THE MEANING OF THE BREAST CANCER/MASTECTOMY EXPERIENCE

By

SHEILA HARRIET CAMPBELL

B.A., Dalhousie University, 1958
M.A., Dalhousie University, 1962

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

Department of Counselling Psychology

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August, 1984

©Sheila Harriet Campbell, 1984
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
1956 Main Mall
Vancouver, Canada
V6T 1Y3

Date August 31, 1984
ABSTRACT

The purpose of this existential-phenomenological study was to understand the meaning of the breast cancer/mastectomy experience. The meaning described in this study was the structure or common pattern underlying the unique experiences of six women who had had mastectomies for breast cancer at least two years earlier. These women were my co-researchers.

The assumptions of many different approaches to breast cancer and mastectomy in the literature were explicated and their limitations indicated. No previous exploration of the meaning of this experience was found. My own assumptions about meaning were drawn out of my own experience of breast cancer and mastectomy. The interview questions were based on these assumptions. There were two interviews with each co-researcher. In the first set of interviews each woman gave a detailed account of her experience, which was tape-recorded. In the second set of interviews my co-researchers validated the results of the analysis.

The analysis of the transcripts of the taped interviews was done according to the method used by Colaizzi (1978) in Existential-Phenomenological Alternatives for Psychology, edited by Valle and King (1978). Forty-one themes were formulated and described; these themes were aspects of the breast cancer/mastectomy experience common to all of the women in the study. On the basis of the themes, an exhaustive
description of this experience was written, as well as a condensed
description of the essential core of the experience.

The results show a clear pattern of spiritual growth through
suffering, a pattern remarkable in its detail and symmetry. Healing
involved a profound change in the person through the discovery of the
meaning of her life as an individual and a human being.

My description gives a more complete understanding of the breast
cancer/mastectomy experience than any previous approach. It lays a
foundation for further research of a similar kind. It also provides a
perspective and an orientation for counsellors of mastectomy patients.
TABLE OF CONTENTS

ABSTRACT ii
TABLE OF CONTENTS iv
LIST OF TABLES viii
ACKNOWLEDGEMENTS ix
DEDICATION x

CHAPTER I. INTRODUCTION 1
Purpose of the Study 1
Overview 1
Significance of the Study 2

CHAPTER II. REVIEW OF THE LITERATURE 7
Approaches to Breast Cancer and Mastectomy 8
Medical Views 8
Assumptions 12
Rehabilitation View 13
Assumptions 14
Psychiatric Approach 15
Assumptions 18
The View of Reach to Recovery 20
Assumptions 24
Psychoanalytic View 25
Assumptions 28
The Standard of Adjustment 30
Assumptions 31
Psychosocial Approach 33
Assumptions 36
Cultural Anthropological Approach 38
Assumptions 40
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy as a Turning Point</td>
<td>41</td>
</tr>
<tr>
<td>Assumptions</td>
<td>42</td>
</tr>
<tr>
<td>Mastectomy as Despair</td>
<td>43</td>
</tr>
<tr>
<td>Assumptions</td>
<td>45</td>
</tr>
<tr>
<td>Cognitive Approach</td>
<td>46</td>
</tr>
<tr>
<td>Assumptions</td>
<td>48</td>
</tr>
<tr>
<td>Mastectomy as a Crisis to Grow On</td>
<td>49</td>
</tr>
<tr>
<td>Assumptions</td>
<td>50</td>
</tr>
<tr>
<td>Stages and Styles in the Cancer Experience</td>
<td>51</td>
</tr>
<tr>
<td>Assumptions</td>
<td>54</td>
</tr>
<tr>
<td>Summary of Assumptions of Stage Theories</td>
<td>66</td>
</tr>
<tr>
<td>Summary and Critique of Assumptions on Breast Cancer and Mastectomy</td>
<td>67</td>
</tr>
<tr>
<td>The Meaning of Illness, Suffering and Healing</td>
<td>72</td>
</tr>
<tr>
<td>The Experience of Illness and Healing</td>
<td>73</td>
</tr>
<tr>
<td>Assumptions</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>80</td>
</tr>
<tr>
<td>The Journey of Individuation</td>
<td>81</td>
</tr>
<tr>
<td>Assumptions</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Existential-Humanistic Views</td>
<td>87</td>
</tr>
<tr>
<td>Assumptions</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Suffering and Healing in the Cancer Experience</td>
<td>92</td>
</tr>
<tr>
<td>Assumptions</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>101</td>
</tr>
<tr>
<td>Summary of Assumptions on the Meaning of Suffering, Illness and Healing</td>
<td>102</td>
</tr>
<tr>
<td>My Own Experience of Breast Cancer and Mastectomy</td>
<td>108</td>
</tr>
<tr>
<td>My Assumptions</td>
<td>148</td>
</tr>
</tbody>
</table>

CHAPTER III. METHOD

Existential-Phenomenological Psychology 150
Co-Researchers
  Selection of Co-Researchers
  Demographic Information

Phenomenological Interview

Procedure

Analysis and Explication of Meaning

CHAPTER IV. RESULTS

Interviews
  The Initial Interview
  The Validation Interview

From Interviewing to Analysis: The Researcher's Experience
  Formulation of Themes

Themes of the Experience

Clusters of Themes

Exhaustive Description of the Breast Cancer/Mastectomy Experience

Condensed Description of the Breast Cancer/Mastectomy Experience

Portrayal of Individuality

CHAPTER V. DISCUSSION

Limitations of the Study

Dialogue with Myself

Theoretical Implications

Implications for Counselling

Implications for Future Research

Summary and Conclusions
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Correspondence Between Suffering and Gains</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>Through the Experience</td>
<td></td>
</tr>
<tr>
<td>Table 2</td>
<td>Significant Statements</td>
<td>248</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

I would like to thank the following people for contributing to this thesis:

My co-researchers for their experiences and insights

Dr. Larry Cochran, my supervisor, for his faith in this project and his tough and solid criticism

Dr. Sharon Kahn and Dr. Lorette Woolsey for their challenge and encouragement

Penny Lusztig for her continuing moral support

My friends and family for their interest and practical help

Lyall for his love and support
DEDICATION

I would like to dedicate this thesis to Barbara Roy, who found meaning in her cancer experience. Although she did not survive cancer, her life continues to inspire many lives and works, including mine.
CHAPTER I

Introduction

Purpose of the Study

What is the meaning of the breast cancer/mastectomy experience? This question seems important for counsellors to ask and for researchers to attempt to answer. Mastectomy for breast cancer is a common surgery, and a vast body of literature has accumulated on its physical and psychological effects. Yet the meaning of the experience for patients themselves has not been understood. The purpose of this study is to understand the meaning of the breast cancer/mastectomy experience. An existential-phenomenological approach has allowed me to investigate breast cancer/mastectomy as a human experience in a profound and precise way.

Overview

The first chapter indicates the purpose and significance of this study. The second chapter is divided into three parts. The first part reviews the literature on breast cancer and mastectomy. Many different approaches to the experience are presented. The assumptions of these approaches are drawn out, and their limitations and contradictions are indicated. The next part of the second chapter presents some approaches
to the meaning of illness, suffering and healing that are congenial with my own experience of breast cancer and mastectomy. By explicating the assumptions of these authors, I am in a better position to clarify my own assumptions and set them aside in the conduct of this research. The final part of the second chapter gives an account of my own experience with breast cancer and mastectomy, followed by my own assumptions about the meaning of this experience.

The third chapter gives a brief summary of the existential-phenomenological approach to human experience and a detailed description of the particular research method used in this study. The fourth chapter presents the results of my analysis, including a list of themes and their descriptions, the exhaustive description and the condensed structure or essential core of the breast cancer/mastectomy experience. The fourth chapter ends with a portrayal of individuality, which shows how the common pattern or meaning of this experience was reflected in the individual lives of two of the women in my study, who seemed on the surface to have had very different experiences. In the fifth chapter my dialogue with the results is followed by a discussion of implications for theory, research and practice.

Significance of the Study

The approach of this study is different from that of any existing studies on breast cancer and mastectomy. Although there has been much research in this area from many different perspectives, few attempts
have been made to study the breast cancer/mastectomy experience from the patient's point of view (Rosser, 1981). These inside approaches either reject the possibility that personal meaning can be found (Ervin, 1973) or imply the possibility of meaning without exploring it (Quint, 1963, 1964).

Most of the literature approaches the patient's experience from the outside. The patient is seen, for example, as someone whose stress needs to be reduced or overcome so that she can return to normal (Holland & Mastrovito, 1980); or as someone with a number of psychological and social problems requiring solutions, with the help of a counsellor (Schain, 1976). Underlying most approaches to the experience is the assumption that recovery means an adjustment or readjustment to normality. What this means is, in most cases, simply taken for granted. Ray's study (1977) illustrates some of the confusions and contradictions implicit in the standard of adjustment as health.

Lasser (1972) gives the most explicit view of what readjustment to normality means. According to Lasser, a woman has recovered from breast cancer and mastectomy if she remains unchanged as a person while moving into the future. Such a patient has been able to put the cancer surgery behind her as though nothing of great significance has happened. She keeps busy and attends to the needs of others rather than feeling sorry for herself. She is the same woman she always was, only better; she has grown without changing in any fundamental way. Lasser expresses the view of the Reach to Recovery volunteer organization, which she started,
and which is now part of the American Cancer Society's rehabilitation program, used by doctors to facilitate the social and emotional recovery of breast cancer patients.

Though views of recovery differ in specific ways, the standard of adjustment underlies the psychiatric, psychosocial and psychoanalytic approaches to breast cancer and mastectomy, as well as stage theories of recovery from cancer. From the perspective of health as adjustment, any change in a woman who undergoes a mastectomy for breast cancer becomes a problem to be solved or managed, a stress to be eliminated or an emotion to be released, rather than an aspect of a human experience with a meaning to be explored and understood.

While Klein (1971) sees recovery as integration rather than adjustment, she defines the tasks of healing in an external way. They are seen as the same for all women. Attempts in the literature to explain the meaning of breast cancer and mastectomy are also externally imposed. For example, Renneker and Cutler (1952) see the meaning of the breast loss as the same for all women; it signifies an end to the basic feminine role of sexuality and motherhood. This loss matters more to normal younger women than to normal older ones, who are more concerned about surviving cancer. Schain (1976) discusses the social stigma of the breast loss, and Peters-Golden (1982) discusses the social stigma of being a cancer patient. Personal meanings, however, are not explored.

In a recent article Taylor (1983) presents a cognitive theory of recovery from breast cancer. She describes a search for meaning as an important aspect of recovery, which she interprets as "cognitive adaptation" or "readjustment" (p. 1161) of the patient's thinking.
Taylor regards the patient's personal meaning as based on "illusion" (p. 1161). By illusion she means positive beliefs unsupported by facts or a positive interpretation of facts. She concludes that "successful recovery from tragedy rests on illusion" (p. 1161) and that "far from impeding adjustment, illusion may be essential for adequate coping" (p. 1171).

Taylor's study indicates the importance of the researcher's stance in studying the meaning of a human experience as well as the confusion that can result when this stance is not made explicit. Taylor's implicit perspective discounts the very meaning she has set out to find. Her subjects are approached as objects of research and hence in an external way. The gap between personal meaning and objective reality is apparent throughout her article. Her assumption is that anything "subjective" cannot be real and that the meaning of the patient's experience is subjective.

Such a dichotomy between subject and object will exist in any approach to the experience of breast cancer and mastectomy by traditional scientific psychology. As long as this gap exists, the meaning of the experience will not be understood.

Rosser (1981) exphasizes the need for research into the meaning of the breast cancer experience and its treatment for patients. Such research, she says, must seek to understand through listening and recording in detail the statements that women make about their experiences in this area. Only in this way can unfounded assumptions about the experience be challenged. Rosser implies that such research
must overcome the gap between subject and object, but she does not indicate how this can be done.

My own approach to the breast cancer/mastectomy experience is an existential-phenomenological one. This "human science" as Giorgi (1970) calls it, tries to understand human life in a way that is as free as possible of our cultural presuppositions such as the dualistic split between subject and object (Valle & King, 1978, p. 7). The researcher makes his or her perspective explicit and draws out assumptions about the meaning of the experience that will be investigated. Research is conducted through dialoguing with other human beings as equals and experts on their experiences, through disciplined reflection on their accounts of their experiences, and through sharing the results of the analysis with them for validation of meaning (Giorgi, 1970, p. 189; pp. 203-205; Valle & King, 1978, p. 15).

The third chapter of this thesis gives a much more detailed account of existential-phenomenological psychology. This approach enabled me to describe the structure or common pattern or meaning of the breast cancer/mastectomy experience as it was lived by the six women in this study; to understand what recovery means to these women; and to provide a foundation for the kind of research that is needed in this area of human experience.
CHAPTER II

Review of the Literature

The first part of this literature review aims to explicate the assumptions of various approaches to the breast cancer/mastectomy experience. A summary of one or more studies illustrating each position is given, followed by assumptions contained in that position about the patient's experience of breast cancer and mastectomy. Positions presented include medical, rehabilitation, psychiatric, psychosocial, psychoanalytic and cognitive views; the views of Reach to Recovery, stage theories, cultural anthropology, crisis counselling and the adjustment theory that underlies most of the above positions; and finally, the few attempts that have been made to study the experience from the inside. These last studies view mastectomy as a turning point and mastectomy as despair. Each of these thirteen positions contains assumptions about the breast cancer/mastectomy patient's experience of illness and recovery. These assumptions are brought together in a final summary and critique, which points out gaps and contradictions in the views of the experience.

