with reality (Younger). In an article supporting the use of classical literature and poetry to describe experiences for survivors of life's ordeals, Woodruff (1991) stated, "I insist that imaginative literature can represent the truth of an ordeal in all its complexity" (p. 22). Woodruff further explained that the creations of the poet and author provide an imaginative

background against which we can begin to make sense of things that otherwise would simply appall us. The importance of literary works to nursing is that they liberate the intuitive, connected knowledge of human responses. Literature links us through the timeless experience of others. Thus, the following selected literary works from poetry, journal and personal accounts of breast cancer, empirical literature, and fiction offer a way to communicate the phenomenologic findings of inner strength and to gain understanding of the human responses of women with breast cancer.

Poetic Expressions of Inner Strength

May Sarton (1988) acknowledged the deep feelings that both the poet and poetry elicit:

> The poet lives on peril and to give
> Joy from his pain, a curious kind of love (p. 56).

The following selections express descriptions of the first theme, "Coming to Know." The initial shock, numbness and fear is portrayed in the following two poems written by women with breast cancer:

Healing

> Cancer surprised me as it does everyone else. When it came, I had to ask: What are the voices in me which say, "Die," and which are the voices which say "Live!" (Metzger, 1988, p. 1).

As the woman confronts her diagnosis and treatment procedures, the human desire to reconnect with her body, her deceased mother, and her family is captured in this poem:

Before Surgery

Tomorrow I go to the hospital,
Mother I wish you were here.
The doctor calls the cutting
he will do
"modified" and "radical"
twin words, a pair
that break on one another.
He's scheduled a bone scan.
My bones that formed in you,
my breast that they will take.
There's a connection
that I need to make again.

Men touch our breasts;
they say they "know" us,
but something slides away.
My husband cannot work.
He loves me,
he is afraid,
he cries.
I've asked our friends
to care for him.
Our daughters know.
I'm petrified.
I love my body
and my life.

Tomorrow I go to the hospital.
Your death is a distance, Mother.
Come here, and hold me now (Lohmann, 1988, p. 8).

This "Knowing and Accepting" of the challenge of breast cancer seemed to grow with the acknowledgment of difficulty and living with uncertainty. This uncertainty is described by May Sarton (1988) in her poem:

To Those in the Limbo of Illness

You who have been here before,
Waiting,
Not knowing

Not living,
Not dying.

Waiting

While hope, the open wound,
Bleeds
Its life-giving
Life-exhausting
Blood

In this limbo
Must love
Become an arc?

For the arc
It has come to me,
Transcends
What it embraces (Sarton, p. 38).

Despite living with this limbo of illness, the participants took up the challenge with a resilience and defiance to live a full life. This is expressed by Deena Metzger (1988) at the completion of her poem:

Healing

> I had to see the disease as metaphor, interpret it, and act accordingly. So I changed my life, I learned how to protect myself better from the lethal elements in the environment, I learned to distinguish the external and internal enemies, to define all my allies. I mobilized a healing community, and finally I used the imagination as a major tool for healing (p 1).

The perseverance and robustness that personified inner strength is described in the next two poems in terms of very different sources of feelings. Sarton (1988) described the

zest for life, "the inexhaustible flame," that was modeled by her mother's life. Metzger (1988) described the battles she has won with breast cancer.

August Third

These days
Lifting myself up
Like a heavy weight,
Old camel getting to her knees,
I think of my mother
And the inexhaustible flame
That kept her alive
Until she died.

She knew all about fatigue
And how one pushes it aside
For staking up the lilies
Early in the morning,
The way one pushes it aside
For a friend in need,
For a hungry cat.

Thinking of you
The old camel gets to her knees,
Stands up,
Moves forward slowly
Into the new day.

If you taught me one thing
It was never to fail life (Sarton p 22).

Never failing herself or life, Metzger (1988) described how she personified her mastectomy scar to become her tree of life.

I Am No Longer Afraid

I am no longer afraid of mirrors where I see the sign of the amazon, the one who shoots arrows.
there was a fine red line across my chest where a knife entered, but now
a branch winds about the scar and travels from arm to heart
Green leaves cover the branch, grapes hang there and a bird appears.
What grows in me now is vital and does not cause me harm.

I think the bird is singing.
I have relinquished some of the scars.
I have designed my chest with the care given to an illuminated manuscript.
I am no longer ashamed to make love. Love is a battle I can win.
I have the body of a warrior who does not kill or wound.
On the book of my body, I have permanently inscribed a tree (Metzger, 1988, p. 71).

The next two poems describe the processes of weeping and humor for two women with breast cancer. Despite the fact that the study participants were generally very positive, they also described a very open expression of all moods and emotions.

The Weeping Place

Her self
lost to herself
she has gone
to confront the high
priestess, Necessitas.

There
in that distant
weeping place laired
with unspeakable sorrow
she will battle
the lustful bruise, waiting
to snare her with pity--struggle
in the red darkness.

Alone
ferry herself across
the mirrored chasm.

She will lie
in her own shadow
a seedling waiting to stir

learning
what she already knows: how change
risks growth, pain springs wisdom
(Gottlieb, 1988, p. 65).

The healing power of laughter is described during this event by a friend of a woman with breast cancer:

Does It Eat Too?

Anne's first night out
in full prosthesis
salad drops down front
laughter dissolves us
almost to tears
tension eases
after months of fear
(Gale, 1988, p. 35).

Very deep feelings of connection with family and friends were described by the study participants. Women with breast cancer, as well as those who love them, are forced into the cataclysmic changes that are associated with breast cancer. However, there was little despair, and much love, expressed by the women in the interviews. May Sarton (1988) described these feelings in a poem about AIDS, but it is just as appropriate for breast cancer.

AIDS

Closed lives open to strange tenderness.
We are learning the hard way how to mother.
Who says it is easy? But we have the power.
I watch the faces deepen all around me.
It is the time of change, the saving hour.
The work is not fear, the word we live,
But an old word suddenly made new,
As we learn it again, as we bring it alive:

Love. Love. Love. Love
(Sarton, 1988, p. 36-37).

Journals and Personal Accounts of Breast Cancer

To read personal accounts of women with breast cancer is not a painless experience. If it were, it would not be

honest and would not serve a valuable purpose. Still, the selected journals reviewed are uplifting. The shared experiences are written "to give joy through their pain" (Sarton, 1980). The experiences of the women are full of hope, quiet reflection, and deep love for family and friends.

Susan Moch (1990) reported that "limited research on the experience of breast cancer from the women's perspective is available" (p. 1427). A literature search for the present study confirmed Moch's report. However, literature related to journals and personal accounts of breast cancer are more available and more telling. Women shared their full range of experiences and feelings in their journals both to help themselves, and to help other women. Jill Ireland (1987) related why she began her journal with this explanation:

> When I was told I had cancer, I would have loved to talk to someone who had the disease. I had watched several people close to me suffer from cancer, but unhappily none of them survived. It helped me through my initial terror that Happy Rockefeller and Betty Ford had overcome breast cancer; they were walking around now smiling and healthy, weren't they? I clung to this: if they could do it, so could I.
>
> I am grateful to those two women for being publicly candid about their personal battles with cancer. It made a difference to me. With this in mind, I started this book as a companion for anyone unfortunate enough to be going through the isolation of catastrophic illness.
>
> I intended the book to be helpful to others, but it

> soon became my companion, a means of self-discovery and personal growth. For seven months it seemed to write itself. Each day I awoke and was able to cast off the miasma of being a cancer victim with the knowledge that awaiting me downstairs along with my morning cup of tea was a brand-new yellow legal pad and a clear plastic Ziploc bag filled with a multitude of brightly colored felt-tipped pens (p vii).

Following the data analysis, the journals listed in Table 2 were reviewed. During this review, the significance of the present study and the pursuit of answers regarding the research question of how women with breast cancer developed their inner strengths was considered and reconsidered. The existing journals asked the research question (albeit indirectly), and the women sought solutions to this question of how to develop inner strength. I concluded the review and volumes of reading with the following observations:

1. The experiences recorded in published personal journals is more contemporary and plentiful than research by the scientific and nursing community.

2. Humility is needed to remind oneself that these journals indirectly collaborated the findings of the study, and that this is more valuable than the egotistical desire for "a new discovery."

Limited research has been conducted on women’s strengthening experiences in living with breast cancer. The need for an increased body of knowledge on the recovery period for women with breast cancer was confirmed by Dr.

Susan Love (1992) when she reported that, "the hardest time psychologically is after the treatments are completed" (Wadler, 1992, p. 179).

The selected journals came to my attention in a variety of ways. The traditional method employed first was a library search, which provided listings of many of the journals cited. However, other journals were located through recommendations from a dissertation committee professor and an English teacher who knew I was researching women with breast cancer. One participant in the study shared during her interview that she kept a journal during her bone marrow transplant, and she offered to let it be used for citation in the study. She actually seemed pleased to do anything to assist me in my research, or to help someone else who was experiencing breast cancer. One book was a remarkable "find" on a discount table in a book store. To me, this illustrates the fact that research literature reviews, especially research on women, can be far more than merely an academic literature search.

The journals reviewed were selected for inclusion in the study for the following reasons:

1. The descriptions of the experiences of each author living with breast cancer illustrated and communicated a theme of inner strength.

2. An attempt was made to survey journal experiences from women in a wide range of social, economic, and lifestyle situations. The diverse environmental background seemed to provide a wider foundation for the study findings. Essentially, inner strength in living with breast cancer was a binding thread interwoven through very diverse lifestyles.

A summary of reports on the authors of the selected journals and personal accounts of breast cancer are also included in Table 2 along with related information about experiences of inner strength from this literature.