To help me clarify my own assumptions, the second part of the literature review presents some approaches to the meaning of illness, suffering and healing that are congenial with my experience of breast cancer and mastectomy. The assumptions of these positions are explicated and brought together in a summary. Finally, I present an
account of my own experience of breast cancer and mastectomy, followed by my own assumptions about the meaning of this experience.

**Approaches to Breast Cancer and Mastectomy**

**Medical Views of Breast Cancer and Mastectomy**

Giuliano (1984) summarizes the current medical view of breast cancer and mastectomy. The breast is the most common site of cancer in women and the leading cause of cancer death among American women. It is the leading cause of death in women in their early forties. It occurs frequently in women over 30. The longer a woman lives, the more likely she is to develop breast cancer. 1 out of every 11 American women is expected to develop breast cancer during her lifetime (p. 429).

The most common symptom of breast cancer is a lump in the breast, usually painless. About 90% of these lumps are discovered by women themselves. Other less frequent symptoms include breast pain, nipple discharge, detraction, enlargement or itching of the nipple; and redness, generalized hardness, enlargement or shrinking of the breast. Through mammography or X-ray examination of the breast, breast cancer can be detected before any symptoms appear. Some cancers can be identified two years before a palpable lump appears. But mammography is not a substitute for biopsy, the removal and microscopic examination of breast tissue for the purpose of diagnosis. Before a decision is made about treatment, cancer specialists determine the type of cancer and the extent or stage of the disease.
Mastectomy is a surgical treatment for breast cancer. There are various types of mastectomy. Until about ten years ago, the standard medical treatment for breast cancer was the radical mastectomy, which was developed by Halsted of Johns Hopkins in the 1880's. This type of surgery removes the breast, the pectoral muscles and the lymph nodes of the axilla or armpit. Most patients with potentially curable breast cancer now have a modified radical mastectomy, which removes only the breast and axillary lymph nodes. It is much less disfiguring and gives equal results in terms of five-year survival rates (p. 435). A simple or total mastectomy removes only the breast. A segmental or partial mastectomy removes only the tumour and surrounding tissues. Giuliano says that segmental mastectomy with removal of axillary nodes and combined with radiotherapy should be an option for women with small tumours. But the patient should be cautioned that such treatment is still relatively new and that long-term results are still unknown. Women whose axillary nodes indicate the presence of cancer may also receive chemotherapy treatment.

A few days after a radical or modified radical, a woman should be encouraged to use her affected arm and shoulder. After two weeks she should have a full range of arm motion. She should continue to avoid breaks in the skin of her hand and arm on the surgical side to prevent infection. Her morale will be improved by a temporary prosthesis, and she should receive information about a permanent device and about breast reconstruction, if this is a realistic possibility for her.

After surgery the patient should have follow-up examinations for life. She should examine her remaining breast monthly and have annual
mammograms, as metastases or areas of spread of cancer may appear as long as 15 years after a mastectomy. The standard of success in surgery ("cure" for breast cancer) is generally expressed in terms of five-year survival rates. But Giuliano says "Most patients who develop breast cancer will ultimately die of breast cancer. . . . Five-year statistics do not ultimately reflect the final outcome of therapy" (p. 438).

There has been much controversy within the medical profession about the value of mastectomy as a treatment for breast cancer. Cope (1977), for example, argues that since mastectomies have not succeeded in reducing the mortality rate from breast cancer, they are not worth the resulting mutilation. Others, for example, Hayward (1981), staunchly defend some form of radical mastectomy as the only safe procedure, at least for another decade, when clinical trials with alternative methods will provide definitive information.

A traditional attitude to mastectomy is expressed by Watson (1966), who sees the controversy over treatment methods as frivolous in the light of the importance of saving lives: "Protagonists of one or other treatment modality tend to excess in vociferation, so that we are frequently amazed at the therapeutic passions aroused by what is, in spite of modern glamorization, an affliction of a superficial easily disposable utilitarian appendage" (p. 548). He believes that the physical handicaps of radical mastectomy are greatly overemphasized, and that the concern about psychological effects is unnecessary and even dangerous. Women are not upset by mastectomies unless people talk to them about their feelings:
If well-intentioned thorough investigations as to the attitudes and reactions of the patient prior to, and after the operation are conducted, undoubtedly evidence of psychologic trauma will frequently be manifest. Such evidence, however, will usually have been produced by the inquiry rather than disclosed by it. The adoption of a casual attitude by the doctor before the operation and throughout follow-up examinations will go a long way toward eliminating these untoward and unnecessary occurrences. (p. 557)

The traditional medical view assumes that a mastectomy will stop the cancer from spreading. As Henderson and Canellos (1980) point out, this view assumes that breast cancer spreads in an orderly manner from breast to regional lymph nodes and only then to distant organs, and that this spreading occurs after several months to several years in which tumour growth is confined to the breast. Accordingly, early detection followed by radical surgery or mastectomy with radiation would permanently remove the cancer, at least in some patients. But this view of breast cancer is changing. Baum (1977) says that cancer is not a localized disease but systemic; it is not a single homogeneous entity, but a multitude of different diseases. Basco (1981) says that in most breast cancer patients the disease has already spread by the time the diagnosis is established. Thus there is a definite trend toward more conservative surgery complemented by adjuvant chemotherapy and/or radiotherapy (Lewison, 1980, p. 863).

Lewison (1980) speaks with enthusiasm about changing concepts of breast cancer and its treatment, including the trend toward more
conservative surgery and the concern with quality as well as quantity of life for the patient. Doctors, he says, are now aware of the importance of cosmetic concerns for a woman; breast reconstruction where suitable is an important part of total treatment. However, Lewison does not approve of "unwise laws as well as unqualified decisions by the patient" (p. 863). He is referring specifically to the patients' rights bill in Massachusetts, requiring that all breast cancer patients be fully informed about alternative medical treatments. He says this is the price that is paid for freedom of choice and the democratic process. Only specialists, he believes, have the knowledge that is necessary for proper medical decisions about treatment for breast cancer.

Other doctors, for example, Crile (1974), believe that it is important for a woman to be aware of the various methods of treating breast cancer so that she can discuss them intelligently with her doctor. Together they can decide on a method of treatment that is acceptable to them both.

Assumptions

Breast cancer is a physical disease that threatens a woman's life. Without appropriate medical treatment, she will die. A woman who has a mastectomy loses her breast (and perhaps also her chest muscle) in order to save her life. Depending on the spread of the cancer, she may also have radiation or chemotherapy to save her life.

A woman's breast is not a vital organ; thus its removal is not a threat to her physical health. It need not be a threat to her emotional
Rehabilitation View of Breast Cancer and Mastectomy

Burdick (1975), a surgeon, sets down principles and goals for the rehabilitation of the breast cancer patient. The general goal, he says, "is to restore patients to a normal or as near-normal state as possible" (p. 645).

He discusses four main categories of rehabilitation. The first two categories—functional and physical or cosmetic rehabilitation—are similar to Giuliano's view of recovery from a mastectomy. Normal
functioning has been restored to the woman's hand, arm and shoulder on the surgical side, and she has a normal, well-groomed appearance. The goal of the third category, employment and vocational rehabilitation, is to return the patient to her previous activity at home or in the work force. "While a variable degree of discomfort or swelling in the arm may persist, these symptoms generally are not disabling, and most mastectomy patients will be able to return to full previous functional activity" (p. 646). High survival rates indicate that a woman can have a prolonged productive period after a mastectomy, and employers should realize this.

The goal of the fourth category, sociopsychological rehabilitation, is to give her support and encouragement and reduce her anxiety so that she will return more rapidly to her daily life. Burdick stresses the importance of the other members of the patient's health care team—the nurse, social worker and Reach to Recovery volunteer—in facilitating this aspect of her rehabilitation. She should be allowed to express her feelings and have them accepted as natural. Each member of the team should approach her with the attitude "This patient has a future" (p. 648).

Assumptions

Recovery from breast cancer and mastectomy means returning to normal. A woman who has recovered is attractive, well-groomed and natural-looking. She has full use of her arm on the surgical side
and is working up to her full capacity at home and in her job outside her home. Any pain she still feels as a result of her surgery need not keep her from making a contribution as a responsible, productive member of society. She has overcome her anxiety, which was natural in the circumstances, and has returned to normal emotionally. She is emotionally stable.

Returning fully to her past level of functioning can give her hope for the future.

**Psychiatric Approach to Breast Cancer and Mastectomy**

Holland and Mastrovito (1980), both psychiatrists, outline factors that contribute to a good or poor psychologic adaptation to breast cancer. The two main groups of factors are medical and psychosocial. Psychosocial factors consist of the cultural context, the patient's patterns of coping with stress, the point in her lifecycle at which breast cancer occurs, and her support system. Medical factors include symptoms, site of tumour, stage of the disease, extent of the surgery, side-effects of adjuvant treatment, availability of prostheses and breast reconstruction, and psychological management by the health care team. Each factor can be positive or negative; it can increase the stress that a patient faces or add to her resources for overcoming stress. "Psychological interventions are aimed at altering one or more of these factors in specific ways" (p. 1051).

Most women can respond to the stress of breast surgery with only temporary psychological distress. But some women have extreme stress
reactions as a result of one negative factor or a combination or accumulation of several negative factors. "These responses constitute the range of psychiatric syndromes seen commonly in cancer" (p. 1047).

There are two main types of psychiatric syndromes. Stress responses occurring around the time of surgery are called perioperative psychiatric syndromes. They are characterized by anxiety, depression, or a mixture of both. The patient will be unable to concentrate or to perform her routine daily tasks. She will have insomnia, anorexia and weight loss. This kind of stress response has phases like those that occur in acute grief; these phases are outcry, denial, emotional distress and resolution. The patient is likely to have a high level of anxiety, which may interfere with reasonable judgement about accepting proper medical treatment. A relationship of trust with the surgeon is the key to managing preoperative stress. The surgeon must recognize that some of the woman's responses to him have an irrational basis in her earlier relationships with parent figures; thus he can avoid taking them personally. He can help to prepare her for surgery by explaining the reasons for procedures and indicating what she can expect to experience after surgery. A nurse, social worker or volunteer ex-patient can offer counselling and support that can help to relieve her anxiety.

After surgery, postoperative psychiatric syndromes may occur. They are of two kinds. The most common are a patient's stress reactions to the loss of her breast and to readapting to her full social and sexual role. She is reacting to the loss of a body part which has an emotional
meaning to her in terms of attractiveness, sexuality and nurturing. "The response usually is a type of normal grief" (p. 1048). The woman recovers better if the surgeon prepares her for the fact that she may cry easily and feel more anxious and depressed for a few weeks after a mastectomy. She may have frightening nightmares and fear rejection by her partner. The surgeon manages her reaction by accepting her grief and sometimes her hostility in a supportive manner and by reassuring her that her feelings are not abnormal. Individual and group counselling can help to maintain her morale and improve her ability to cope. Marital counselling with her partner, perhaps in a group, can help to reduce maladaptive responses.

The more serious postoperative syndrome is delirium psychosis. The cause is not clear; it seems to come from a combination of mild cerebral dysfunction and response to stress. Psychiatric consultation is advised for this syndrome. The patient has frightening hallucinations, illusions or delusions, with some insight into their unreality. She behaves in an agitated, excited way that may threaten harm to herself or others. Her behavior should be controlled by medication such as Haloperidol.

Most women return to normal home life and work one to three months after surgery. Those who still have anxiety and depression should be given medication such as Valium and bedtime sedation such as Dalmane to reduce tension and encourage a more relaxed response to social situations. Temporary frigidity can be prevented by instruction from the surgeon to resume sexual relations as soon as possible. "The life
crisis posed by breast cancer can serve as a catalyst to deal with long standing marital problems. Like any life crisis, it can be used positively to promote better adjustment. Reassessment of relationships and life goals is not uncommonly an outgrowth of life-threatening illness, bringing values into sharper focus" (p. 1050).

The reaction to recurrence of cancer is a stress response syndrome characterized by anxiety, depression and at times, suicidal risk. Women who have been severely ill for a long time are often referred to psychiatrists because of depression. Their emotional resources seem to be exhausted and their cognitive ability diminished. Women who are older and have an advanced stage of cancer are at highest risk for depression and suicidal thoughts. They should be monitored for suicidal risk. Antidepressants are often helpful, especially if they have insomnia.

Assumptions

The breast cancer/mastectomy experience is an experience of stress. Some women experience more stress than others. Some are more upset by stress than others. Thus women's experience of breast cancer and mastectomy differ. The extent of a woman's stress and her reactions to stress depend on a combination of social, psychological and medical factors. Recovery involves overcoming stress and returning to normal. A woman who does this has adapted to breast cancer.

Most women are only temporarily upset by the stress they experience. But some women react to stress in an extreme way. Extreme
reactions before a mastectomy are feeling anxious and depressed or a mixture of both. The woman has trouble sleeping, eating and concentrating on her ordinary daily tasks. Counselling can help her overcome her anxiety and depression.

After surgery a woman may feel anxious and sad and cry easily. It helps her to know that she is experiencing grief for her lost breast and that her feelings are normal, even though they are more extreme than the feelings of other women. Counselling can help her to overcome her grief. More serious than grief is delirium psychosis. The woman experiences hallucinations, delusions and illusions and behaves in an agitated way. She is out of touch with ordinary reality and is to some extent aware of this fact. Medication can calm her behavior and talking with a psychiatrist can eliminate her hallucinations, illusions and delusions.

After a woman returns home, she may experience anxiety, depression and sexual problems. Tranquillizers, sleeping pills and counselling can reduce her stress and increase her comfort. The difficulties she experiences in her marriage can help her to reassess her values and improve her life. A woman who gets a recurrence may want to kill herself. She should be carefully watched and given antidepressants to improve her mood and help her sleep.

A woman is cured when her suffering resulting from breast cancer and mastectomy is eliminated. Thus one wonders how she improves her life through the experience of difficulty. The authors make this statement as a possibility, but they do not explore it, and it seems incongruous in the context.
The View of Reach to Recovery

After her own mastectomy in 1952, Terese Lasser (1972) started the mastectomy volunteer organization Reach to Recovery. Since 1969 this program has been part of the American Cancer Society's rehabilitation program for cancer patients. Lasser has lectured to professionals and trained volunteers in other countries. The Canadian Cancer Society has a similar volunteer program for breast cancer patients.

The basis of the program is the practical help and emotional support provided to women who have just undergone mastectomies by volunteers who have recovered from their surgeries. Lasser felt the need for such contact after her own operation: "How I ached to talk to another woman who had had the same experience and come through it, and so could counsel, and reassure, and understand" (p. 22)! But no such help was available. She was given no guides as to shopping for breast forms or clothes or exercising her affected arm. Even worse, she was given no guides as to facing life again, "a scarred woman" (p. 20) worrying about relating to others, especially her husband. She felt very much alone: "There is, indeed, a Valley of Despair, desolate, solitary, swept by anguish, darkened by confusion. I, too, have been there" (p. 21).

Lasser worked hard at trying to solve her own problems. A few months after her surgery she heard about an acquaintance who was profoundly depressed after a mastectomy. With the doctor's permission, Lasser visited her in hospital. Impressed with the attractiveness of
Lasser's appearance, her physical energy and her active, busy life, the patient was inspired to hope. Lasser thought of inspiring others, and thus the idea for Reach to Recovery was born. Lasser talked to doctors and wrote a manual which was distributed to mastectomy patients whose surgeons gave their approval. She trained volunteers to visit patients whose doctors permitted them to do so.

According to Lasser, the first positive step to health for a mastectomy patient is an acceptance of the realities of her situation. A woman needs to do arm exercises approved by her doctor, wear a prosthesis and dress carefully. She may need to take more responsibility in the sexual relationship with her husband, since he will be concerned not to hurt her. Otherwise she is exactly the same as she was before the surgery. Lasser believes that accepting this view of oneself as fundamentally unchanged is the basis of recovery:

"Remember that you are the same person you always were—and can become even better! Say this to yourself. Say it aloud. Over and over. Believe it, for it is so" (p. 60). She advises the patient's family to hold this same view:

Assume that Mother is the same person she has always been, because, in truth, she is. Nothing has changed except that now she must wear a breast form. Unless she chooses to tell, no one will know about it; and with a bit of fixing up here and adding to there—she will be able to wear almost everything in her wardrobe—including swimsuits. (p. 84-85)

Though the family should be loving and considerate, they should not encourage her to feel sorry for herself. Too much sympathy is bad for
her. The best thing for the patient to do is to keep busy and active and return to her normal life as soon as possible:

Cultivate the attitude that your operation is an event of the past. Your former routine of living was interrupted by it, but now it's over, so life goes on as usual. Think that, believe it, and life will go on as usual—with every likelihood of becoming even better. (p. 108)

The only kind of change that is valid is to become more outgoing in relation to others. A shy, retiring, introverted type of woman should really make an all-out effort to become more sociable.

One woman who is described as a model of recovery from a mastectomy continued to work in a hat factory, do all her own housework, bake her own bread, take care of her invalid daughter and handicapped husband. In her daughter's words, "She never looked for sympathy and just resumed her life as if she never had an operation" (p. 113). She was always cheerful and friendly. In Lasser's view "this woman was a dramatic example of how to make use of life instead of permitting life to use you" (p. 113).

A woman should make an effort to think of others rather than herself. She should try to make herself a more interesting person by keeping up with world events, but without becoming opinionated. Above all, she should maintain a positive attitude to life. Lasser hardly mentions the cancer except as something that has already been dealt with by the surgery. The point is, the woman is still alive and has the chance to get on with her life. She is not alone. A quarter of a
million women have been cured of breast cancer: "A quarter-million of us, alive and well, each the same person we were before the operation, with the potential of becoming a better wife, a better mother, a better woman in every sense of the word" (p. 28).

It is important for a woman to love herself, i.e., feel respect for herself and pride in her femininity, which has not been destroyed by the surgery. Shame can destroy her self-love and hence hinder her recovery. Prayer to a personal God can help her maintain a positive attitude to life.

A recovered patient who wants to become a volunteer must be approved by her physician and surgeon. She must give visible evidence of having adjusted to her surgery both physically and emotionally. She must be attractive and well-groomed, with a well-fitted prosthesis and a good posture, and have complete arm movement so that she can demonstrate exercises to the patient. She must have an outgoing personality, projecting optimism and self-confidence. Such a woman is then "screened by the American Cancer Society unit and indoctrinated in our code of ethics" (p. 141). This is followed by two full days of training. Besides learning to establish rapport and demonstrate arm exercises, the volunteer is told what to say and what not to say about the patient's adjustment to family and friends when she returns home.

One of the advantages of Reach to Recovery from the professional perspective is that it does not interfere with the doctor-patient relationship. Lasser makes clear that at every step of the way the doctor's approval is necessary. A volunteer's territory is very clearly
defined, and she does not stray outside it. Volunteers are now part of rehabilitation teams in hospitals in the States. The team consists of doctor, nurse, physiotherapist and volunteer.

For Lasser, rehabilitation or recovery after mastectomy means "growing to become a better woman—in every way" (p. 156). "Remember, too, that you are not reaching backward to the life you knew before your operation, but forward to a more vigorous, more rewarding and exciting life" (p. 156). Above all, Lasser says, a mastectomy patient should remember "that to be alive means to grow" (p. 156).

Assumptions

Recovery from breast cancer and mastectomy is more than physical. A woman also needs to overcome isolation and despair. The inspiration of others who have had similar experiences can help her to heal.

The basis of recovery is a view of oneself as unchanged and unchanging. Though a woman has lost a breast to cancer, she remains the same person she always was. She can grow to be a better person, but without changing herself in any fundamental way. She can grow by forgetting the past and moving forward into the future. Recovery involves putting the cancer surgery behind her and returning to her normal routine as though nothing much has happened.

Despair is morbid self-pity, which comes from inactivity, lack of connection with others, and dwelling on one's sense of mortality. If a woman keeps busy and attends to the needs of others, she will have no
time to feel sorry for herself. A positive attitude to life will help her recover.

Self-love and self-respect are important to recovery. They come from the belief that one is unchanged as a woman and as a person.

A breast cancer patient is not capable of judging whether or not her recovery would be facilitated by a visit from a volunteer. Such judgements are best left to her doctor, who is the authority on her emotional as well as her physical health.

Psychoanalytic View of Breast Cancer and Mastectomy

The classic study of psychological adjustment to mastectomy is that of Renneker and Cutler (1952). Their purpose was to improve the psychological management of women with breast cancer by bringing together surgical and psychoanalytic knowledge. Their paper describes conclusions based on the observations by an analyst of 50 women operated on by Cutler.

A woman with breast cancer experiences a dual psychological conflict: adjustment to breast mutilation and adjustment to invasion by a potentially fatal disease. The authors discuss each of these problems separately. They describe "postmastectomy depression," a frequent reaction in the group of women studied. Its symptoms are anxiety, insomnia, depressive attitudes, occasional suicidal thoughts, and feelings of shame and worthlessness. They compare this syndrome to mourning and attribute it to breast loss: "One can say that these women
mourn the loss of their breast" (p. 834). They are concerned with what their husbands and men in general will think of them now; in addition, they must change their own internal image of their bodies.

The authors explain the depression syndrome by considering the emotional meaning of the breast for a woman. Breasts have two major psychological meanings: first, they have a sexual significance. In our culture they are a "badge of femininity" (p. 834), much as the penis is the symbol of masculinity for a man. Secondly, they represent the role of motherhood. The breast is "the emotional symbol of the woman's pride in her sexuality and in her motherliness. To threaten the breast is to shake the very core of her feminine orientation" (p. 834).

They draw out implications for the surgeon: "He must understand that the primary emotional reaction connected with disease of the breast usually is not a fear of cancer or death, but is rather the shocking feeling that the basic feminine role is in danger" (p. 834). Though the cancer threat is present, it does not become the central problem of adjustment till the woman has managed to adjust to her breast loss. "Her first problem is that of protecting her breast; only later does she begin protecting her life" (p. 834).

The authors go on to describe normal and abnormal reactions to breast loss. Women's attitudes to their breasts arise from "deep psychological attitudes of acceptance or denial of the fundamental feminine role, i.e., sex and motherhood" (p. 834). The mature woman accepts her breasts with pride proportional to their physical appearance and uses them to the best advantage, cosmetically and sexually. After
she has been successfully married for some time and has had her children, and especially when she can no longer bear children, her breasts are not so important to her. "We can say that they have served their purpose and she is now ready to accept their retirement. Her feelings over loss of a breast at this later stage are as proportionately different as the degree of mourning one would expect over the death of a husband in his prime or after his later retirement from an active, full, and accomplished life" (p. 834).

Thus in the emotionally mature woman the greatest trauma from breast cancer and mastectomy is to be expected during her childbearing years. It is greater in direct proportion to her youth and to the degree of feminine achievement she has not yet attained (sexuality, husband and children). The trauma is mildest in postmenopausal women: "In the normal older woman we anticipate that the chief problem will be adjustment to cancer and the possibility of death" (p. 835).

If the woman reacts differently from anticipated on the basis of her age, the surgeon "should realize he is dealing with a neurotic patient" (p. 836). He must be particularly careful in her management and call in a psychiatrist if necessary. The neurotic woman is unable to accept her femininity completely. "She is masculine, frigid, or perhaps superficially sexual in an exaggerated fashion" (p. 835). She feels indifference or shame toward her breasts or else is excessively proud of them. A mastectomy reawakens and intensifies her internal conflict over her femininity, and as a result her post-mastectomy depression will be most extreme.
In discussing the cancer, Renneker and Cutler see anxiety over possible death as a normal reaction. Failure to express it should be viewed suspiciously. The doctor should try to keep this anxiety within optimal limits by being "humanly factual" (p. 838) with the woman, explaining the facts of her situation realistically and helping her with planning. It is essential that she be aware of the importance of her body's defences in helping to fight the cancer. This will give her a sense of active participation in her recovery and remove her feeling of helplessness. All of her energy should be directed toward this fight for her life.

Assumptions

A woman's experience of breast cancer and mastectomy can be divided into two separate aspects—the breast loss and the cancer. She must become adjusted to each of them separately.

The reaction to mastectomy is postmastectomy depression, a syndrome consisting of a number of identifiable symptoms. It is similar to mourning. The woman is mourning the loss of her breast and its symbolic meaning to her.

A young woman is normally proud of her breasts, especially if they are attractive. Breasts are not very important to an older woman. A breast loss has the same meaning for all women—the loss of sexuality and motherhood, an end to the basic feminine role. Thus it is the primary problem for the normal woman still in her child-bearing years.
The cancer is secondary. Since the normal older woman has already raised her family, the cancer is her chief problem.

A younger woman who is more concerned about the cancer or an older woman who is more concerned about the breast loss is behaving abnormally, i.e. neurotically.

A normal woman finds meaning in her basic feminine role—sex, marriage and motherhood. She accepts her femininity, thus defined, as her destiny. Any other meaning is by definition neurotic. For a woman meaning is not something to be explored and discovered on an individual basis; it is something given, already established by virtue of her physical attributes and her role in society, which go together. As Freud put it, "Anatomy is her destiny" (Rawlings and Carter, 1977, p. 13).

A woman's value is thus not in herself, her personal existence, but in her being-in-relation-to-others. Since her functions as sex partner, wife and mother are dependent on her biological age, she may outlive her usefulness. Thus an older woman who loses a breast to cancer need only be concerned about her physical survival. Her purpose in life, her feminine meaning, has already been fulfilled. Like a man who has retired from his life's work, her sense of meaning is in the past.

Yet as a cancer patient it is essential that she take an active, responsible stance and mobilize all of her energy to fight for her life. Presumably a life whose meaning is in the past is worth fighting for.
It is almost as though Renneker and Cutler are talking about two different people in describing the stance an older woman should take toward mastectomy for breast cancer. In relation to the breast loss her stance should be one of passive acceptance of an end to her femininity. In relation to the cancer she should become an active warrior battling for her life. As a cancer patient a woman seems to become a person who values her life for its own sake. The authors do not discuss this position; they do not seem to be aware of the importance of the distinction that underlies their analysis.