TABLE 2

BRIEF DESCRIPTION OF AUTHORS AND RESEARCHER'S PERSPECTIVE

ELEANOR BORNEMANN (1984). Eleanor was asked to give her personal experiences with breast cancer as part of a medical textbook on care of patients with breast cancer. Eleanor is a registered nurse and is married with three children. She stated her story "actually started 20 years earlier" (p. 171) when her mother learned she had breast cancer. Eleanor was a freshman in nursing college at the time. Eleanor had a bilateral mastectomy for lobular cancer, and reconstructive surgery with implants at the age of 38.

RESEARCHER'S PERSPECTIVE. This personal account of breast cancer was of special note because it was included in a text that otherwise was very medically oriented. Eleanor's account really added the human side of breast cancer to the textbook. Her personal background with children and family history of breast cancer collaborated with the stories of the study participants, many who shared these characteristics. Eleanor's career added a different touch to the combination of personal and professional roles. She shared, "I am also in a work situation that allows me to encounter frightened women with breast cancer. Now I can sit quietly with my sisters. I can comfort, console, and instruct; best of all, I appear healthy and that is reassuring to them. I truly love these women. I pray for them and wish them well" (p. 190).

HELEN C. HARRELL (1972). Helen wrote a short article of her experiences with metastatic breast cancer in the American Journal of Nursing. At the time, Helen was a nurse working as a director of education of a vocational nursing school. Helen shared that from the moment her physician told her she had metastatic breast cancer she was frozen with fear, and she prepared herself to die. Two years later, she became active in the American Cancer Society and she started to become aware of a rebirth in herself through helping others with cancer.

RESEARCHER'S PERSPECTIVE: I felt this short article was of special merit from a historical perspective to compare the level of awareness and information on breast cancer women have today. Helen reported a void of information regarding her emotional recovery and care, that I would hope has improved. Nevertheless, in 20 years little nursing research has been done, and this helps confirm the need for studies such as this one.

JILL IRELAND (1987). Jill Ireland seemed to have everything: a film career, seven children, a lavish house in Bel Air, a horse farm, and a loving marriage to the movie star Charles Bronson. Then she learned she had breast cancer, requiring a radical mastectomy. Jill worked very hard to do whatever might help her to feel good about herself and take responsibility for her recovery. At the completion of her book, Jill was in remission. Unfortunately, she died a few years later from breast cancer.

RESEARCHER'S PERSPECTIVE: I was very reluctant to include personal accounts of breast cancer from women who were famous because I felt their circumstances might be too removed from the everyday experiences of most women with breast cancer. Jill Ireland's journal seemed the exception, and was full of honest feelings, good and bad moods, and was not written from the viewpoint of just what the public wanted to hear from a movie star. I was very touched by her journal, and at times found it very painful because I "knew the end" when I was reading the beginning of Jill's experiences with breast cancer.

DEBORAH KAHANE (1990). Deborah learned she had early stage breast cancer at only thirty-one years old. As a social worker she was well educated about the disease. Deborah is a writer and health educator who often lectures on the importance of early detection of breast cancer. She is married with no children. Deborah interviewed 10 women with breast cancer from diverse backgrounds, and shares their stories of commitment to making life full and fun. The enduring message is that women diagnosed with breast cancer not only are more capable of coping than society expects them to be, but they are also stronger for having taken the journey.

RESEARCHER'S PERSPECTIVE: Interestingly, qualitative research was never mentioned in this book, but it could have easily been structured as such. The stories of the 10 women were consistent with the themes of inner strength shared by my study's participants.

JIM AND LYDIA MESSER (1992). Lydia is a 43 year old woman who had a bone marrow transplant as hope for a lasting recovery from her breast cancer. She and her husband wrote the journal at the suggestion of a best friend when they entered the hospital. The journal accounts are very emotional and telling. Lydia is recovering in full force at home with her husband and teenage daughter. Lydia shared that she sometimes wishes she had continued writing in her

journal, but once released from the hospital she was just too busy to keep up with it!

RESEARCHER'S PERSPECTIVE: The Messer journal, and its authors, are especially dear to me, as I have interacted with this family through my work with a breast cancer support group. No matter how many times I read it, I still cry. Many experiences of inner strength are evident in their story. The journal is of special merit because it is written from the perspective of both patient and spouse.

MAY SARTON (1980). May Sarton is an accomplished author and poet who lives out her life in solitude at her beach home in Maine. She began writing a journal to help herself recover from depression resulting from the loss of her lifetime female lover, who was admitted to a nursing home due to senile dementia. During the same year, May underwent a unilateral mastectomy for breast cancer.

RESEARCHER'S PERSPECTIVE: While all the journals are significant pieces of women's literature, Sarton's journal is a masterpiece. May Sarton's talent and sensitivity, in addition to her years of writing experience, make the journal stories very beautiful. I always feel a sense of inner strength that is characterized by solitude and nature in her writings, but she is also a woman very connected to her female friends. May Sarton's works are sensual, but never sexual. Her lesbianism is not overstated in her works, but it is very evident from the journal she loved and missed her companion dearly. Her experiences with breast cancer seemed minor compared to the loss of her lover.

SHELLEY E. TAYLOR (1983). Shelley Taylor wrote an analysis based on the responses of 78 women with breast cancer that she intensively interviewed over two years. She explored the three issues of the search for meaning, gaining a sense of mastery, and the process of self-enhancement with the women.

RESEARCHER'S PERSPECTIVE: Taylor's article was written to propose a theory of cognitive adaptation to threatening events. However, since she interviewed 78 women with breast cancer and included many excerpts from the interviews, it is also worth merit to explore the examples of inner strength shared by the women. Again, I think if this article were published today, the qualitative methodology would be much better appreciated and the findings communicated as such.

<u>JOYCE WADLER (1992).</u> Joyce Wadler is a former New York correspondent of the <u>Washington Post.</u> At the time her cancer was diagnosed, she was a senior writer at <u>People</u> magazine. Joyce's story, <u>My Breast,</u> is a very human one that combines a journalist's investigating mind and a witty way of seeing the world. Joyce is single and lives in New York City.

<u>RESEARCHER'S PERSPECTIVE:</u> Joyce's story is very informative and entertaining. She is talented at telling what it really <u>feels</u> like. A single woman with breast cancer may find this journal easier to associate with, as Joyce shares her trials and tribulations with her lover, and the loyalty of her best friend, Herb.

TABLE 2 (cont.)

AUTHOR	SHARED EXPERIENCE
Bornemann (1984)	Stronger bonds with self, others, and God Opportunity for personal growth

I realize that, in spite of some physical and emotional abuse, the overall experience was good. The people around me, both medical and nonmedical, showed great support and love, and I myself grew. I was forced to go beyond the superficial knowledge I had of myself and find out if I were really going to be able to make this journey. I found that my belief in God gently held everything together, allowing me to go from one day to the next, allowing time to heal the wounds caused by fear, and allowing me to accept the love and care offered (p. 176).

Harrell (1972)	Helping other women with breast cancer Greater respect for life Open personal expression An increased empathy New awareness of personal potential

At this point, perhaps I did the only selfless act of my entire life: I began helping other women so they would not suffer this kind of agony. Gradually, I became aware of a rebirth of myself.
Cancer took my breast but I'm left with a greater respect for life, an articulate tongue, an increased empathy for the sick, and a new awareness of my personal potential. I would like to tell you that I've whipped the fear--it isn't true, but at least I recognize the face of fear and most times can banish it with productive action (p. 677).

Ireland (1987)	Decreasing stressors in lifestyle Being slowed down and relaxing more Strengthened will to battle cancer Increased strength in self

In spite of all, I have flourished like a weed. I haven't had reconstructive surgery--I no longer miss my right breast. In 1985, I co-produced the motion picture...
Ever grateful to the summer of '84, I have learned that it's possible to survive great stress. The important thing is how you handle it. I know now that that is what counts most. Surrounded by my family and good friends, I cherish my life, always mindful not to let my guard down. The fight must be continued (p. 294).

TABLE 2 (cont.)

AUTHOR	SHARED EXPERIENCE

I don't mean to underestimate how much love and support I received from my husband and children, but it was simply that I needed more than even they could give. I was much too needy at times. No one person could have ever been everything to me. The most important person is the self--to learn to live with your own feelings and not to insist the person closest to you fully understand (Ireland, p. 259).

Kahane (1990)	Positive change in image and identity Took charge of their life Women started owning their own life Enhanced quality of life

Though having breast cancer is a traumatic experience, the crisis provided each woman an opportunity for growth and the development of a broader definition of femininity. By living through and with breast cancer, the women found new strengths and new meaning not only in their femaleness but in their humanness. Cancer placed their self-worth in a new perspective; it redefined and enlarged on what being a woman meant to them: to be caring, nurturing, assertive and strong, and committed to making each day of life count (p. 7-8).

With breast cancer, a woman starts owning her own life (p. 244)

Messer (1992)	Deep love and support with spouse Positive outlook Resilience Dependence on spiritual strength

People look on chemo as a painful process; I look on it as a ray of sunshine, a cleansing bath of nutrients that will allow L. (his wife) to grow old with me and R. (daughter).

Each day I ask for the strength to carry on.
I thank God my body is renewed and strengthened and I have minimum side effects. With positive thinking all will stay that way. Would like nothing better than to prove I can do it despite the odds.

TABLE 2 (cont.)

AUTHOR	SHARED EXPERIENCE
Sarton (1980)	Opportunity for growth Bonding with self and friends

You can't lump people together in a large inchoate mass, for that is to diminish each one's selfhood. No two loves are alike, no two deaths, and no two losses: these are the paths we travel alone.
What the mastectomy does to each individual woman is, at least temporarily, to attack her womanhood at its most vulnerable, to devalue her in her own eyes as a woman. And each woman has to meet this and make herself whole again in her own way (p. 131).