**The Standard of Adjustment**

An attempt at a controlled empirical study of the psychological implications of mastectomy was made by Ray (1977). Her primary aim was to determine whether mastectomy influences long-term adjustment as reflected by measures of depression, anxiety, and self-image. Mastectomy patients were compared with a control group of cholecystectomy (gall bladder) patients 18 months to 5 years after surgery. As predicted, the mastectomy patients were significantly more anxious and depressed; the difference in self-esteem approached significance.

Ray also interviewed the mastectomy patients. First, they were asked to give a retrospective account of their experiences and reactions before and after the breast loss. Secondly, they were asked to give their current feelings about the breast loss and its impact on their lives. They were not asked about the cancer. Since some of the
patients might never have known their diagnosis or might have forgotten or distorted it, Ray did not want to arouse concern where none was felt. Thus for the health implications of mastectomy she was dependent on the information they spontaneously gave her.

About half the mastectomy patients claimed to have adjusted to their breast loss with very little difficulty. The surgery, they said, had had no significant impact on their lives. The other half were still concerned about their disfigurement. They no longer felt like "normal" or complete women (p. 375). They were, as predicted, significantly more depressed and more anxious than the first group of mastectomy patients.

Ray is concerned that some mastectomy patients might have minimized or denied their fears, especially their fear of cancer recurrence. She concludes with the comment that counselling might be of value to help women communicate their feelings and keep them from adopting unrealistic or restrictive coping styles which impede long-term adjustment.

Assumptions

Adjustment is a standard by which the extent of one's recovery from illness can be measured. A well-adjusted person is normal and healthy. A poorly-adjusted person is ill. Adjustment is a matter of degree. A poorly-adjusted person gets higher scores on measures of anxiety and depression than a well-adjusted person and is lower in self-esteem.

To what is one supposed to be adjusted? This problem is never discussed. Presumably everyone knows. Mastectomy patients are
supposed to be adjusted to their breast loss, but they are compared with others who have not lost breasts.

Some mastectomy patients appear to be better adjusted than others as their breast loss has had no significant impact on their lives. The patients who are still concerned about their breast loss are not so well-adjusted. They also feel abnormal.

A woman who does not know she has had cancer may appear to be adjusted, but her state of adjustment is precarious. Asking her about cancer would disrupt her adjustment and impede her recovery.

Denying a fear of cancer is unhealthy. She may feel better now but be less well-adjusted in the long run. Thus it seems better for her to face the reality of her experience. Recovery from illness (long-range adjustment) involves facing one's true feelings and communicating them to another.

Ray begins with one assumption about adjustment and moves to another; she does not make this movement explicit; in fact, she does not seem to recognize it. Because of this implicit contradiction the article seems confused. This same confusion about the meaning of adjustment as a standard for health underlies most of the literature on breast cancer, which is based on the clinical model of reality (Rosser, 1981). This model takes for granted a medical model of pathology and a normative view of mental health, the first absolute and the second relative (Rawlings and Carter, 1977, pp. 24-25). Illness is pathology and health is being like others. A qualitative view of health is lacking.
It is interesting that Ray begins by comparing groups and moves toward a consideration of individual problems of health, where yet another model is assumed. From the individual perspective, the gap between external adjustment and internal experience becomes important; this is the area that interests the counsellor. The implied questions—"what helps a woman recover from her illness? what hinders her recovery?—are very different from the question "How well-adjusted are mastectomy patients compared to others?"

Psychosocial Approach to Breast Cancer/Mastectomy Patients

Meyerowitz (1980) reviews the literature on psychosocial correlates of breast cancer and its treatment. The literature is so disorganized that she organizes it into headings: first, psychosocial impact and secondly, variables that influence its intensity and duration, which are in turn divided into premorbid and postmastectomy variables.

The picture of the mastectomy patient that emerges is the following: she is emotionally upset, feels uncomfortable and her activity level is reduced. She is concerned about mutilation, recurrence and death. The extent of her emotional upset depends on the importance of her body and breast to her, her age, the preparation her surgeon has given her and her relationship with her husband. She either denies the seriousness of her experience or blames herself or others for her plight. Her feelings are affected by time, other treatments, and the emotional support available to her.
She is a generalized patient, abstracted from many studies of parts of her experience. Only one part at a time can be examined, as under a microscope. Thus the picture that comes from putting these parts together is flat and two-dimensional, full of seams. It is not a dynamic whole. It is also external. One does not really see the woman's inner experience or its significance at all.

Schain (1976) discusses psychosocial issues in counselling mastectomy patients. She defines recovery as "successful adaptation to the various emotional and physical crises precipitated by breast cancer" (p. 46). At every stage of the disease, from detection and diagnosis to follow-up care, there are specific problems that a woman must face. It is also important for counsellors to recognize that patients will have different problems depending on their age.

Schain also says, however, that mastectomy patients have a single major concern, which will be one of two fundamental issues: "The population of mastectomy patients can be dichotomized into those who primarily are afraid of dying and those whose predominant concern is feeling like an emotional or sexual cripple" (p.46). Since counselling the dying is a specialized skill, Schain focuses on counselling women whose mastectomies have apparently stopped their cancer from spreading. The main issue for them will be the social implications of the breast loss, which have a devastating psychological effect. "To experience unexpected breast surgery is a social stigma, a physical insult and an emotional trauma" (p. 47).
Women in our society, Schain says, are brought up to believe that their value resides in being beautiful. "At present, in our society, a woman's breasts are more crucial to her identity and self-evaluation than almost any other personal attribute" (p. 47). Thus a mastectomy can result at least temporarily in a loss of identity. Women who are teachers or writers might have less difficulty in this regard than dancers or models, as their major life style remains relatively unchanged.

Counselling must deal with a woman's diminished sense of self-worth and her sexual concerns, as well as her fears of death and dying. Schain lists 11 other issues common to breast cancer patients. The priority of each concern varies with the woman's age, her personality and major defense mechanisms, and the amount of time since the initial crisis. Counsellors should try to turn a traumatic situation into a growthful one for the client. In addition to fear, anxiety, jealousy, confusion, irritability, depression and guilt, a woman can also show courage and inventiveness. She should be helped to understand her current reactions in the light of her past psychological and social history. Such counselling is integrative, rather than simply reparative. "Often as a result of confrontation with catastrophe, a woman reassesses her basic philosophy of life and realigns values and priorities in a new and more meaningful manner" (p. 48).

The type of therapy a counsellor should use depends on the woman. Some women benefit more from supportive therapy, aimed at reestablishing their formal level of functioning. For others, insight therapy can help achieve a higher level of functioning. Behavior modification can be
used to recondition attitudes and desensitize aversive reactions. Traditional psychoanalytic techniques can be used for those who are experiencing a reactivation of unresolved psychosexual conflicts as a result of their mastectomies.

"Effective cure for breast cancer," Schain concludes, "demands treatment for the woman's psyche as well as for her body" (p. 49).

Assumptions

The breast cancer/mastectomy experience consists of a number of specific problems for the patient. These problems are crises brought on by the patient's illness. Recovery means a successful solution to her problems with the help of a counsellor, who treats her psyche while the doctor treats her body.

There are two basic problems for a mastectomy patient. Her fundamental problem will be either a fear of dying or feeling like an emotional or sexual cripple because of her breast loss. A woman who is not dying of cancer will be primarily concerned about the social stigma of her breast loss. This problem requires a solution, with the counsellor's help. Because of social conditioning, a woman will feel shame, embarrassment and a loss of worth. She may lose her sense of identity and meaning in life. However, if her work involves her mind rather than her body, she may suffer less from a mastectomy than other women do.

A woman can come to understand herself and grow to a new sense of meaning in life through her breast cancer/mastectomy experience. But
not all women are capable of such growth. All of them need help in solving their problems resulting from breast cancer and mastectomy.

Schain introduces the possibility of growth to new meaning very briefly in this problem-centered view of the mastectomy experience. This growth seems to come about as a woman understands her present problems in the light of her past history and influences, and thus decides to change her view of life. Schain does not explore this understanding or this change.

Lewis and Bloom (1978) point out that only three of the psychosocial articles they review (they give 110 references) focus on the breast cancer/mastectomy experience from the perspective of the patient. "Although there are multiple prescriptive papers, there is little systematic documentation of the problems of the breast cancer patient" (p. 12). They call for descriptive studies from the patients' perspective "as a first stage in a needs assessment process geared to identifying and prioritizing the target intervention areas for the breast cancer patient" (p. 12).

The descriptive studies they call for, however, are still problem-oriented. To ask "What are the problems that mastectomy patients experience?" is very different from asking "What is the breast cancer/mastectomy experience? What does it mean to the patients?" If one looks for problems, aspects of the experience that do not constitute problems are irrelevant. See, for example, Weissend's investigation (1975) of thoughts and feelings of women following breast cancer
surgery. Using interviews and a descriptive case study approach, Weissend came out with results that indicated the most important problems for the patients she interviewed, what helped them solve their problems and what was still needed. She did not get a sense of the experience as a whole or its meaning for the women. Thus the psychosocial approach to the breast cancer/mastectomy experience is still a reductionistic one.

An Approach of Cultural Anthropology to Breast Cancer and Mastectomy

Peters-Golden (1982) investigates the breast cancer experience from the perspective of cultural anthropology. Cancer of any kind, she says, has a stigma attached to it. From the literature on cancer she lists the following attributes of or beliefs about cancer that may contribute to this stigma: (a) Cancer means death. People tend to believe that it is always fatal and that an individual's survival is a fluke. (b) Cancer means a particularly wretched death, involving unbearable pain. (c) Cancer mutilates before it kills. (d) It does so in a very stealthy way. A person's body harbours an inner enemy, which advances without any warning. (e) Many people believe that cancer is an "unclean" disease, and they find cancer patients repugnant. Cancer patients may also feel this way about themselves. (f) Many people believe that cancer is contagious, perhaps because its cause is still a mystery. (g) There is no guarantee that treatment for cancer will succeed. Even when a person is thought to have been cured, there is always the possibility
of recurrence. (h) The treatment is regarded as worse than the disease. (i) Cancer is seen as a punishment for a wrongdoing by people who believe in a "just world" in which human beings get what they deserve. (j) The prospect of stigmatization and social ostracism contributes to a phobia of cancer. (k) People tend to overestimate the number of deaths from cancer and to underestimate the rate of cure.

Peters-Golden says that these attributes or beliefs, along with uncertainty about the correct thing to say to a cancer patient, contribute to withdrawal or lack of support experienced by cancer patients. She interviewed 100 breast cancer patients and 100 men and women apparently free of disease. 61% of the latter group indicated that they would or might avoid contact with cancer patients. But only 15% of this group thought that they would be avoided if they had cancer. "They do not translate the way they behave into the way they themselves might be treated" (p. 489).

Discrepancies in the perception of the breast cancer experience between the two groups were particularly striking. The disease-free people saw breast cancer as different from other kinds of cancer. They thought it would be much more embarrassing, and they believed that the breast cancer patient would be primarily concerned about the loss of her breast, her beauty and her femininity. The breast cancer patients, on the other hand, saw themselves as cancer patients; their primary concern was the possibility of recurrence of cancer. They felt misunderstood and treated inappropriately by others, and thus they felt separated and alone. They felt that the support they received from
others was conditional on their being "good patients"—cheerful and optimistic and not discussing their cancer. "Those who felt least supported also felt most stigmatized: they reported being alone more often, avoided by family and friends, 'branded' and abnormal" (p. 489).

Thus the breast cancer patient bears a double stigma: "She bears both the stigma of cancer and the image of being preoccupied with the loss of her breast" (p. 490).

Peter-Golden concludes that "cultural values which endow the female breast with enormous social and psychosexual meaning obscure the true issue as identified by patients" (p. 490). She says that most studies of the social and psychological correlates of breast cancer begin with a similar bias: "the assumption of primacy of breast loss" (p. 490).

Assumptions

Being a cancer patient means bearing a social stigma. A cancer patient is regarded as being different from others in many negative ways. For example, she is viewed as sick, dying, repulsive, contagious, evil and deserving of punishment. Thus other people tend to avoid her or withhold support. As a result, the patient feels abnormal, rejected, alienated and lonely.

A breast cancer/mastectomy patient bears a double stigma—the stigma of cancer and the stigma of breast loss. She is seen by others as preoccupied with her physical loss and its meaning in terms of her femininity. Since her primary concern is about survival, she feels
misunderstood. This lack of understanding adds to her sense of alienation and loneliness.

Mastectomy as a Turning Point

A few studies move toward meaning. They focus on the inner experience of mastectomy patients. Quint (1963), a nurse, studied 21 mastectomy patients for a year through participant observation in the hospital and through intensive periodic interviews after their return home. Her paper is full of quotations from the women themselves.

She sees mastectomy as a "turning point" (p. 83) in a woman's life, a critical experience which can bring about reevaluation and change in her sense of personal identity. This surgery precipitates a period of shock and unexpected events. It not only leaves a change in bodily appearance, but it also mars the patient's future with the prospect of a shortened life and the possibility of a slow and painful death.

The real impact of the surgery does not hit the patient until after her return home. She is surprised at her pain and discomfort, at her sense of exhaustion and feeling of letdown. "One woman stated the problem clearly when she said that some persons just do not understand that you aren't the same any more" (p. 89). The patient feels self-conscious about her appearance; she must make decisions about concealing her surgery from others. "An all encompassing problem, harder than dealing with the deformity, is the question, often not said aloud: What is my future? It is as though almost anything that happens
can trigger the thoughts: "Am I going to die? When? How?" (p. 90).

There is an ongoing fear of recurrence. "For these women there was a
central core of loneliness" (p. 91), since they had few if any outlets
for talking about their concerns.

In a later article (1964), Quint expresses the impact of mastectomy
with even greater force: "Mastectomy is a turning point which brings
the notion of dying into a woman's personal reality" (p. 119). The
surgery becomes for her "less a symbol of cure than a warning sign" (p.
119). Even women who healed physically continued to feel uncertain
about their survival. They had a sense of time being foreshortened and
began to search for guidelines in learning how to live with this sense
of uncertainty. Quint concludes that a woman's major difficulty
following mastectomy is learning to "live with death" (p. 124).

Unlike most researchers, Quint and her co-interviewer, another
nurse, participated in their patients' private worlds. As the women
"let their hair down about what it is really like to live with a
mastectomy" (1963, p. 92), the researchers found that they had to pay
the price of facing their own fears and their sense of inadequacy, their
desire to run away. It was impossible for them to avoid the thought:
"This could happen to me" (1963, P. 92).

Assumptions

The mastectomy patient is a subject. Her experience involves much
suffering, which continues even after she has recovered physically. She
is self-conscious about the change in her appearance but is more concerned about the possibility of dying from cancer. She is trying to find a way to live her life while being aware of its transience. Her sense of mortality brings about a change in her identity. But she is lonely because others do not understand her experience and expect her to return to normal.

Woods and Earp (1978) say that this is probably the most complete study of women who have had mastectomies for breast cancer. And yet its assumptions and implications seem to have been ignored by most writers on the subject. Meaning is implied throughout Quint's articles, though it is not explored. Her brief description leaves the reader hungry for more details and more depth of exploration. For example, how does a woman search for guidelines in learning to live with uncertainty? How does she learn to "live with death" (p. 124)?

**Mastectomy as Despair**

Ervin (1973), a surgeon, was also affected by the experiences of his patients. He felt shattered after losing three mastectomy patients to suicide within a few months. This experience led him to study the problems of 12 of his patients 5 to 10 years after their surgery through in-depth interviews. He wanted to study the whole person. It made no sense, he said, to study a woman's mastectomy or sexuality "separately from the rest of her" (p. 46).
In talking to these women, he found that the experience of mastectomy "is a devastating one in which the emotional suffering far outweighs the physical" (p. 46). For a mastectomy patient, "the future is so bleak that she cannot face it, so she looks backward in life and regresses emotionally" (p. 46). In summary, he concludes that no woman escapes serious emotional trauma in connection with a mastectomy. . . . At the worst is suicide. The best that can be expected ordinarily is a return to a level of security that existed prior to the surgery. A mastectomy is not an ennobling experience and any claim to the contrary is nonsense. Only extremely rarely have I seen a woman put her emotional pieces together and choose a new and more rewarding direction for her life, but it does occur." (p. 51)

Ervin's key to management is honesty, realistic hope and planning for the future, which he says is a "key to survival; one who no longer plans for the future is soon dead" (p. 53). He sees the limitations of his role as doctor. He cannot bear the patient's burdens for her or help her change her life. But he will help her to find a counsellor who can help her to make any changes she wants to make. Few women, he says, accept referral to counsellors.

He validates the patient's feelings, telling her that anxiety and depression are usual for at least a year. Chronic as opposed to short-term depression he sees as coming from a concern with death and the uncertainty of life. "When women talk about it, I tell them that if they would be free they must accept and come to terms with this uncertainty" (p. 61). Some women deal with it through denial and
distraction, others through religion and their own personal philosophy.

Ervin is convinced that a strong positive attitude helps a woman survive breast cancer as well as improve the quality of her life.

Assumptions

The worst problem for a mastectomy patient is the isolation and despair she experiences.

A mastectomy patient, like all human beings, is free and responsible. She must bear her own burdens and come to terms with the uncertainty of life. She must have a positive attitude and plan for her future in order to survive.

Yet her suffering is so terrible that at best she will return to her level of functioning before the surgery. Most women will change their lives for the better. A mastectomy does not make a woman a better person, a more whole human being.

Though women express a need for meaning and seek it through religion and philosophy, few will find it. Transcendence is very rare. One does the best one can in an enormously difficult situation.

Ervin's approach, though humane and compassionate, is lacking in hope. The contradiction between the patient's need for a strong positive attitude and his own stark realism (pessimism) is evident throughout. He himself can see no meaning in suffering. One simply endures it as part of the human condition or else one goes under. Life is ultimately tragic. The best attitude is one of stoic acceptance.
Dignity consists in bearing one's burdens without hope of renewal. This theme underlies his paper despite his comments about the importance of hope and looking to the future.

It would seem important to know how the rare patient manages to put her life together in a new direction.

A Cognitive Approach to Breast Cancer

Taylor (1983) sees a search for meaning as an important aspect of the breast cancer experience. She presents a theory of cognitive adaptation to life-threatening events, based on interviews with 78 breast cancer patients. She argues that when an individual has experienced a life-threatening event, recovery focuses around three themes: a search for meaning in the experience; an attempt to regain mastery over the event in particular and over one's life in general; and finally, an effort to enhance one's self-esteem, or feel good about oneself despite the setback.

The search for meaning involves a need to understand why a crisis occurred and what its impact has been. The person searches for causes and thinks about the implications for her life now. Slightly over half of the women that Taylor interviewed began to reappraise their lives. The cancer experience gave them a new perspective; they began to reorder their priorities and restructure their lives. Some women could not find positive meaning in the experience; instead, they felt undermined by it. "However, when positive meaning can be construed from the cancer
experience, it produces significantly better psychological adjustment" (p. 1163).

The sense of mastery involves gaining a feeling of control over the threatening event in order to manage it or keep it from occurring again. For example, Taylor found many patients who believed that a positive attitude would prevent a recurrence of cancer. Others changed their diet or tried to control the side effects of their treatment through mental imagery. The effort to restore self-esteem was indicated in various ways. For example, the patients reported mainly positive changes in their lives since the cancer. They compared themselves with other women who were not coping as well as they were. They also compared themselves with women who were worse off physically but coping very well; thus they could feel in an advantaged position while gaining inspiration from models.

Their sense of meaning, mastery and self-enhancement and the cognitions on which they were based enabled the patients to make sense of the cancer, to take control of some aspects of their lives, and to change their views of themselves and their lives in ways that were "psychologically beneficial" (p. 1168).

Taylor maintains that an individual's efforts to resolve these three themes rests on her ability to form and maintain a set of illusions. By illusions she means "looking at the known facts in a particular light, because a different slant would yield a less positive picture, or the beliefs have yet to yield any factual basis of support." (p. 1161). Patients persisted in their positive beliefs despite lack of
Evidence for them, and in so doing, they were able to recover successfully. "The effective individual in the face of threat, then, seems to be the one who permits the development of illusions, nurtures those illusions, and is ultimately restored by those illusions" (p. 1168).

Assumptions

For a breast cancer patient, successful recovery involves a readjustment to normality, which takes place on the cognitive level. The person adapts her thinking in a way that will help her to return to normal. She does this in three ways. First, she tries to find a positive meaning in her experience, to reorder her life in a new way. Secondly, she tries to take control of her health and her life. Finally, she tries to feel good about herself by seeing the personal benefits of her cancer experience and by comparing herself to others who cope less well or who are less fortunate.

In order to recover, the breast cancer patient interprets her experience in the most positive way that she can. This interpretation has no basis in reality. It is based on illusions. The patient sees things the way she wants to see them. The meaning she finds in her experience has no validity, yet it helps her to recover. Her unrealistic view of herself and her experience helps her to readjust to normality and to live effectively in the real world. Thus illusions are essential to recovery from a life-threatening illness like breast cancer.
Taylor sees the importance of the search for meaning, but only in an external way, as an aid to readjustment. She gets caught up in the usual contradictions involving "adjustment" as well as contradictions involving "illusions." Her implied stance is objective as opposed to the subjectivity of the breast cancer patients, whose experience is being examined. She makes a sharp distinction between their view of reality, based on "illusions," and the world of facts. Though she stresses the connection between a change in the patient's sense of meaning in life and recovery from breast cancer, this connection is never really explored. Instead, it is explained away by the use of the term "illusions."

Mastectomy as a Crisis to Grow On

Klein (1971), a hospital social worker, describes mastectomy as "a crisis to grow on" (p. 1660). She describes a crisis as limited in time (four to six weeks), calling up old losses, and involving tension and anxiety to resolve. The individual must actively work on her problem to resolve her crisis. There are certain tasks the patient must perform: accepting the breast loss by fully mourning for it; reintegrating a self-image worthy of love and the rewards of life; and beginning "to make peace with the albatross of potential recurrence" (p. 1662).

A patient who achieves these tasks must test new strengths and discover new aspects of herself. "Surely, she can never be the same again; she is a stronger, prouder, more self-assured woman who not only has attained equilibrium but has grown" (p. 1662).
The counsellor can help her to express her feelings, sort out myth from reality (for example, the myth that cancer always kills) and anticipate the future. She must avoid giving false reassurances. She can also help the patient's family to understand the patient's feelings and to express their own.

Assumptions

A mastectomy patient is a strong person capable of facing her pain. Her suffering is real and to be respected; yet she is capable of moving through it and beyond it. She is active and responsible for her health. She is totally involved in her own healing.

Dark feelings are normal; they are part of a person and accepting them is important for healing.

Facing death is important for living.

Health is not adjustment, but rather integration on an individual, personal level. Recovery from breast cancer and mastectomy involves growth toward a new wholeness. Suffering can promote growth. This is its implicit meaning. Growth need not take long, but it does take work. The patient must work hard at the tasks of healing in order to grow.

All women must perform the same tasks in order to resolve the crisis of mastectomy.

Mourning is not explained. A stage theory of mourning seems to be assumed by Klein. Mourning is assumed to be a process with a certain
time limit. The patient must work through dark feelings to reach acceptance of her breast loss.

**Stages and Styles in the Cancer Experience**

The three stage theories which follow are more general in their application than the previous studies, which focus specifically on the breast cancer/mastectomy experience. Kubler-Ross (1970) describes the experience of terminally ill cancer patients in terms of stages; Gullo, Cherico and Shadick (1974) present a stage theory of the experience of cancer patients who recover from their illness; and Francis (1969) gives a stage view of the cancer experience for both recovering and dying patients. Gullo, Cherico and Shadick also describe a number of different styles of response to a life-threatening illness such as cancer.

Kubler-Ross (1970) attributes the dehumanization of life and death in our society to fear and denial of the reality of death. She believes it is a personal as well as a social responsibility for people to become aware of the possibility of their death and their feelings about it. A diagnosis of cancer can be a blessing as it allows a person to face mortality, though he or she may be alive for many years to come. It is particularly important for doctors to see death as a human experience; if a doctor denies death, so will the dying patient.
Kubler-Ross studied the experience of death and dying by interviewing hospitalized patients, mostly cancer patients, who were terminally ill, while doctors, other professionals and students watched through a two-way mirror. She saw these patients as teachers, experts on their experience; thus she tried to approach them with as few preconceptions as possible. Though each person's story was unique, she found that patients shared common reactions to their experience of terminal illness. Kubler-Ross describes these reactions as a series of stages.

The first stage is denial and isolation. At first the person feels shocked or numb. As the numbness begins to go away, the patient denies the possibility of cancer and of death: "No, not me, it cannot be true" (p. 38). This is a healthy reaction; it allows one time to collect the necessary strength for dealing with pain. Denial is generally temporary, but partial denial also takes place later from time to time.

"Since in our unconscious mind we are all immortal, it is almost inconceivable for us to acknowledge that we too have to face death." (p. 42).

Later the patient isolates himself or herself from pain by talking about health and illness, mortality and immortality "as if they were twin brothers permitted to exist side by side" (p. 421).

The second stage is anger, which may be felt as rage, envy or resentment of others who do not have to suffer or die. "Why me?" the patient asks, angry at God for disrupting his or her life and future plans. Through anger one makes oneself seen and heard by family and hospital staff: "I am alive, don't forget me. You can hear my voice, I
am not dead yet!" (p. 52). It is important that staff react with empathy, respect and acceptance in order to help a person express anger and move past it.

The third stage is bargaining. The person asks God for more time to live, in return for which he or she will live in a more religious or altruistic way.

The fourth stage is depression, which accompanies more surgery or further symptoms. At this stage a person experiences "a sense of great loss" (p. 85) which may involve the loss of an intact body, a job, a role, or dreams. Kubler-Ross distinguishes between reactive depression, which follows a loss, and preparatory depression or grief which the patient must experience in order to let go of loved objects and people. The grieving patient should not be encouraged to think positively but rather to give full vent to sorrow, and the silent support of a counsellor, perhaps with the touch of a hand, will often help more than words.