AUTHOR	SHARED EXPERIENCE
Taylor (1983)	Increased self-mastery Becoming more introspective

The themes around which such adaptations occur include a search for meaning, an effort to gain mastery, and an attempt to enhance the self (p. 1170).

AUTHOR	SHARED EXPERIENCE
Wadler (1992)	Greater appreciation of life Improved balance of work roles and time with family and friends Humor

Lucky not just because in the time of the great breast-cancer epidemic mine was so benign; lucky not just for the middle-class privilege that bought me my medical care, but for the terror of the ride. Nothing is real until you are close to it, and for a few weeks I was given something few people have: a dress rehearsal of my mortality. And, while it has not made me a model of mental health, though I remain tempted by the drama and dangers of espionage agents and ladies' men, it changed me. Death, I now see, may not come whenever it damn well pleases. All I can control--for whatever fight I put up should a cancer make a comeback--is the time between. So when I see something I want, I grab it. If the tulips are particularly yellow, I buy them. If Pavarotti is in town, I make a run to the Met and work the crowd for a scalper. I make time for my friends the way I used to make time for work. If someone treats me disrespectfully, I leave.
As for the mark on my left breast, I am happy to have it. It is the battle scar over my heart (pp. 165-166).

Empirical Literature

Research related to women's health within the experience of breast cancer is limited. Research related to other aspects of cancer and other issues of breast cancer were also reviewed in the literature. Table 3 includes a summary of the selected research studies where the objectives of the study or study findings relate to the present study. The author's type of research, their sample and findings are outlined.

While the health-illness continuum is becoming outdated, a "health-within-illness" perspective of illness as an event that can accelerate human growth is developing (Jones & Meleis, 1993). Nonphysical dimensions of being--psychological, social, and spiritual, for example--may grow or strengthen during the experience of an illness or transition (Jones & Meleis, p. 3). Studies (Kennedy et al., 1976; Newman, 1986; Reed, 1986; Moch, 1990; Coward 1990, 1991; Gavzer, 1993) explain how individuals may emerge healthy rather than vulnerable following an experience such as breast cancer. There is increased evidence that illness stimulates personal growth (Jones & Meleis). Inner strength developed during a woman's experience with breast cancer may broaden her adaptive capacity, improve her well-being, and also become available to her in future situations.

Table 3: Research Studies

Author	N	Type of Research	Sample	Findings
Coward (1990)	107	Correlational design Structural Equation Modeling with EQS	Women with Breast Cancer 7=stage IIIb 100=stage IV	1) Self-transcendence; decreased illness distress through the mediating effect of emotional well-being. 2) Strong positive relationship between self-transcendence and emotional well-being (beta = 0.69)
Coward (1991)	5	Qualitative Phenomenology	Women with Stage IV Breast Cancer	1) Found a sense of purpose and self-worth by helping other women with breast cancer 2) Were receptive to help from others 3) Experienced their environment more fully 4) Accepted circumstances that could not be altered 5) Reached out and found new activities
Gavzer (1993)	16=1988 13=1990 6=1993	Descriptive Interview	Individuals with AIDS followed since 1988	While the people differ greatly as individuals, they had the following in common: 1) the grit, pluck and courage to face up to almost anything 2) spiritually and irreverence, which includes an ability to laugh at oneself 3) a feeling of being chosen for an important mission

Table 3 continued

Author	N	Type of Research	Sample	Findings
Kennedy et al. (1976)	22	Descriptive Correlation	8 Female, 14 Male 22 patients with cancer remissions compared to 3 other groups. 3 Females had Breast Cancer	Female cancer patients were found to have less stress, to value relationships, be active in treatment, and saw herself as more potent.
Moch (1990)	20	Qualitative Phenomenology 2 open-ended interviews	Female ages 38-60 Diagnosed with breast cancer within 4-18 months	Three themes: 1) Changing relatedness - increasing richness in relatedness 2) Identifying meaning in the experience 3) Adding new perspective of about life Supported theoretical perspective of health within illness (Newman 1986)
Reed (1986)	114	ANOVA to determine differences between religiousness and index of well-being	57 healthy adults were matched with 57 terminally ill adults - 13 had breast cancer	The terminally ill group indicated a moderately high level of well-being similar to that of the healthy group. The terminally ill group indicated significantly greater religiousness. Being both female and terminally ill contributed significantly to greater religiousness.

Table 3 continued

Author	N	Type of Research	Sample	Findings
Rose (1990)	9	Qualitative Phenomenology	Nine women who responded positively when asked whether they have the experience of inner strength in their lives	Articulated the inner strength of embracing vulnerability of intimate authentic interrelating, of using humor, of being true to themselves, of centering and balancing, of becoming self-aware, of being quiet and calm, of knowing and experiencing capacity, and of seeing and understanding the whole of situations while remaining cognizant of the intricate compounding factors.
Ward et al. (1992)	38	ANOVA to determine differences in depression scores(CESD) at start and completion of treatment	Females ages 33-68, 30 with stage II 8 with stage III breast cancer	Thirty percent of the women reported termination of treatment was upsetting. Those who were most depressed at the end of treatment perceived their disease as chronic rather than acute. Some women stated they were upset by the termination of treatment per se, but many other problems were reported, including treatment -- related side effects.

Participants of the study described their experiences of inner strength in living with breast cancer. Inner strength for the woman with breast cancer encompasses coming to know and accepting her diagnosis; developing the inner resources of strength such as positive attitude, humor, and intuitive self-awareness and self-expression; enhanced connection with self, God and others; and movement of the body, mind, and spirit. Support of these findings were evident in poetry descriptions, journals and personal accounts of women with breast cancer, and research findings (Kennedy et al., 1976; Coward 1990, 1991; Moch 1990, Rose 1990, Gavzer 1993). More research needs to take place to clarify and define the phenomena of inner strength. The supportive literature all seems to be saying much the same thing, but in so many different words and different ways. The final section of the review of literature examined the portrayal of women's inner strengths in fiction. The fictional characters help focus the themes of inner strength.

Fictional Literature

Inner strength is personified by three women in literature, one true account of a daughter reminiscing about her mother (Sarton, 1980), one a archetype of the "wild woman" (Estes, 1992), and one classic literary portrait of a strong woman who came to be respected and revered by the

same people who had ostracized her for adultery, interestingly, by placing a mark on her breast (Hawthorne, 1850). The three sources were selected for the following reasons:

1. The characterization of these women typified the concept of inner strength. "Strong" was actually used in the descriptions of these characters, in addition to the actual personification of inner strength in their behavior.

2. The characterizations come from diverse authors, literary genres, and time periods in history. The three factors helped create a universal illustration of inner strength.

<u>"Her strength came from very deep."</u>

Given that stereotypes for both women and individuals living with illness is one of weakness, dependency, and difficulty, May Sarton's (1980) description of her mother illustrates a life that remained rich and open throughout ill health, the type of life also described by the study's participants. May Sarton and her mother had experienced together "the wonderful sharing of living and dying." She described her mother in this way:

> The whole day yesterday was a celebration. After a rest that afternoon I went out into the garden and picked a sumptuous bunch of red and gold and orange calendulas, zinnias, and one or two crimson cosmos and

> white nicotiana, and then a little bowl of raspberries, thinking all the time of my mother and the joy she would feel if she knew I am in such a beautiful place, thinking of her not so much as a mother but as herself, a unique human being. The letters show her endless struggle against ill health but everyone who knew her thought of her as always as a vivid, life-enhancing person, never as "frail" or often ill as she was, and that in itself is wonderful to contemplate. Where did that fresh spring of courage and joy that never went dry come from? Rosalind Greene wrote to my father when she died, "The truth of her nature gave out an undimmed light--and all her love of beauty. and of persons, was made poignant by this imperishable integrity." Her strength came from very deep and had nothing to do with discipline or control. She never became a character, set in her ways, but remained to the end a nature, rich and open to life, able to deal with radical change and to welcome it (p. 150).

"The Wild Woman carries the bundles for healing"

Clarissa Estes, Ph.D. (1992), Jungian analyst and storyteller, described how woman's vitality can be restored. She believes within every woman there is a wild and natural creature, a powerful force, filled with creativity and ageless knowing. Her label is "Wild Woman," but Estes feels

this woman is rarely seen because society has attempted to "civilize" women into rigid roles which has stifled the life-giving messages of our own souls. Without Wild Woman, women become uncreative, trapped, fearful, and over-domesticated. In her writings, Dr. Estes uses folk tales and stories chosen over twenty years of research to help women reconnect with the healthy, intuitive and passionate attributes of the Wild Woman archetype. The women who participated in the study have been able to diminish some of society's stereotypes to listen to the messages of their souls, as they had to struggle to reconnect with healthy and passionate attributes to grow through their experiences with cancer. Dr. Estes described a healthy woman, in terms that also characterize the women of the study:

> A healthy woman is much like a wolf: robust, chock-full, strong life force, life-giving, territorially aware, inventive, loyal, roving. Yet, separation from the wildish nature causes a woman's personality to become meager, thin, ghostly, spectral. We are not meant to be puny with frail hair and inability to leap up, inability to chase, to birth, to create a life. The Wild woman carries the bundles for healing; she carries everything a woman needs to be and know. She carries the medicine for all things. She carries

> stories and dreams and words and songs and signs and symbols. She is both vehicle and destination.
>
> To adjoin the instinctual nature does not mean to come undone, change everything from left to right, from black to white, to move from east to west, to act crazy or out of control. It does not mean to lose one's primary socializations, or to become less human. It means quite the opposite. The wild nature has a vast integrity to it (Estes, 1992, p. 12).

<u>"So strong was Hester Prynne with a woman's strength"</u>

Nathaniel Hawthorne's <u>The Scarlet Letter</u> was written in 1850 and set during the Puritan colonization of Massachusetts. Within this historic setting, the novel deals with the issues of individual freedom and the right to choose one's own moral code--issues still of critical importance to society and women today.

The novel opens with Hester Prynne emerging from prison, her baby in her arms, to face public shame as an adulteress. She mounts a scaffold and reveals the scarlet A which she will forever wear. Hester Prynne is an extremely important early model for feminism, totally self-supporting and, most importantly, free-thinking (Friedman, 1984). A feminine paragon of strength, and charitable towards those who have branded her evil, Hester eventually makes herself respected in the community. With time, her letter of

condemnation comes to stand for "Able" in the minds of the townspeople, "so strong was Hester Prynne with a woman's strength." Thus, her inner strength not only transforms herself, but also transforms the souls of those once hard-hearted members of her community.

In Hester Prynne, Hawthorne created the first true heroine of American fiction (Baym, 1986). Hester is a heroine because she is deeply implicated in, and responsive to, the gender structure of society, and because her story, turning on "love," is "appropriate" for a woman. She is a heroine because she has qualities and actions that transcend the gender reference and lead to heroism as it can be understood by anyone (Baym).

"Such helpfulness was found in her,--so much power to do, and power to sympathize,--that many people refused to interpret the scarlet A by its original signification" (Hawthorne, p. 161). In these and many other passages of the novel, the story emphasizes Hester's remarkable strength as well as the fundamentally humane uses of her strength. "Without going beyond the license that Hawthorne allows, one might allegorize Hester as Good Power, which is, after all, precisely what, in the basic structural scheme of all narrative, one looks for in a hero" (Baym, 1986, p. 63). The power is remarkable in that its existence seems so improbable in an outcast woman. Hester has the ability to

utilize her inner strengths as an alternative source of power. Her power could not be denied even in the Puritan world, for "with her native energy of character, and rare capacity, it could not entirely cast her off" (p. 84).

This "Good Power" was very evident in the participants of the study. Just as Hester's power seemed improbable in an outcast woman, power may seem improbable in a woman living with breast cancer. The dominant medical and societal attitude towards women with breast cancer can still be a portrayal of illness and fragility. While breast cancer certainly changed their lives, these free-thinking women were able to create a new normal within themselves by utilizing their "native energy of character," their inner strength. While none of these women would have chosen to have breast cancer, they had made the most of their fates. Hawthorne's (1850) description of Hester's fate and fortunes portrays her journey, and that of the participants:

> The tendency of her fate and fortunes had been to set her free. The scarlet letter was her passport into regions where other women dared not tread. Shame, Despair, Solitude! These had been her teachers,--stern and wild ones--and they had made her strong (p. 183).

In conclusion, this review of literature "enlarged," and contributed to a greater understanding of, the phenomenological description of inner strength.

CHAPTER V

DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

> Our happiness depends
> on wisdom all the way.
> The gods must have their due.
> Great words by men of pride
> bring greater blows upon them.
> So wisdom comes to the old.
>
> Sophocles

A qualitative study was conducted to examine the development of inner strength in women with a diagnosis of breast cancer. The phenomenologic approach as presented by Colaizzi (1978) was used to investigate the women's descriptions of inner strength within their everyday lives. The aim of phenomenological inquiry is understanding, thus the goal of the study was to understand the lives of women as they were affected by the process of living with breast cancer. The experiences they shared illustrated rich, diverse, and at times painful, details of the human aspect of breast cancer. As women living in connection with themselves, others, and God, their happiness did indeed depend on the wisdom they gained as they recovered. The women achieved a high quality of life by drawing from their inner strength (although it may have taken them several years to do so). The wisdom Sophocles wrote of was evident in all the women interviewed, as they told their stories

with truth and humility. Their experiences were touched with sadness about their losses or fears of an uncertain future, but their lives had also blossomed with laughter and relationships. The experiences the women shared gave understanding and meaning to the development of inner strength. Chapter V presents a summary of the research with a "decision trail" for the data collection and analysis with discussion of the findings. Conclusions, implications, and recommendations for future study are also presented.

Decision Trail

I agree with Kristen Swanson-Kauffman's (1986) statement the reason qualitative researchers often fail to share their work plan is because it is difficult to describe such a matrix process. To the best recording of sequencing technique that is possible, the steps that I used to get from my initial curiosity to the final presentation of findings is described here in an outline format:

1. I initially became interested in the idea of inner strength in women with breast cancer four years ago through my work as a facilitator of a breast cancer support group. I witnessed a process where the women went through fear, loss, and, at times, desperation, but they really reached down deep inside to exhibit what I came to label "inner strength."

2. I had no difficulty locating participants for the study, partially due to the prevalence of women with breast cancer and the networking of these women and other nurses. Initially, no attempt was made to specify social variables for the study. As the study progressed, I did make some attempts to vary a few of the demographic variables to include an Afro-American, two Hispanics, and a lesbian participant.

3. All interviews were taped. I was amazed at how willingly and how much time the participants gave to share their feelings and experiences. If anything, the experiences shared were comprehensive, if not totally systematic. The outpouring of feelings reminded me of the "stream of consciousness" literary process.

4. I read the participant's descriptions from interview transcripts, and I listened to the tapes many times. I wrote a word in the left-hand margin that I used as a coded marker. The codes were very close in meaning to the data. For example, when a woman talked about her husband and children, I coded it "family." I added codes as needed, but repetition in code words was very evident after just three to four interviews. If a new code did surface in later interviews, I reviewed all transcripts for its evidence. I highlighted meaningful words, phrases, and

quotes in the transcriptions to form a list of descriptive statements.

5. I gave each participant a copy of her transcript to read to add any material she may have thought of later, or delete any material she had reconsidered. Only one participant wished to reconsider material she wanted deleted from the study. The material consisted of very intimate details of the problems she was experiencing in her marriage, and while she shared this with me in the interview without hesitation, she did not want it printed.

The second interview took place to clarify details, but I found for the most part the transcripts stood alone very clearly, and the second interview became more a means to check on the participant's progress over time. The second interview was brief, and added dimension to the study from the aspect of continued interaction with the participants to gain understanding of their experiences with inner strength.

6. I continued to intuit, analyze, and describe the data over a 10 month period in an effort to capture the meaning of inner strength. Reflection on the data gathered throughout the study resulted in my being able to sit down and record the common elements. My initial hunch of the existence of common elements led to a thorough examination of all transcripts. However, the common elements remained fairly true to the data. I think this occurred because I

had reflected on the data intensively over an extended period of time. I was ready to support the common elements by direct quotes. I went through each transcript and noted the quotation examples both on the transcript and on a reference list. I compared transcript to transcript for themes and experiences each woman seemed to share as she lived through her breast cancer recovery. For example, the common element of fear at the time of diagnosis was marked in each transcript. The specific common elements were then combined only slightly to form the final analysis for themes and subthemes. For example, the elements described from the initial point of shock and fear at hearing their diagnosis to the point of reprogramming themselves to acceptance was called, "Coming to Know." The common elements that were so central to love and friendship were categorized in the theme "Connection of She Who Knows."

7. By the time I had completed even three to four interviews, common code words were evident, such as "family," "spirituality," and "the healing power of laughter and friendships." At the completion of interview eight, I recorded my ideas on common elements, and at the point when I actually analyzed and wrote up the data, I compared these two, finding that they were in congruence.

8. Although the themes are compatible with all participants, each woman is still unique. What is a force

of inner strength for one woman may not be the same for another. For example, 15 of the 18 participants cited their relationship with God as a very meaningful part of their inner strength, but it was not important for the other three. Love and intimate relationships took different forms, as the women found themselves divorced or widowed. Nevertheless, the themes wove a pattern through the data that was very consistent and telling.

9. In writing the data analysis for the study in Chapter III, I chose quotes that I felt best illustrated the theme or subtheme. At times during the analysis, I found myself thinking, "This is so funny, human, or telling, whatever the case may be, I have to include this in the study!" I then also reviewed the selected quotes as to the source of participant, and if a few participants had only a low number of cited quotes, I included a few more quotes from them to give a broad view of all participants.

10. In conclusion, I came to terms with the idea that the data was like a piece of art. Each time I examined it I could see something a little different, or a shade of something else. Sometimes I went straight for the humorous section of the transcript, sometimes I examined the experiences of loneliness or fear. Like looking at an Impressionist painting, the main image is constant, but I could see different shades of things each time I reflected

more closely on the canvas. Likewise, the data retained the main themes and patterns, but each reflection elicited different shades of meaning.

Discussion of Findings

Research is both a product and a process (Kerlinger, 1986; Brinberg & McGrath, 1989). The highlights of the findings of the study are discussed in this section in terms of the participants' demographic profile, researcher's and participants' perspective of the research process, and the research product in terms of discussion of the themes and subthemes.

Participant's Demographic Profile

Before I initiated the study, I had the following research questions regarding the effect of the demographic variables on the study:

1. I considered that many of the group members I had known for three years had exhibited inner strength. I questioned if I would find the lived experiences of other women living with breast cancer very similar, or if the group support itself had a major influence.

2. I questioned if the depth of the interviews would be as rich when I did not previously know the participant.

3. I deliberately chose to interview women who had over a six month to 20 year time span since their diagnosis. I questioned if the women took the philosophy, "five years

without reoccurrence means I'm cured," or if a longitudinal perspective of women's experiences over time would add an interesting dimension to the development of inner strength across the lifespan.

4. I wanted to investigate any specific social, economic, educational, or cultural demographic variable that may have been very influential in the development of inner strength.

The findings of the study indicated the following answers to these questions:

1. The conceptualization of inner strength shared by the participants was similar whether they were members of a support group or not. This is not to say the support group did not fulfill important needs for those members, but other participants of the study demonstrated inner strength utilizing other means of social support. For example, one participant networked with other women with breast cancer, but she did not want to belong to a monthly support group.