The fifth and final stage is acceptance. At this stage the patient "will contemplate his coming end with a certain degree of quiet expectation" (p. 112). Acceptance is neither happiness nor hopeless resignation. "It is almost void of feelings. It is as if the pain had gone, the struggle is over, and there comes a time for 'the final rest before the long journey' as one patient phrased it" (p. 113). At this stage a patient does not want to be stirred up with any new problems. It is essential that others understand this detachment as a natural process rather than as a personal rejection of them or as a lack of
courage to fight for life. People want to be left alone to die in peace and dignity; otherwise, they can be thrown into the greatest turmoil.

Throughout all of these stages hope keeps people going through suffering: "It is the feeling that all of this must have some meaning, will pay off eventually if they can only endure it for a little while longer" (p. 139). When a person no longer expresses hope, he or she is usually about to die.

All of the patients in Kubler-Ross's study wanted to talk about their experience to someone who cared, although most of the doctors were initially unwilling to give permission for interviews. They gave as excuses the patient's poor physical or emotional health. Some doctors even denied that they had any terminally ill patients. Only slowly did they come to see the value of the interviews.

According to Kubler-Ross, the interviews gave the dying patients a sense of meaning. They were able to overcome their loneliness and to gain a sense of purpose; in their influence on professionals who would be working with other patients, they were leaving something of themselves behind.

In working with a dying patient, a therapist becomes aware of the uniqueness and finiteness of human life; in a brief lifespan "most of us create and live a unique biography and weave ourself into the fabric of human history" (p. 276).

Assumptions

Awareness of death as a reality enables one to live and die in a
more human way; one has more empathy for others who are living and
dying. Thus facing mortality is an essential human task.

Dying is a natural process. It is both an individual and a
universal human experience. It is more than a physical process. A
dying person moves through progressively deeper levels of feeling and
awareness, which may be described as stages. A person may do this alone
or need help in doing so. One also needs time.

The experience of dying involves a letting-go of life. A dying
person must let go of commitments to the world and connections with
loved ones. This is a difficult and painful process, as it is natural
for a living person to want to hold on to life. One can let go of life
only gradually, in stages.

At first one denies the possibility that one's life can end and
isolates oneself from feelings about illness and death. At a deeper
level, one asserts aliveness in the present and one's right to a
meaningful future. One makes one's presence felt through anger at
others and at God. Holding on tight to the unity of one's life gives
one meaning. Later one comes to see this unity as in God's hands, and
one asks for rather than demands more time. With increasing awareness
of the end comes deeper and more intense feeling—grief for losses
experienced and losses to come. Depression and grief are the same. At
the very deepest level one reaches a state of profound peace, where all
feelings are spent and all struggle has ceased. One has let go of life
and is ready to die. A person should be allowed to die with dignity
rather than being dragged back to the struggle for life.
In order to die in a truly human way, a person must pass through all of these stages. One must fully express anger and grief to reach final acceptance of death. If one experiences dying differently, it would not be natural; it would not be human; and it would not be good.

A dying person continues to hope that his or her experience has a meaning. Talking to others about one's experience can give one a sense of meaning. One becomes validated as a person who is letting go of life. One becomes seen as a teacher and a model. Paradoxically, this validation connects one with human life in an ongoing way. One gains a kind of immortality.

Dying can be an experience of personal fulfillment if it involves communication with others who respect the process.

In the process of dying, as opposed to living, universality overcomes individual differences. What the struggle involves is a gradual merging of one's unique way of being into the stream of human life.

Kubler-Ross's stage theory is often applied to the experience of other losses, for example, the loss of a breast through mastectomy, which is regarded as a death (Schoenberg & Carr, 1970). The patient is seen as passing through all of the stages to final acceptance of the loss (Klein, 1971).

Gullo, Cherico and Shadick (1974) studied the experience of 5 cancer patients, including a mastectomy patient, who were not terminally
ill. They had a series of interviews with each patient, beginning at the time of diagnosis and ending 6 months after hospitalization. Each patient received a favourable prognosis. The authors describe 7 stages in the patients' experience of cancer.

Stage 1 is shock. At first the patients felt overwhelmed and incredulous: "How could it happen to me?" (p. 57). They emerged from shock to recognize the seriousness of their illness but tended to avoid or deny the possibility of dying.

Stage 2 is anger. The patients asked "Why me?" Some were more bitter than others.

Stage 3 is grief and anticipatory grief, experienced as the patients were preparing for surgery. They all faced the prospect of death and mourned for present and future losses, including the loss of the illusion that cancer and death happen only to others. They felt profoundly lonely and vulnerable.

Stage 4 is bargaining or "promissory note" behavior. On the day and especially the night before surgery, even those who were not formally religious prayed for strength. Three patients promised God and the others promised their families or themselves that they would make changes in their lives if they were cured.

Stage 5 is uncertainty. Between the surgery and the pathology report the patients experienced much anxiety and a lack of control over their lives. They desperately sought information from the hospital staff.
Stage 6 is renewal and rebuilding. Following the favourable prognosis, 4 patients renewed their determination to live and their aspirations. They made plans to resume work, social life and other commitments. The fifth patient, who had had cancer of the uterus, refused to believe her prognosis. Instead of experiencing renewal, she continued to grieve: "How can you be happy when you've gone through something like this?... I just don't care any more. What is there to live for when you have to live like this" (p. 61)? It seemed to the authors that she had regressed to Stage 3.

Stage 7 is integration. "The ability to integrate the experience appears to be the last stage in a patient who recovers from life-threatening illness. It appears to enable the individual to profit from the experience, and, in some cases, to enrich the quality of his life" (p. 63). The authors sought evidence of integration during the 6 months after hospitalization. The only patient who could find no personal changes was the one who was still angry and grieving. "She had apparently settled into a morbid pattern of grief which has been described clinically as 'chronic grief'" (p. 63).

"Just as grief must be endured, experienced and expressed in all its distress and pain (Lindemann, 1944), the grief and trauma of life-threatening illness must follow a similar pattern. The patient who failed to develop these modes of expression encountered severe problems of adjustment" (p. 63).

Unlike Kubler-Ross's patients, these people were confronting only the possibility of death rather than dying. Negative information was followed rather quickly by positive information about the possibility
of cure. Immediate surgery forced them to confront the reality of their situation, and thus they had little time to get depressed. The period of bargaining was very short because the patients were not desperate, simply uncertain. In this way the authors explain some of the differences between the stages they describe and those described by Kubler-Ross.

If, however, the patients had received an unfavorable prognosis, the authors suggest that the stages described by Kubler-Ross might have replaced renewal and integration. The patients would no longer be life-threatened but in the process of dying.

Despite the commonalities in regard to stages, each person in the study kept a unique attitude to his or her illness; this attitude or "predominant response style" (p. 67) seemed to endure throughout the stages. Each patient illustrates a different response style, as follows:

The death-acceptor is a realist. Such a person accepts the seriousness of his or her illness and will strive for health. However, death is accepted if necessary. The person does not seek reasons for the illness but makes whatever changes are possible and accepts what cannot be changed. "You fight when it will help. You don't fight when it serves no purpose but to prolong suffering" (p. 68).

The death-denier is certain of recovery despite the seriousness of the illness. Such a person can accept the possibility of death intellectually but not personally: "I've always sensed that I would make it . . . I'm not the ordinary guy" (p. 69).
The death-submitter is a pessimist, who feels hopeless and abandoned, fated to an inevitable doom. Convinced that he or she will die despite a good prognosis, such a person may refuse medication: "There's no hope when it's cancer. I've never had any breaks and now this" (p. 70).

The death-defier is a "cold realist" (p. 71) who faces the possibility of death, even with a good prognosis. Yet he or she will never give up the fight for life. Even if medical treatment proves futile, such a person will continue the struggle for survival in order to preserve a sense of freedom and dignity: "You learn never to give up; that you've got to be strong" (p. 72). The death-defier in this study keeps thinking of Camus' *Myth of Sisyphus* and relates it to his own situation:

The guy knows his efforts are doomed but he continues and in so doing he affirms his own existence and freedom in the face of the absurdity of life. This is the way I felt I would want to die if anything goes wrong. Of course, my efforts may not help and they may even prolong the ordeal, but they would matter to me, and that's the one thing I would have left in the face of death. (p. 72)

The death-transcender sees illness and death as part of the plan of creation; he or she believes that life continues after death either through one's family or through the immortality of the soul. For such a person, death is "the logical completion of his efforts in this life" (p. 73). The death-transcender in this study was the mastectomy
patient. While experiencing grief and anticipatory grief, she was able to maintain her perspective: "At times like this it is very hard to face life. You've lost a lot and may still lose everything else you have. I have to keep on reminding myself that in God's plan this experience has some meaning" (p. 73). She did not feel passive in regard to her destiny: "This doesn't mean we just sit back; it takes courage to face up to the will of God and to live it" (p. 73).

Citing Bruner (1966) on the three phenomena central to the behavior of a life-threatened person—coping, denial and integrity of functioning—the authors describe the death-denier's style as defending. The person is trying to escape from an unpleasant reality for which there is no solution, while maintaining integrity of functioning, or a consistency with his or her most valued life enterprises. The death-acceptor, on the other hand, has a coping style; he or she respects the realities of problems encountered, while maintaining integrity of functioning. The death-submitter has a passive style; such a person does not respect the realities of the situation and violates integrity of functioning. The death-submitter is behaving in a dysfunctional way.

The death-defier and death-transcender accept the possibility of death on the personal level but tend to avoid the pain of this reality through intellectualization in the case of the death-transcender, and over-compensation in that of the death-defier. These behavior styles entail primarily a combination of coping and defense. (p. 76)
Assumptions

The experience of cancer is different for a person who gets a good prognosis after surgery than for a person who gets an unfavorable prognosis. In the first case, the person experiences merely a threat to life; in the second, one experiences the process of dying.

The experience of a life-threatening illness like cancer is a process which can be described as a series of stages. Until the time of prognosis, the person experiences a temporary letting-go of life; after prognosis, one reconnects with life and integrates one's experience. A brush with death may improve a person's life. A cancer patient with a good prognosis should be able to make positive changes within six months after hospitalization. One should be able to renew one's life and integrate one's experience with mortality within this time limit.

Renewal really means a return to the hopes and commitments one had before surgery. Integration and adjustment are really the same.

All patients must fully express their anger, grief and uncertainty in order to reach integration or adjustment. Stages of experience in a life-threatening illness are closely linked with aspects of treatment such as diagnosis, preparation for surgery, surgery, waiting for pathology reports and release from hospital. Anger and grief are normally expressed before surgery; uncertainty is normally limited to the time between surgery and prognosis. A patient who remains uncertain after a favourable prognosis or who continues to grieve for losses and anticipated losses is not behaving normally. A person who is still
grieving six months after hospitalization is stuck in a state of chronic
grief and has a severe problem of adjustment.

Despair and chronic grief are the same. Despair is an inability to
resolve one's sense of loss or potential loss. The meaning of the loss
is irrelevant.

The proper reaction to a favorable prognosis is complex. The
person normally believes the doctor's report and feels optimistic about
recovery. Yet it is realistic to be prepared for the possibility of
death and to accept death with equanimity. One does not search for the
meaning of one's illness as it serves no purpose to do so.

Improvement of one's life takes place without a search for meaning.

A cancer patient who submits to death as inevitable is behaving in
an unrealistic and dysfunctional way. But a person who is certain of
recovery from cancer after a good prognosis is unable to face the
reality of death. The person who will fight for survival in order to
preserve dignity and freedom and the person who transcends death by
seeing it as part of a divine plan are both avoiding the pain of death,
the first through overcompensation and the second through
intellectualization. Seeing a meaning in death or in the struggle for
life is an evasion of reality. Death is nothing more than an end to
life, and courage is simply irrelevant.

One does not influence the course of one's illness by the attitude
one takes toward it.

According to Francis (1969), cancer patients move through the same
natural and predictable stages as people with any other illness. The first stage is denial of the illness or its seriousness; the second is overt anxiety; the third is regression—clinging dependence on family and medical staff; and the fourth is depression, shown by such symptoms as anorexia, insomnia, lowered self-esteem and general loss of interest in family, friends and activities. The experience of depression is "a feeling of dejection and sadness of a pathologic degree" (p. 1679). Grief is less deep and pathologic. Both are reactions to a loss or threatened loss.

The mechanism which channels anxiety into depression is usually thought of as introjection, whereby the meaning a person or thing has to an individual is taken into the self and becomes part of the person. Thus if the diagnosis of cancer or its treatment means suffering, disfigurement, pain, long hospitalization, separation from loved ones, or death, even though these things have not yet occurred, that meaning becomes part of the individual. Because of the nature of such thoughts now turned inward, the person becomes depressed. (pp. 1679-1680)

After passing through these natural stages, "the emotionally healthy person begins to achieve realistic adaptation to the illness and to any limitations imposed by it" (pp. 1679-1680). Realistic adaptation means feeling good about oneself and others, doing whatever ordinary tasks of living one is physically capable of doing, and seeing the cancer not as a death warrant, but only as a chronic disease. If the cancer spreads, one is not afraid to die. Having successfully achieved
the life tasks described by Erikson (1963), one has maturity and ego integrity. One can look back on one's life and think "It has been good" (p. 1680). People who are very much afraid to die have unfinished business in their lives. They are less than healthy people.