2. The depth and richness of the interviews did not seem significantly influenced by my having previously known the participant. All the participants seemed very positive and open about their interaction with me.

3. The two most important findings regarding the time span of the study were that the women remembered vivid details of their breast cancer experiences regardless of the time lapsed since diagnosis, and the conceptualization of

inner strength seems to be a developmental process that enriched with time. Women told their stories of breast cancer as if it was yesterday, even when they had been diagnosed and treated 12 to 20 years ago. I think this illustrates what a change of life events the diagnosis is for them.

4. Based on this initial study, no one demographic variable was felt to be significantly different in the development of inner strength. Certainly the environment for each woman was unique; and yet, whether the woman had had a lumpectomy or a bone marrow transplant, the themes and subthemes on the development of inner strength were the same. Some aspects of inner strength were more important than others for each participant, but the themes were woven through their life fabric with just a slightly different accent. For example, a connection through relationships was fulfilled through husbands, lovers, children, and even horses and nature. A few participants had a role model of another woman with breast cancer, but most of the participants did not.

Researcher's Perspective on the Research Process

The outcome of the study was a reflection of my ability to understand and retell the women's descriptions of their reality. Not only did I appreciate and value their capacity to teach me about their reality, I also had to believe in my

capacity to break into their world, reflect on it, and describe their human response to the very common health problem of breast cancer.

The first interview I conducted was on a beautiful Indian-summer day, sitting out on the participant's patio overlooking the pasture where her horse grazed near us. I couldn't help thinking this must be the only way I could ever conduct research! The bell on the horse's neck was softly heard in the background of the interview as I later replayed the tape many times, refreshing my memory of that scene. Nevertheless, the intensity of the interview and the emotional outpouring from the participant contrasted with the serenity of the countryside.

Throughout the process of the research, I was deeply affected by the experiences of the participants, and by my interactions with them. I found I often needed to talk about the encounter with someone else, but I also felt cautious about protecting the participant's confidentiality. (One of my best female friends is a nurse, but since she was also acquainted with some of the women. I could not discuss the specifics about some of the participants). This dilemma left me feeling somewhat isolated, and I primarily sought outlet for these feelings through capturing the experiences in written descriptions for the study or seeking descriptions of the women's experiences in poetry. There

were times when I actually felt I was dwelling on breast cancer and the participants too much, and I had to distance myself with a family activity, or a mundane household task to bring myself back to normal. It was sometimes difficult to draw a line between "contemplative dwelling" on the data, and "dwelling" to a point of being out of personal balance. I am usually a good barometer of my sense of balance, and if I found I was not concentrating at work or home due to a preoccupation with my research, I called myself back to reality. However, I did find myself doing things I can now look back on and both laugh and also appreciate the mental energy and empathy that is required to perform phenomenological research. For example, I could not go by a book store without stopping to examine the poetry section for possible references for the literature review. On a shopping trip, when a friend bought three outfits and I came home only with a book on poetry, I knew I needed to reevaluate my balance!

Review of the tapes, my notes at odd moments of reflection, and interaction with the participants to check on their progress, all reveal a respect for the women, and patterns of growth for both the researcher and the participant. I sensed each woman's uniqueness yet also their common threads in their ability to cope and develop strength from their experiences with breast cancer. The

word that comes to mind that defined my sense of developing reciprocity with the participants is "bonding." I have never had breast cancer, but I experienced a bond with the women and felt accepted by them in the same way they accepted other women with breast cancer. Only on a few occasions during the interviews did I feel anxious, or did I feel distance in the role of "nurse researcher."

May Sarton (1980) described a visit with a friend during the time she was recovering from depression due to the loss of her lover:

> My eyes are tired this morning and I can't shake the depression. Still, it was lovely to be enfolded once more in Laurie's atmosphere, to be at home and to bask in her gallant spirit, her tenderness, her eager perceptive talk of books, to rest in values which are also mine. We, each in our own way, are survivors. With her I touch base (p. 96).

This passage meant a great deal to me, because it brought to mind the bond I feel with the study participants. At times, situations we discussed were sad or depressing. Still, I sensed the strong spirit and tenderness of the woman, and I felt a kindred spirit with a woman who is a survivor.

Having concluded my first phenomenologic research study, I often find myself comparing my initial expectations with the reality of qualitative research. I would like to

emphasize three outstanding points of the process of this research that are also significant to the research product. The areas of the research process to be discussed are the richness of the data, the intuitive nature of the theme development, and the importance of the research process to the researcher and participants.

Richness of the Data

Polkinghorne (1983) stated the exemplar of data collection in human science is the face-to-face interview. As discussed in Chapter II under Methodology, the interview was initially chosen as the method which would best shape the answers to the research question. While some interviews were better than others, I avoided labeling them as "good" or "bad" interviews measured by the level of comfort between the researcher and participant, or measured by the degree of revelation from the participant. Some of the participants were slightly anxious, and some of the participants revealed more of themselves than others, but all contributed to the findings of the study. I always tried to recognize the expertise of the participants, and the exploratory nature of the study. Nevertheless, I was amazed at the openness of the interviews. Seven of the women I knew previously from a breast cancer support group, and I was impressed with the things that were shared in the personal interviews that had not been revealed previously in the group. The women that I

did not know seemed to accept my presence with ease, and they revealed their experiences as much as the women I had known for several years. Swanson-Kauffman (1986) had a nurse review the tapes for her phenomenologic research on women with miscarriages. The reviewer "stated that if she had not listened to my tapes with her own ears she never would have believed I could have obtained such rich data" (p. 57). My study also confirms the interview as a source of rich data.

While some of the unstructured interviews were slightly meandering, the range of deep feelings and "what it means to be human" emerges with analysis. Many situations shared by the women were colorful and insightful in different ways, but I chose to include a story which follows as much for the way the story came to be shared as well as the story itself. As I sensed the hour-long interview coming to an end, I closed with the question, "Is there anything else you would like to share with me?"

> Well, I don't know, unless I left anything out. I don't know. I'm trying to see if I have just about shared everything with you....I <u>do</u> need to share this. Doing my Reach to Recovery work, I had come across
>
> this lady who had six children and every child was by a different person. She was 37. She had found a boyfriend. She didn't want this boyfriend to know that she had this lump and that she had cancer. She was at P. Hospital and I was her Reach to Recovery assigned person, so I visited with her several times. The cancer had progressed so that there wasn't a lot that she could do, but her wish was that she could give the children to the dads. I said I'll do that. You

> just need to give me the dad's names and where they work. I was lucky enough to give them away to the dads. A couple of the dads were married. One of the dad's sisters took the child. But that was a challenge. But it worked. She lived long enough for me to tell her that the children were with their dads. The dads were happy to have them. It's amazing how receptive and open these people were. You know, I'd go to the home and I'd talk to the person and I'd tell them she's in the hospital and she's dying, and she wanted you to have the child. If it was theirs or not, they would take it. It took me probably four weeks to find all those folks, but when I went back and told her that I had delivered all of the children and that they were in the homes of the dads and the dads were very happy and their mothers or the family were happy, she was really relieved. (Participant P)

This data came at the end of the interview, when I was least expecting such a story. Participant P's comments and emphasis as she began this story indicated she had a need to share this emotional situation that had happened many years ago. I feel this is an example of the rich human experiences that can be revealed in an interview. Even when the sharing is not in direct response to the research question, these "afterthoughts" often give meaning and understanding to the lived experiences of these women, as does this story. Glaser and Strauss (1967) commented on this and quipped that everything is data, including everything that has happened in your life.

The Intuitive Nature of Theme Development

When I initiated this study, I greatly looked forward to the interviews, and was most anxious about developing themes from the volumes of data. Despite all the reading on

phenomenology that I had done, the development of themes seemed nebulous. Once I had completed Chapter III, I reevaluated the research process on category development, and found the reading consistent with reality--development of themes <u>is</u> nebulous.

Constant reflection on the data gathered ensued throughout the entire study. I found myself comparing participant to participant, participant to emerging theme, and themes to literature reviewed. The reflective process was very intense. I procrastinated a great deal on committing myself to the themes, and delayed putting Chapter III on paper. When I finally made up my mind I had to proceed with the study, I wrote the chapter in a weekend. In truth, the themes were intuited from months of interaction with the data.

The themes had not changed over the months, but my desire for a "recipe" had to be overcome. At the completion of the seventh interview, I had noted my thoughts on the emerging themes. I had actually forgotten about this piece of paper, and months later was pleased to find that the final themes were consistent with the emerging themes I recorded. It truly is difficult to describe the phenomenologic process in a linear format because the reflection, intuition, and abstraction of the interview data are an ongoing cyclic process. The data analysis for the

study lasted over a 10 month time period, during which many hours of listening to tapes, reading transcripts, and writing occurred. Swanson-Kauffman (1986) stated, "We simply do not have the luxury of describing the whole process in the simple statement such as 'An analysis of variance was done'" (p. 61).

Importance of the Process to Both Researcher and Participant

In retrospective evaluation, I was most anxious about the "product" (themes reported in Chapter III) of the research study, but what was just as important, if not more so, was the research process. As nurses, we often have talent and professional expertise in assessing issues and interacting with clients in an intimate nature. "Rather than downplay the role of nurses in research, perhaps we should embellish it" (Swanson-Kauffman, 1986, p. 68). It is important to recognize the fruitfulness of our "intersubjective copresence" (p. 68). Also, since I am a woman and mother, some of the participants might have actually felt more at ease revealing their experiences to me.

In Moch's (1990) phenomenologic study on health within the experience of breast cancer, she actually finished the interview with the question, "What do you think about what we have been talking about?" The 20 women in the study were thankful for the opportunity the interview provided for

growth and awareness. They said they learned about themselves and thought of the experience as therapeutic. "This interactive process may, in itself, be an appropriate nursing intervention for women with breast cancer" (p. 1432). Whereas I did not directly ask the participants in my study this question, many closed the interview with statements such as, "I didn't think I would talk so long.... I guess I really needed to talk about it." A research question to the participant that addresses the meaning to them of being involved in the research interview should be added to future phenomenological studies such as this.

Support of validation was sought from three participants by asking them to read Chapter III on findings of the study. The three were selected from the eighteen participants because I felt they would be honest and less likely to be afraid of hurting my feelings regarding any disagreement with the results. In addition, the three had varied experiences with family support and types of treatment for their breast cancer. In summary, all three participants supported the validity of the findings, but they seemed to benefit most from the process of reading and reflecting on the findings and sharing this information with their families. Participant G said it was an "odd feeling" reading the experiences on paper, but it was "exactly how it is." She stated it was "great knowing other people feel the

same way I do. I didn't realize everybody felt this way." Participant E stated she agreed with the findings, but she found them upsetting. She said, "The findings had some feelings I didn't experience, but that is because I didn't let myself feel it." This opened the opportunity to explore with her ways to "let herself feel it" and explore why she found the findings upsetting. Participant E had gone through a divorce at the same time she was undergoing cancer treatment, and she shared her view that reading about how loving and helpful some of the husbands had been was difficult for her. She did not doubt her decision to divorce, but she certainly missed being in a supportive intimate relationship. Participant E and I shared some of the feelings of loss experienced in a divorce, and we discussed other ways to experience intimacy and develop future relationships.

Participant D supported the inclusive nature of the themes, stating she did not feel I should add or remove anything. She had her husband read the chapter, and he said he thought there should be more details on spirituality, but Participant D stated she felt that was just her husband's own personal spirituality showing through. Participant D did state she thought the themes were too "clinical" or "medical." In exploring this with her and my faculty chairperson, we felt this was the way the themes were

abstracted in their final level, since Participant D had no difficulty with the transcription of her individual interview.

In summary, the research process itself was beneficial to the researcher and participants. The interactive interview and research process as a nursing intervention needs to be further explored. Highlights of the findings in relation to the themes of inner strength are discussed in the next section.

Themes of Inner Strength: Research Product

I knew I had witnessed a tremendous life force, a tremendous growth, in the women I interacted with in a breast cancer support group. I firmly believed in the idea that I termed "inner strength," but I did not know the path the women took to get there, how they themselves described it, how they constructed their life in living with breast cancer, or what part health professionals played in the story. Given that the dominant societal story for both women and individuals living with cancer can be one of weakness and difficulty, how was it that these women constructed a story of inner strength?

Whether I asked or not, all of the participants seemed to want to talk about when their breast cancer was first suspected or diagnosed. When a mother or grandmother had had breast cancer, they even started their story at that

point. Thus, the first theme of this study, Coming to Know, describes the transition from the point of shock and fear to the point of knowing and accepting. Participant O shared

"Rather than to start with my experiences with strength, I think I'd rather start with the fact that I felt like this was rather a legacy. Both my grandmother and mother are dead to the disease." (Participant O)

The stories of the women started out very problem-saturated. As they begin their narrative, their stories are about fear, worry about their mortality, despair regarding the way this diagnosis may affect all spheres of their life-children, relationships, finances, employment, physical limitations, and body image. At some point, from only several minutes within hearing their diagnosis up to weeks or months, the women begin to shift their way of thinking and behaving. Sometimes the alternate story occurred by reframing, and sometimes a conscious leap of faith occurred based on firmly held beliefs that resulted in a reorientation, a reaching for a new normal within themselves. Participant O. said she had to "reprogram myself pretty strongly." Participant P summarized the process as:

> When I went on vacation or went to different places, I'd always have to learn how to ad lib enough to keep my body and all of this stuff where no one would see or

> no one would know that I'd had the surgery. So that did happen for a while until it just got to the point that I was just me and I had to be my own self, no matter what was missing. I had to take that part and make the best of it. (Participant P)

In summary, the women had to let the fear and pain of the diagnosis flow in its own way through them. The diagnosis of breast cancer was a cause of acute pain at times, but the point is the flow, and not to stop expressing what is trying to happen within themselves. The women began to develop inner strength in living with their diagnosis only when they could face whatever was happening, to explore and use it, and not to be afraid of the pain of knowing. Women who turn away from what is happening and/or bury their feelings are stifling the development of inner strength. At that perilous point where growth is possible, there may be an instinct to say, "Stop! I don't want to know. It's too painful." However, for the participants of the study, the point of wanting to know reframed their way of thinking (although this process takes time and is fluid) to grow in strength.

The second theme, Strength Within: She Who Knows, begins at the point of growth through knowing and accepting her diagnosis, and the pain that accompanies it. This acceptance opens the passageway for the strong spirit of the

woman. Their strength is displayed in many ways, depending on the environment of each woman. However, no matter by which race or lifestyle a woman is influenced, this is a time of turning back to roots, to the great influences of her life, and going back in order to draw strength from the deep sources. The woman leads more deeply into her knowing of herself, and in a quiet blooming way a resilient, intuitive, playful self emerges. Her inner strength is not Spartan control or discipline, or failure to express anger or negative emotions, but it is still a blooming, and not the stereotype of the "hormonally crazed woman." The tracks the woman follows are those of the innate instinctual self.

The confidence and understanding that flows from the woman's knowing, intuitive self makes it easier for her to laugh. It is easier to laugh when the woman feels that she understands the pain of her ordeal in living with breast cancer.

The third theme, Connection of She Who Knows, is the passionate connection with her instinctive lives, her deepest knowing that results in relationships with one's true loves. Some women renewed relationships with God. Some of the participants determined the truest love for themselves meant seeking a divorce in a relationship that was not working for them. One woman bought a horse. Relationships with friends and family, herself, and God,

brought out the woman in her full womanly strength. The joy in relationships was the openness, the sharing of her ups and downs in living with cancer. These connections brought the friends and family she could laugh with, the laughter of recognition, and often the recognition of how hard living with breast cancer can be. The women were able to both figuratively and actually "show each other their scars" and laugh together at what had hurt, at what had been a challenge, but also at what they had overcome.

The fourth theme, Movement of She Who Knows, illustrates the force that makes a passage for the woman through the wandering and the searching. The participants all were involved in activities outside themselves that allowed them to be engaged with the community, their athletic selves, and their creative selves. Some of the participants shared feelings of renewed strength through athletic achievements such as those in competitive tennis; some enjoyed gardening; and some became active in helping others with breast cancer.

In all, these women were not afraid to bite back at their cancer. The feminist movement in the 60's brings back visions of women on university campuses "burning bras." The feminist movement of women living with breast cancer brings visions of women "burning their hospital gowns." These women transformed their breast cancer so that the

condition became just a part of themselves, a part of their health. Inner strength is the woman utilizing her feminine source, all that emanates from her instincts and the knowings needed for her life and her love.

Conclusions

Based on the findings of the study, the following conclusions regarding inner strength as experienced by women living with a diagnosis of breast cancer were derived:

1. Women are profoundly touched by the experience of living with the uncertainty and vulnerabilities that accompany a diagnosis of breast cancer. Participants validated the importance of the research question by their confirmations of the enormous adjustments and growth that occur beyond the initial treatment period of breast cancer, which is usually completed within a few months.

2. With the information obtained from the study, there is now a clearer understanding and a more accurate description of inner strength in women with a diagnosis of breast cancer. Some common elements or attributes that resulted from the study were: reconstruction of a new self past the initial fear and shock at hearing their diagnosis (this reconstruction occurred over a few minutes to up to 10 weeks); love and friendship that kept the women going even when they didn't feel like it; use of humor that made the women laugh and feel good so they could take risks to do

things they wouldn't have done before; a passionate connection with their instinctive lives, their deepest knowing, that may have been neglected by never putting themselves first or taking the time to listen to their souls; and an "unfurling of the bandages" that made them determined to see themselves as healthy. The study also illustrated the importance of qualitative research in concept clarification and deriving the meaning of reality for women with breast cancer. By extending the current knowledge through further research, health professionals can develop interventions to enhance the recovery process for women with breast cancer.

3. A third major conclusion is that women experience unique treatments, side effects, lifestyles, and relationships, but they still share common feelings and transitions in living with breast cancer. It was assuring that as I accumulated more data, and as a more diverse participant sample emerged, the common themes still remained constant. Support for the validity of such mutual themes of inner strength was also found in journal and poetic descriptions.

4. A fourth conclusion is that women developed their inner strength over time, and even women who had lived with breast cancer for 18 to 20 years verbalized dramatic changes in their lives. While these older participants reported

feeling somewhat "freed" from the cancer, they still maintained cautious checks for reoccurrence, and had made significant life changes such as choosing not to have more children or going to Switzerland every year for injections. Ways that these women developed inner strength over time added a longitudinal dimension to the findings.

5. A fifth conclusion is women are significantly impacted by their relationship with themselves, others, and God as they develop their strength in living with breast cancer. Therefore, the process of recovery means much more than the traditional individual medical treatment for breast cancer. Living with breast cancer represents a profoundly meaningful experience for the woman, her family and friends, and her spiritual community.

6. In phenomenologic research, the research process is as significant as the research product. The participants found the interactive interview therapeutic, and this process, in and of itself, may be a much needed nursing intervention to assist women to develop inner strength in living with breast cancer.

In summary, the findings and the theme analysis which evolved through the study have potential for education, research, and practice application. During the process of living with breast cancer as part of their health, women undergo a transformation of inner strength. For some women,

this is the first time they have put themselves and their own welfare first. Some of the inner strength comes about as women assume a more nurturing role to themselves as well as nurturing their relationships with others. A persevering, playful, and defiant spirit was a common characteristic as these women came to redefine their health in terms of living with breast cancer.