A person who is less than healthy emotionally is likely to remain stuck in one of the four stages. Medical staff can help a person move through the stages by taking a realistic and hopeful attitude to his or her illness.

Assumptions

The experience of illness is the same, whether or not a person's life is threatened. All patients experience denial, overt anxiety, regression and depression. An emotionally healthy person, with help from medical staff, will move through the stages to a realistic adaptation to his or her illness.

Depression is a pathologic degree of sadness, but it is a normal response to illness if a person does not get stuck in it. Depression is experienced when the meaning of losses or anticipated losses become part of the self. In other words, the person experiences a partial loss of self. The loss must be resolved through expressing the sadness.

Cancer patients who have fully mourned for their losses can live without the thought of death. If they have no unfinished business in their lives, they can accept death when necessary. Mortality does not need to be of significance to them. If they are making a realistic
adaptation to their illness, mortality will not be of significance to them. Thus Francis's view differs profoundly from that of Kubler-Ross.

**Summary of Assumptions of Stage Theorists**

All of the stage theorists view cancer as a natural process consisting of a series of clearly defined stages, though they differ in their descriptions of these stages.

Each person must move through all of these stages in order to accept death or the loss of a body part or to adjust to ongoing life. In order to move through the stages, the person must fully express certain feelings at certain times. Though the theorists differ in regard to the specific feelings that require expression, they all agree that grief or profound sadness must be expressed. This sadness is connected with the person's sense of loss. The person must give full vent to sadness in order to move beyond this sense of loss.

Whether a cancer patient lives or dies, what is most important for his or her well-being is full expression of feeling, especially sadness. This is normal, human and good. It is the ventilation of feeling that frees a person to move forward into life or death.

The cancer patient is an emotional being.

Kubler-Ross believes that a sense of meaning is important for the dying patient. This meaning involves a sense of connection with ongoing human life through making a contribution in some way. Gullo, Cherico and Shadick see meaning as irrelevant to the recovery of cancer
patients. In their view, a concern with meaning is an evasion of reality. What matters is the practical improvement one makes in one's life in a short time. In Francis's view, a sense of accomplishment and fulfillment is important for the dying cancer patient. But the person who recovers from cancer simply needs to adjust to ordinary life in a realistic way.

Summary and Critique of Assumptions on Breast Cancer and Mastectomy

Most of the literature that I have reviewed approaches the breast cancer/mastectomy experience in an external or partial way. The meaning of the experience for the patient is ignored, imposed from without, or implied but not explored.

The medical approach sees mastectomy as surgical treatment for a physical disease. Recovery from breast cancer and mastectomy is physical, though there is no guaranteed cure for breast cancer. The patient is seen as a physical being, who needs medical checkups and medical treatment to keep her healthy. Health means freedom from disease.

The rehabilitation approach sees recovery as a return to normal in four areas—appearance, arm functioning, work, and emotional life. The patient returns as fully as possible to the way she looked, behaved and felt before her cancer surgery. She is regarded as a social being. Health means being an attractive, emotionally-stable, productive member of society, with a minimal difference from others.
The view of Reach to Recovery, presented by Lasser (1972), makes the underlying philosophy of the rehabilitation approach explicit. According to Lasser, recovery means remaining unchanged as a person. A woman has recovered if she has been able to put the breast cancer/mastectomy experience behind her and move into the future as though nothing important has happened to her. Health means growing without changing.

The psychiatric approach, presented by Holland and Mastrovito (1980), regards breast cancer and mastectomy as an experience of stress, which varies in intensity from one woman to another. Extreme stress reactions are psychiatric syndromes, which include anxiety, depression, grief and despair. Recovery means overcoming stress and returning to normal. Health means freedom from suffering caused by stress. The patient is regarded as a physical, social and emotional being, whose emotions need to be controlled in various ways so that she will not suffer.

The stage theorists also see the cancer patient as an emotional being. In contrast to the psychiatric view, however, they believe that she must fully express her feelings, especially sadness, in order to reach acceptance of death or adjustment to life. For Kubler-Ross (1970), hope for meaning is implicit in the patient's endurance of suffering until she accepts the inevitability of death. For the other stage theorists (Francis, 1969; Gullo et al., 1974), the meaning of suffering is irrelevant. Recovery means a resolution of grief through full expression of feelings, followed by a return to normal life.
The psychosocial approach, presented by Schain (1976), regards the breast cancer/mastectomy experience as a number of problems requiring solutions, especially the problem posed by the social stigma of the breast loss. The patient is seen as a psychological and social being. Recovery means a successful solution to psychological and social problems. For some women, recovery can also include an understanding of themselves and growth to a new sense of meaning in life. However, this growth is not explored. The distinction between women capable of insight and growth and women capable only of problem-solving is not explained.

The cognitive approach, presented by Taylor (1983), sees a search for meaning as an important aspect of the breast cancer patient's experience. Through this search, the patient gains a new perspective on life and begins to reorder her priorities. The discovery of positive meaning in her experience is highly conducive to her recovery, which means a readjustment to normality. According to Taylor, the patient's sense of meaning is based on illusions or positive beliefs, rather than on any factual view of her situation. Thus meaning is explained away rather than explored. The patient is regarded as a thinking social being. But her thinking, like her behavior, is seen only from the outside. Her view of reality is invalidated, though its usefulness for the purpose of readjustment is appreciated.

The psychoanalytic approach, presented by Renneker and Cutler (1952), sees breast cancer and mastectomy as separate experiences. Mastectomy has a meaning, which is the same for all women. The loss of
the breast means an end to sexuality and motherhood. For an older woman, this meaning is not significant; she focuses on the cancer as a threat to her life. Recovery for a younger woman means adjustment to her breast loss. She adjusts by mourning for the loss of her breast and her femininity. For the older woman, recovery means physical recovery from surgery and cancer. She recovers by fighting for her life. The psychoanalytic approach views the patient as a biological and social being. Normal meanings are imposed according to her age and her ability to bear children. Personal meanings are irrelevant and abnormal.

The assumptions of Ray's study (1977), point up the contradictions implicit in most of the preceding approaches, which equate recovery with adjustment, readjustment, or return to normality. Normality seems to mean both being the way one was before the cancer surgery and being similar to others. In the first case, normality means freedom from pathology (the medical view of health). In the second, it means average or typical. The first view is absolute, the second relative. Most of the literature on breast cancer and mastectomy uses normality as a standard of recovery without trying to clarify its meaning. With either sense of the word, the meaning of the experience for the individual is ignored.

A few studies attempt to describe the patient's inner experience. Quint (1963, 1964) sees mastectomy as a turning-point in a woman's life; the patient faces her mortality and begins to see the reality of death as part of her life. Recovery means learning to live with this reality. In the process the patient undergoes a change in her sense of
personal identity, which is not understood by others, who expect her to return to normal. Thus her experience is a very lonely one. Quint implies that this change is meaningful to the patient, but meaning is not explored.

Ervin (1973) views breast cancer and mastectomy as an experience of isolation and despair. The patient is a free and responsible person who can learn to bear her suffering with dignity. But there is no meaning in her suffering. Growth through the experience is very rare. Ordinarily the best that can be expected is a return to her level of functioning before the surgery. In this way Ervin differs from most of the other approaches, which view a return to the past as an adjustment to normality. Ervin sees it as a tragic situation. For Ervin, recovery means accepting the uncertainty of life and trying to plan for the future, despite its bleakness.

The approach of cultural anthropology, presented by Peters-Golden (1982), sees the experience of the breast cancer patient as different from the views others have of this experience. As a result of socially-imposed meanings of cancer and mastectomy, the patient feels abnormal, rejected, alienated, lonely and misunderstood. However, she is a strong person who maintains her own perceptions about reality despite lack of support from others. Peters-Golden does not explore this personal reality of the breast cancer patient or any meanings that might be different from social meanings. Like Quint and Ervin, she sees the possibility of recurrence as a primary concern for the patient, who must live with this uncertainty.
Klein (1971) sees mastectomy as a crisis that can promote growth. Recovery means growing through suffering toward a new integration. It involves full mourning for the breast, acceptance of the possibility of recurrence and the development of a sense of self-worth. Klein accepts a stage view of mourning. The patient is seen as a strong, responsible person capable of facing suffering and moving beyond it to a new life. Meaning is implied, but it is not explored by Klein. The tasks of healing are defined for all patients, as is the time in which healing should be accomplished.

In summary, the existing literature on breast cancer and mastectomy is filled with contradictions. At best, it indicates an incomplete understanding of the experience of the patient. The few studies that attempt to give an internal view of the patient's experience either reject the possibility that meaning can be found in the experience or else imply the possibility of meaning without exploring it.

Thus there seems to be a need for a different kind of study of the breast cancer/mastectomy experience—a study that approaches the experience from the perspective of the patient and seeks to understand its meaning.

The Meaning of Illness, Suffering and Healing

In the second part of my literature review, I present some approaches to the meaning of illness, suffering and healing that are congenial with my own experience of breast cancer and mastectomy. By
explicating their assumptions, I am in a better position to clarify my own. The authors that I have selected are concerned with what it means for a human being to experience suffering, illness and healing. Most of these writers are also concerned with the meaning of human life and the meaning of death. Although none of them deals explicitly with the breast cancer/mastectomy experience, some of them write about the meaning of the cancer experience in general.

This section on meaning is roughly divided into four parts. In the first, writers such as Cassell (1976) and Comaroff (1982) distinguish illness from disease and healing from curing. In the second, Sanford (1977) and Hillman (1978) present a Jungian approach to the meaning of illness, suffering and healing. In the third, May (1953) and Frankl (1962, 1963, 1969) present an existential-humanistic approach to the meaning of illness and suffering. Finally, LeShan (1964, 1977) and the Simontons (1980) discuss the meaning of suffering and healing in the cancer experience.

The Experience of Illness and Healing

Cassell (1976) explores the meaning of his work as a doctor. In our society doctors are trained to look for causes and provide cures for diseases. Through his own work Cassell realized that there was a difference between a disease or disturbance of the body and the phenomenon of illness, which is what a patient experiences. He also realized that a patient needs to be healed of illness as well as cured of disease.
Cassell describes the experience of illness for the hospitalized patient. First, the patient feels disconnected from the ordinary everyday world of others. "In health we know we are alive by our connectedness to the world. . . . We are connected to the world by numerous physical phenomena—touch, sight, balance, smell, taste, hearing—and also by our interest in things and in others, by our feelings for people, by what we do and how necessary we are, by our place in the social scheme. . . . In illness, however slight, some of these contacts are lost" (p. 27). As illness deepens, the patient begins to build his or her own world, an inner world or a world shared with other sick people.

Secondly, the sick person loses the sense of personal indestructibility that healthy people take for granted. "We need to soar above our bodies, our everyday thoughts, and our social connections to be whole and to grow. With the loss of the sense of omnipotence, this ability disappears and we are crippled" (p. 34).

Thirdly, a person who is ill can no longer rely upon reason. The disease is beyond our control, and the significance of events is beyond our knowledge. We lose the sense of omniscience we have when we are healthy.

Finally, when we are ill we lose our sense of control over our world, ourselves and our own existence. All the other aspects of illness reinforce this sense of loss of control.

We want to know the meaning of our illness. In seeking to understand what is happening to us, we are looking for answers that are
very different from those provided by medical science. Cassell traces the history of Western medicine back to Hippocrates, who introduced an objective, scientific as opposed to a magical approach to the patient's illness. "In tracing the history of medicine, we are tracing the history of Western culture's attempt to understand the questions illness raises in the sick person: What is wrong with me? Why did it happen to me? What is going to happen because of this thing that has gone wrong" (p. 56)? These questions, Cassell says, have two classes of answers, one wide and one narrow. The narrow class of answers are specific to the particular problem, for example, a fractured ankle. The wider class "has to do with fate and the relation of man to his universe" (p. 57). Hippocrates did not invalidate the wider questions; he simply introduced a systematic method of answering the narrower ones, for example: What is wrong with the ankle? What should be done for it? What will happen to it?

Since the time of Descartes, science has been dedicated to measuring the finite, and all of the questions asked about illness have been determined by that approach. The wider questions have been ignored as irrelevant, except by the sick person, who wants to know what the illness means in relation to his or her life and place in the universe. A scientific description of illness is incomplete, the same way a description of a rose in terms of inches is incomplete. A complete picture of illness involves personal phenomena as well as an objective description; it involves the meaning of illness to the person. Thus scientific and humanistic thought need not be in opposition; they can supplement each other.
A sick person needs to be healed of his or her illness as well as cured of disease. Healing means restoring the person to the world of the healthy. For some diseases, like cancer, a cure is impossible, so that healing becomes of paramount importance.

What does it mean to be healthy? "Health, at least in part, incorporates the ability of the self to soar, allied with, but unhampered by and unaware of, the confines of the body--unaware at least consciously, for somewhere within, there must be, in true health, a unity between self and body. The healthy have confidence in themselves and in their bodies, a confidence built on experience and fed by the sense of invulnerability" (p. 125).

Cassell compares the movement from illness to health to steps in growth. Each of us has an inner creative urge, which, together with the pull of society, keeps us growing. This inner urge is what Jung calls "individuation." As we grow, we become disconnected from our past self and experience a loss of comfort. "Each step forward involves a disconnection with the way we were and thus a loss of the self that was. Consequently, each step forward involves anxiety and the reawakening of the anxiety of the previous steps forward in growth" (p. 126).