Implications for Education, Practice and Research

Education Implications

It was personally essential for me to conduct qualitative research for my dissertation study, and the phenomenological method was also essential to answer the research question for the study. However, only in the last few years has qualitative research been more accepted in nursing colleges for dissertation study. Research traditions in a discipline emerge from a world view. The world view has shifted

> to the understanding that science is not a description of 'reality' but a metaphorical ordering of experiences. The new science does not impugn the old. It is not a question of which view is 'true' in some ultimate sense. Rather it is a matter of which picture is more useful in guiding human affairs (Harman, 1977, p. 16).

It is encouraging to know that qualitative research has come of age and is being fully recognized as a legitimate, essential, and important means to advance nursing science. "With more than 20 definitive research methods within the qualitative paradigm, there are many great opportunities to discover some of the methods in order to advance knowledge to solve common human concerns, problems, and world conditions" (Leininger, 1992, p. 392). Therefore, to answer the research question for the study, it was felt that for concerns regarding health, women, and their development of inner strength in living with breast cancer, qualitative research would give the "picture that is more useful in guiding human affairs" (Harman, 1977).

Nursing students need knowledgeable and skilled qualitative methodologists to teach courses, and they also need faculty and nurses available and willing to mentor them in qualitative methods. As a doctoral student, I needed both basic and advanced courses to study methods and paradigms in depth and to have mentorship on different qualitative methods. I felt these opportunities were just beginning to become available to me. Most of my peers chose to conduct quantitative dissertation studies. I was fortunate to be at what Capra (1983) described as the "turning point" of the shift by many quantitative researchers to the new paradigm. Both foundational and

advanced qualitative courses help students develop skills and become more confident and competent with the qualitative methods (Leininger, 1992). Qualitative research needs to be carried out in a systematic, rigorous, and yet creative, process. Implications of the study emphasize the need for nursing education to continue to provide research courses and faculty to mentor doctoral students to advance the rigor and quality of qualitative studies.

Research Implications

Implications include further research for the development and refinement of the concept of inner strength, and the phenomenologic method of the study. Future research might include matched group comparison studies of women with breast cancer and women with no life-threatening illness. Further research on inner strength in women with other types of life experiences such as divorce, or other illness experiences such as AIDS, would be valuable.

Practice Implications

The process of listening openly and having the woman describe her experiences living with breast cancer, as utilized in the study, might also be considered as a nursing intervention. This is consistent with nursing interventions described in the nursing process by Newman (1990). Newman defined this nursing process as helping clients get in touch

with their pattern of interacting and the insight that accompanies it.

Part of the nurse's role is to help clients grow emotionally and to learn from her experiences with breast cancer. The nurse can assist women to recognize their own strengths and become aware of internal cues, as well as turning to others for help. The nurse can provide support and opportunities for expression of feelings. The role is not just a frill to be offered when the nurse has extra time. It is widely acknowledged that much of the recovery process occurs after discharge from the hospital and completion of treatment (Smith, 1981; Wadler, 1992). However, the adequacy of the patient's support system, the family environment, and strengthening skills in living with breast cancer often remain unexplored when the women complete treatment. Nurses must remember that the woman and her family and work environments are ongoing systems that change during the course of her recovery.

While some nurses are providing care to these patients through private practice, support groups, or community health nursing, many women lack necessary nursing care and support during their recovery period. A key concern involves the independent role of nurses. Nurses need to be viewed as having an independent sphere of practice, and it is appropriate that they concern themselves with those

aspects of care Quinn (1989) defined as "midwifery of healing" in the emotional recovery of breast cancer over a longitudinal time period. It would be appropriate for nurses to assume a major role in this area, and for them to refer clients to other expert nurses when they themselves cannot provide this assistance.

The participants of the study were most convinced that the recovery period for breast cancer extends far beyond the traditional time of surgery and chemotherapy. Participant O expressed frustration in the lengthy period it was taking to regain her physical and mental strength after treatment for lumpectomy and chemotherapy and radiation:

> I think that I had a pretty uneventful cancer experience. I really do. I've been off the therapy for six months now, and I'm still not back to where I was. I have a real hard time finding that this is normal. There's no support system out there that tells me everything I'm feeling is normal. During the cancer I knew that I was normal, you know, that there were certain people who felt this, and there were several who lost their hair, several who didn't, but now I don't know that there's anybody out there who six months after the cancer isn't feeling great. And I'm not feeling great. (Participant O)

Theoretical Implications

This study provides support for the theoretical perspectives of Newman's (1986) theory of Health as Expanding Consciousness. Aspects of Newman's (1986) theory such as viewing the experience of breast cancer as part of the woman's health, focusing on the person as a whole and not just a sum of her parts, and asking the person what is

meaningful in her experience with breast cancer, were evident in the study. Morse (1992) emphasized that nursing theories are tools, not dogma. "Once we forget that a theory is a tool and accept proposed conceptualization of reality as reality, we cease questioning, testing, and modifying, and the profession ceases to advance" (p. 260).

Theory has the same ability to blind as well as enlighten. While I was cautious to bracket previous knowledge and assumptions, I periodically had to remind myself throughout the study to maintain an inquiring attitude of skepticism. In summary, the theoretical conclusions for the study are:

1. I conducted the study as my dissertation research, so it followed an intense period of study of nursing theories, theoretical frameworks, and models. I had to have confidence in Newman's theory of health, while remembering that indeed it was a theory. Theories are not static or fixed, and it is the challenge of qualitative research to maintain an open mind to advancement and change in theoretical perspectives.

2. The purpose of the research was to describe the experience of inner strength in women living with breast cancer. Further research should more clearly define and advance the theoretical idea of inner strength.

3. The concept of health within illness described in the experience of the women living with breast cancer is consistent with Newman's (1986) theory. However, it was not within the realm of the phenomenological study to actually test Newman's theory, or to generate a theory on inner strength. Rather the purpose of the study was to generate descriptions and insights about inner strength in women living with breast cancer, a little-known phenomenon. Madeleine Leininger (1992) discussed the controversy that exists as to whether the only purpose of qualitative studies is to generate theories and conceptual frameworks. Leininger reported that while qualitative methods are most assuredly valuable to generate theories, they are also extremely important to generate descriptions about unknown phenomena or to generate fresh ideas.

Recommendations for Further Study

Several recommendations for further study have been identified based upon the conclusions and implications of this study:

1. In order to generate a theoretical formulation, the results should be compared to further research with women who have had other life-threatening experiences. Theoretical validity of inner strength would be enhanced by future studies on women with other life experiences such as divorce, or on women with other illness such as AIDS.

2. Further qualitative research on inner strength should include the question, "What did being involved in the study mean to you?" This would give more information on the therapeutic benefit of the interactive research process itself as a nursing intervention.

3. Repeated phenomenological study to explicate the concept of health within the experience of women diagnosed with breast cancer could include testing of Newman's (1986, 1990) theory of health or Parse's (1981, 1985) theory of Person-Living-Health. A study utilizing Parse's or Newman's qualitative methodology could generate ideas on both theory testing and the emerging methodology designed by these two expert qualitative nurse researchers.

In summary, women living with breast cancer would benefit from the knowledge and skills of the nurse who is sensitive to the woman's existential concerns. This knowledge and these skills provide opportunity for personal growth for the woman, her family and friends, as well as the nurse. In this process is a humanizing influence that provides nurses with a depth and richness of experience. Nursing then becomes an experience of empowerment for both the client and the nurse, and not a performance of routine tasks. Thus, nurses are touched, as the women surviving breast cancer are touched, by the deeper appreciation of life. In this touching there is a freeing of potential for

growth of inner strength. Through such interactive experiences, for women and nurses who care about them, life is enriched.

The following description of the phenomenon of inner strength was created through a synthesis of the elements found in the findings of this study that is compatible with all 18 participants:

> Inner strength is the eruption of self in coming to know and accept the fabric of their world as a woman with breast cancer. The woman lives her inner strength by connecting with self, God and loved ones to reach for a new self, a new normal. Reaching for a new normal creates a potent movement towards triumph over cancer, and a sense of harmony.

The vitality, determination, and depth of feelings both in love and in fear found in the participants of this study are portrayed in this poem by Marge Piercy (1991):

For strong women

A strong woman is a woman determined
to do something others are determined
not to be done.

A strong woman is a woman who craves love
like oxygen or she turns blue choking.
A strong woman is a woman who loves
strongly and weeps strongly and is strongly

terrified and has strong needs. A strong woman is
strong in words, in action, in connection, in feeling;
she is not strong as a stone but as a wolf
suckling her young. Strength is not in her, but she
enacts it as the wind fills a sail.

What comforts her is others loving
her equally for the strength and for the weakness
from which it issues, lightning from a cloud.
Lightning stuns. In rain, the clouds disperse.
Only water of connection remains.

Flowing through us. Strong is what we make
each other. Until we are all strong together,
a strong woman is a woman strongly afraid.
(Piercy, 1991, p. 57)

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APPENDICES

APPENDIX A

Prospectus Approval Letter, Dean of Graduate School

Human Subjects Review Committee Approval Letter

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
THE GRADUATE SCHOOL
P.O. Box 22479, Denton, Texas 76204-0479 817/898-3400 FAX 817/898-3412

October 28, 1992

Ms. Gayle Roux
1741 Sterling Lane
Lewisville, TX 75067

Dear Ms. Roux:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Leslie M. Thompson
Associate Vice President for Research
and Dean of the Graduate School

dl

cc Dr. Patsy Keyser
Dr. Carolyn Gunning

An Equal Opportunity/Affirmative Action Employer

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
OFFICE OF RESEARCH AND GRANTS ADMINISTRATION
P.O. Box 22939, Denton, Texas 76204-0939 817/898-3375

HUMAN SUBJECTS REVIEW COMMITTEE

October 23, 1992

Gayle M. Roux
1741 Sterling Lane
Lewisville, Texas 75067

Social Security #: 482-66-4785

Dear Gayle M. Roux:

Your study entitled "Phenomenologic Study: Inner Strengths in Women with Breast Cancer" has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health and Human Services (HHS) regulations typically require that signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to HHS regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

___ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

___ Other:

_X_ No special provisions apply.

Sincerely,

Chairman
Human Subjects Review Committee

cc: Graduate School
Dr. Patsy Keyser, Nursing
Dr. Carolyn Gunning, Nursing

APPENDIX B

Explanation of Rights to Participants

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

What You Would Be Asked to Do in My Study and
an Explanation of Your Rights

Dear Participants,

My name is Gayle Roux, and I am a doctoral student in nursing at Texas Woman's University in Denton, Texas. I am requesting your participation in an interview to discuss your experiences with breast cancer. The participants for the study can be any woman over eighteen years of age who has had a diagnosis of breast cancer for at least six months. The purpose of the study is to learn more about the development of inner strengths from the woman's experiences of living with breast cancer in the every-day world.

Participation in the study will require two meetings. The first of these is the interview itself, and the second meeting is to have you look at the transcript and summary of the interview to assure an accurate portrayal of your experiences. The interview has no set time length, and the discussion can continue until you are ready to stop, or you feel you have said all you can on the topic. The first interview may last approximately 1 to 2 hours, and the second meeting should last approximately 30 minutes to one hour. The meetings will take place in your home or a convenient location.

The interview process involves the following possible risks:

1. Questions may be asked which you do not wish to answer.
2. You may share information which causes you some discomfort or embarrassment.

In order to avoid the discomforts listed above, please be assured you have the following rights:

1. You may stop participation in this study at any time. You may ask to stop recording at any point.
2. No names or identifying information will be used in reporting the study.

3. You will review the transcript of your interview and summary from this study after it has been typed.

Potential benefits to you for participating in the study include:

1. You have an opportunity to express your experiences of living with breast cancer.

2. You may develop greater awareness of yourself as a person living with breast cancer.

3. The information you share may help nurses to assist other women with breast cancer to develop their health and strengths.

Choosing to not participate in the study will not affect any amount or quality of care you receive. There is no penalty whatsoever for choosing nonparticipation in the study now, or at any point of the study.

The study will provide anonymity by protecting your identity as a participant. Only myself and the typist will have access to your interview transcript, and there will be no identifying evidence such as names on cassettes or computer printouts. The transcripts will be stored in my home.

The findings of the study will be reported in the dissertation. A summary of your experiences, and perhaps direct quotes, will be included in the findings. This information will be identified as "Participant A," etc., and will never be identified with names or initials. The line of communication that is established with the University require that I discuss the inclusion and exclusion of information with the three members of the dissertation committee. Again, there will be no identifying names on the information.

You have the right to decline to answer any questions at any time during the interview. You do not have to complete the recording, and you can stop at any point without any penalty.

The findings of the research will be published in my dissertation. I plan to write an article to submit for publication in a nursing journal. No names or identifying information will be published in the dissertation or any possible future journal publications. A summary of the study results will be available to you by contacting me at the address or phone number listed below.

Having read this description of the study, if you want to participate in the study, please ask for the Consent Forms. Read the Consent Forms carefully. If you agree to everything on the Consent Form, please sign it and you will then be part of the study.

If you do NOT want to participate in this study, you do not need to do anything more.

Thank you for your time.

COMMENTS:

SIGNATURES AND DATE:

Participant: Date:

Person explaining the study: Date:

CONTACT PERSON:
Gayle Roux
1741 Sterling Lane
Lewisville, TX 75067
214-436-8230--home
214-879-3887--work

APPENDIX C

Consent to Participate: Consent Form B

Consent to Tape-Record: Consent Form C

B

TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

CONSENT FORM B

Title of Project: Phenomenologic Study: Inner Strengths in Women with Breast Cancer

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. In the event of physical injury resulting from this research, Texas Woman's University is not able to offer financial compensation nor to absorb the costs of medical treatment. However, emergency care will be provided as necessary.

Signature ______________________ Date ________

Witness ______________________ Date ________

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature ______________________ Date ________

Position ______________________

Witness ______________________ Date ________

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Research Committee. A third copy may be made for the investigator's files.

C

CONSENT FORM C *(to be used in addition to Form A and B when voices or images are to be recorded)*

TEXAS WOMAN'S UNIVERSITY

We, the undersigned, do hereby consent to the recording of our voices and/or images by Gayle Marie Roux, acting on this date under the authority of the Texas Woman's University. We understand that the material recorded today may be made available for educational, informational, and/or research purposes; and we do hereby consent to such use.

We hereby release the Texas Woman's University and the undersigned part acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman's University.

SIGNATURES OF PARTICIPANTS*

____
Date

____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________

* * *

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

____________________	____________________
Authorized representative of the Texas Woman's University	Date

*Guardian or nearest relative must sign if participant is minor.

APPENDIX D

Demographic Data Form

GENERAL INFORMATION FORM

INSTRUCTIONS: For each of the following questions below, please check or write in the answers which best describe yourself. This information is confidential, and will not be personally identified with you.

1. How long has it been since your diagnosis with breast cancer? Years___ Months___
   Your Age in Years

2. What treatments did you receive for your breast cancer?
   _____Lumpectomy
   _____Mastectomy, one breast
   _____Mastectomy, both breasts
   _____Radiation
   _____Chemotherapy
   _____Tamoxifen
   _____Bonemarrow Transplant

3. What is your marital status?
   _____Single
   _____Married
   _____Divorced/Separated
   _____Widow
   _____Living Together

4. What is your living situation? (Check all that apply.)
   _____Live with spouse or partner
   _____Live with children (under 23)
   _____Live with children (over 23)
   _____Live alone
   _____Live with others, specify:

5. What is your ethnic identification? (Check one.)
   _____White
   _____Black
   _____Hispanic
   _____Asian
   _____Other, specify:

6. What is your educational preparation? (Check one.)
   _____8th grade or less
   _____9th to 12th grade
   _____High school graduate
   _____College graduate
   _____Technical preparation beyond high school
   _____Graduate study
   _____Other, specify:

7. Do you consider your income:
_____Less than adequate
_____Adequate
_____More than adequate

8. Do you have health insurance or Medicaid that covered all or part of your treatment for breast cancer?
_____Yes
_____No

9. How much expense for your treatment was not covered by insurance or Medicaid?
_____under $1000
_____$1000--5000
_____$5000--9000
_____over $9000

10. What is your current employment status, including homemaker? (Check all that apply.)
_____Employed full-time (over 32 hours per week)
_____Employed part-time (less than 32 hours per week)
_____Unemployed
_____Retired
_____Homemaker

11. Have you been a member of a breast cancer support group?
Yes_____ If yes, how long_____
No______

12. Have you had the opportunity to be a support person for another woman with breast cancer?
Yes_____
No______

13. Have you had a women with breast cancer who has been a support person for you?
Yes_____
No______

14. Has there been any woman (with or without breast cancer) in politics, the media, literature, or movies who has been a role model for you?
Yes_____ If yes, specify:___________________
No______

APPENDIX E

Breast Cancer Resources

RESOURCES FOR WOMEN WITH BREAST CANCER

You may want to contact any of these agencies for further information, support, or counseling. These programs listed provide information free of charge, with the exception of the Family Guidance Center, which charges a small fee based on your income.

THE AMERICAN CANCER SOCIETY 1-800-227-2345

THE AMERICAN CANCER SOCIETY, DALLAS 214-631-3850

THE NATIONAL WOMEN'S HEALTH RESOURCE 202-293-6045

SUSAN G. KOMEN FOUNDATION, DALLAS 214-450-1777

Y-ME, A HOTLINE FOR BREAST CANCER 1-800-221-2141
WEEKDAYS FROM 9-5 central

FAMILY GUIDANCE CENTER, DALLAS 214-747-8331
LEWISVILLE 214-747-8332

Please do not hesitate to contact me if you have further questions, concerns, or a need for additional references.

Gayle Roux
1741 Sterling Lane
Lewisville, TX 75067

APPENDIX F

Permission from Publishers

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July 20, 1993

Gayle Roux, R.N., M.S.
Program Coordinator
St. Paul Medical Center
Women's Center
5909 Harry Hines Blvd., Suite 501
Dallas, TX 75235

Dear Ms. Roux:

I have recently returned from a leave of absence of several months, and this is my first opportunity to reply to your letter of March 30th.

In response to your request you have our permission to use the May Sarton material you cite (THE SILENCE NOW and RECOVERING) in your doctoral dissertation provided you give full credit to the two titles as the sources. There is no charge for the use of the material in your dissertation, but if publication should become a possibility you must reclear permission.

With all good wishes, believe me

Sincerely,

Mary E. Ryan
Permissions Manager

MER/cr

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April 2, 1993

Addison-Wesley Publising Company
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Reading, Mass. 01861
Attn: Evelyn Riley

Dear Ms. Riley:

Please find the following letter a request to use the book- My Breast by Joyce Wadler, in a review of literature for a Doctoral Dissertation on Breast Cancer. Gayle Roux is a doctoral candidate at the Texas Woman's University, Denton, Texas and can be reached at:

St. Paul Medical Center
Women's Center
5909 Harry Hines Blvd.
Dallas, Tx 75235

Thank you,
Gayle Roux RN, PhD candidate
Women's Center

I have cited as direct quote from page 165 starting with, "Lucky not just... and ending at "over my heart" on page 166. Thank you for considering this request.
Gayle Roux

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BY Evelyn L Riley
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To: Gayle Rowe

Date: 5-10-93

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W Graves

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