The tasks of healing go beyond the physician's function. They take a whole lifetime: "Life is the problem--providing meaning and fulfillment, depth and happiness in life" (p. 182).
Assumptions

Illness is the experience of a person. To be ill means to feel disconnected from the world one ordinarily shares with others; to lose one's sense of indestructibility, the security of reason, and a sense of control over oneself and one's life. A sick person seeks to understand the meaning of his or her illness in a way that goes beyond any answers science can give. They have to do with fate, one's relation to the universe and the meaning of human life.

One needs to be healed of illness as well as cured of disease. Healing is a movement from illness to health. It resembles growth. As in growth, one feels disconnected from one's past sense of self in moving toward a new sense of self.

Health is a complex experience. It involves a connection with our bodies, with other people, and with ordinary everyday reality. It also involves a sense of invulnerability and a confidence in our ability to understand our experience through reason and to control ourselves, our lives and our world.

Yet health also involves the ability to transcend all of our ordinary connections with physical and social reality and our ordinary thinking. We need to experience a power that transcends all such limitations in order to grow.

Health means continued growth rather than stability. Being healthy thus involves the sense of disconnection and anxiety, the loss of the sense of security that accompanies growth.
Being healthy seems to include some aspects of the experience of illness. It involves a search for meaning and fulfillment in life. Striving for health takes a lifetime.

Cassell gives some indication of the complexity of the experience of health and illness. There does not seem to be any sharp separation between them. While on the surface they seem like opposites, when one looks more closely, this does not seem to be the case. Cassell's account is much less clear than those of the writers who follow.

Camaroff (1982) discusses the experience of the seriously ill person in Western culture. The experience of illness is an experience of contradiction. One is confronted with the universal paradoxes of human existence—the fact that one is both a mind and a body, a subject and an object, a natural and a social being. In illness these aspects of oneself become opposed; one is thrust into disharmony and strives to restore harmony by resolving the contradictions within oneself and between oneself and the world.

Shands (1966), writing specifically about cancer, describes the impact of the diagnosis as the destruction of the unity of one's experience: "The emotional impact could almost be described as a sudden amputation of the future; the consequence is a major alienation from the self. The present-future unity-in-duality is disrupted in radical fashion" (p. 888).
In primitive societies, Comaroff says, the healer tries to uncover the meaning of illness and to reconcile the person's experience with cultural beliefs about reality. But in our culture medical science sees people as physical objects; their subjectivity is irrelevant. Thus it emphasizes sick people's alienation from themselves. Our culture is based on the very dualism that the person experiencing illness needs to transcend in order to become well.

In a study of the experience of childhood leukemia, Comaroff and Maguire (1981) found that the experience of uncertainty or ambiguity and the search for meaning were the characteristic features of the impact of the disease on sufferers and their families. The search persisted as long as the illness lasted. Parents tried to bring the diagnosis of leukemia into relation with medical facts, the experience of others, their own biographies and their view of life. They wanted to know first, the biological and medical cause (What happened to the child's body?) and secondly, the more ultimate cause (Why us? Why now?). They wanted to bring clinical knowledge into relation with their everyday experience. They raised questions about the meaning of survival and established definitions of health and well-being. They began to question cultural assumptions about the nature of reality and the nature of human control.

The authors point that the gap between the sufferer's experience and clinical definitions of illness is due to the contradictions on which medical science itself is based:
The important implications of intervention in malignant disease cannot merely be defined as 'psychological maladjustments' or failure to 'cope' on the part of a few unfortunate victims. Neither can they be delegated to agents of care ancillary to somatic medicine, such as psychiatrists or social workers, who are expected to assist sufferers in adapting to clinically defined realities. For it is precisely these realities which such illness experience calls into doubt. And failure to recognize this merely aggravates the victim's dilemma. (p. 122)

Assumptions

The experience of cancer is an experience of uncertainty or ambiguity.

Any serious illness is an experience of contradiction, a condition in which the various aspects of one's being-in-the-world are opposed.

The diagnosis of cancer shatters one's sense of self and one's sense of reality. One feels fragmented and alienated from oneself as well as from one's world. One experiences chaos.

Healing involves the overcoming of ambiguity, contradiction and alienation. One restores clarity, order and harmony through transcending oppositions.

Healing comes through search for meaning. The experience of ambiguity and disharmony leads human beings to search for patterns that give order and unity to their experience. In the process of searching
for meaning, people question the incomplete or contradictory values of their particular culture and seek a more comprehensive view of human life.

The Journey of Individuation

Sanford (1977) begins by asking what health and illness mean. "Health" comes from the Saxon word "hal," from which "whole" is also derived. Wholeness implies something organic. If a part of our body suffers, the whole suffers. If a part of ourselves is denied, the whole person suffers, body and psyche. The healthy person is one in whom all parts are functioning harmoniously. Like the ancient Greeks and American Indians, Sanford sees illness as a loss of harmony or balance and healing as a restoration of wholeness.

When we become ill, for example, with cancer, our bodies may be telling us something we have not been open to hearing in any other way. "Each case of illness is unique, and will have a particular meaning for each person" (p. 34). Perhaps we have gone against our true natures in some way or failed to realize our creative potential. Illness may be a necessary part of our development as persons.

Sanford, a Jungian analyst, gives an account of the Jungian view of healing. What Jung called "individuation" is a movement toward wholeness and uniqueness, a movement never fully realized in a person's lifetime. Individuation is "a search for and discovery of meaning, not a meaning we consciously devise, but the meaning embedded in life
itself" (p. 20). It is a natural process of growth beginning within the center of the self. The psyche has the power to heal itself. Since health means becoming a whole person, individuation is a healing journey.

Growth takes place through the development of consciousness. "There is no wholeness without change, and change . . . is a matter of death and renewal" (pp. 98-99). For example, one's unconscious identification with others ends so that a new relatedness can be established on the basis of one's individuality. This process of growth is painful; it involves much struggle and suffering, including an encounter with darkness. Physical illness may be the very obstacle a person needs to begin the journey of growth, as it forces one to recognize the need for healing.

In the course of the journey, a person learns to relate to the inner as well as to the outer world. The inner world of the psyche contains the stored-up wisdom of all human life. Deep within the unconscious are the archetypes or patterns of energy common to all human beings and appearing in story form in dreams, myths and fairytales. For example, the shadow is the dark side of the personality, the unwanted or inferior part of the self that contradicts one's ideal image. To become whole, it is necessary to face the shadow and accept it as part of oneself. Individuation involves the growing consciousness of opposing tendencies within the psyche and an effort to integrate them. In the process one becomes a more complete, though not perfect, human being.

Sanford describes the form healing took among the ancient Greeks
and Romans. A sick person who could not be cured by the scientifically-trained physicians, would make a sacred journey to one of the temples of Asklepius, the god of healing. After undergoing a ritual purification in the natural springs near the temple, the patient would be left alone to sleep in a special room called the abaton, where he hoped to receive a healing dream from the god. The dream experience itself, rather than any interpretation of it, was believed to be healing. Asklepius's symbol was the serpent, which to the ancients was representative of the renewing, transforming energy of life. According to Jung, the human psyche has this same power to renew itself. Though scientific and spiritual aspects of healing have become separated, Sanford says that people who are ill need renewal for their spirits as well as for their bodies, especially if their illness was of spiritual origin.

Illness and healing are connected with one's unique destiny. For the shamans or primitive healers, illness was a form of initiation to a more highly developed state of consciousness as well as a call to a way of life. A shaman might get sick or come close to death many times before accepting his or her destiny as a healer. This happened to Black Elk of the Sioux tribe. In each person who becomes ill, Sanford says, there is something of the shaman. Unless we become conscious of the meaning of our illness, healing will not be complete. "Moreover, in all of us, the price of continued health is the continued development of consciousness" (p. 71). Growth takes place through a process of death and rebirth that forces us to discover our own unique way of being. If a person simply returns to a previous level of functioning after an
illness, "the net result is a diminution of personality" (p. 71). If the value of one's experience is denied, one is reduced as a person.

A person who has undergone a severe illness and struggled to become more conscious of the meaning of his or her life can often put others in touch with healing. Such a person is a wounded healer. Having discovered the psyche's inner power of renewal, the wounded healer has a faith in the healing process as well as an understanding of people who are ill. Though present to others on their healing journeys, the healer knows that ultimately they will heal themselves. Like the shamans, wounded healers must use their inner power to help others find renewal in order to keep moving toward health and wholeness themselves.

Assumptions

Health is harmony of the whole person, mind and body. Illness is loss of harmony or balance. The meaning of illness is unique for each person.

Health or wholeness is an ideal. A healthy person is a unique individual. Healing means moving toward wholeness and uniqueness. This takes a lifetime.

Healing is a process of growth. One grows as a person through searching for and discovering the unique meaning of one's life. Illness can lead a person to begin this journey of growth. It can lead to an understanding of one's purpose in life. Accepting this purpose enables one to continue to grow.
Growth means continual change. It involves much suffering. Change is a process of death and renewal. Old attitudes and ways of being die so that new ones can be born. Thus suffering and healing go together. Loss and suffering are necessary for renewal.

Healing comes from within. The psyche has the power to heal itself. Healing involves a growing awareness of one's inner world of images and symbols, which reveal themselves through dreams.

Health means an integration of opposites. Healing means recognizing and accepting opposing tendencies within oneself. Encountering and accepting one's own darkness are necessary aspects of healing. Thus health or wholeness means completeness but not perfection.

Healing oneself may mean accepting one's destiny as a wounded healer, who helps others to heal or grow.

Hillman (1978), also a Jungian, distinguishes his own perspective from that of the doctor and the scientific psychologist. The doctor is concerned with promoting the life of the body. The scientific psychologist studies human behavior from the outside. In contrast to both, Hillman is concerned with the psyche or soul. Soul cannot be defined, he says, in scientific terms. Its meaning is best given by its context. What a person brings to analysis are the sufferings of his or her soul. The analyst believes "that human behavior is understandable because it has an inside meaning. The inside meaning is suffered and experienced. It is understood by the analyst through sympathy and insight" (p. 44).
The doctor gives treatment to the body. But whatever is done to
the body also affects the psyche: "Whenever treatment directly neglects
the experience as such and hastens to reduce or overcome it, something
is being done against the soul. For experience is the soul's one and
only nourishment" (p. 23, Hillman's italics).

The doctor tries to get rid of pathology. In relation to the
psyche, the medical approach means "doing away with tension and
suffering, with the patience to endure, and eventually with the soul"
(p. 117). Hillman sees suffering as normal health, part of being
human. For the doctor, death is the arch-enemy. According to Hillman,
however, the "soul needs the death experience" (p. 83). Life and death
are not necessarily opposed. "Death can be experienced as a state of
being, an existential condition" (p. 60). A person goes through many
death experiences in the course of a lifetime. Any thorough crisis is a
death experience: "Any careful consideration of life entails
reflections of death, and the confrontation with reality means facing
mortality. We never come fully to grips with life until we are willing
to wrestle with death" (p. 15).

The death experience breaks down the old order so that
transformation can take place. It is necessary for the development of
the soul: "Health, like wholeness, is completion in individuality, and
to this belongs the dark side of life as well: symptoms, suffering,
tragedy and death. Wholeness and health therefore do not exclude these
'negative' phenomena; they are requisite for health" (p. 125, Hillman's
italics).
Assumptions

A person is both soul and body. Medical treatment for the body is an experience for the soul. Such an experience is a reality to be attended to, valued and understood. The soul is nourished by all of its experiences, including illness and suffering. They help a person to grow toward health, which means uniqueness and wholeness.

The soul is also nourished by the death experience. Death is encountered many times and in many ways during a person's lifetime. Facing mortality is part of the reality of human life. Such encounters enable a person to live in a more conscious, more complete way. The death experience breaks down the established order of one's life so that one can experience transformation and renewal. It is part of the darkness that leads one toward completeness as a human being.

Existential-Humanistic Approaches to Illness and Suffering

May (1953) sees illness as an opportunity to discover one's hidden potential. He points out that some people become healthier and more fulfilled as persons after a serious illness. "They affirm their elemental freedom to know and to mold deterministic events. . . . It is doubtful whether anyone really achieves health who does not responsibly choose to be healthy, and whoever does so choose becomes more integrated as a person by virtue of having had a disease" (p. 164).

Like Frankl, May believes that as human beings, we can transcend immediate events, including sickness, slavery and condemnation to
death, and we can choose how we will relate to these events. Since we can choose to die by suicide, we can also consciously choose to live. May says it is doubtful whether we really begin to live, i.e., to affirm our existence and accept responsibility for fulfilling our destiny, until we have confronted our freedom to choose life or death.

A human being is not simply the victim of chronological time; we also live by the significance events have for us. To find meaning in life, we must first learn to live in the present moment, which is all we really have as human beings. Each present moment has the possibility of opening out into eternity.

The chief experience that takes us out of a routine view of time is the thought of dying. "The possibility of death jars us loose from the treadmill of time because it so vividly reminds us that we do not go on endlessly. It shocks us into taking the present seriously" (p. 271).

Life is a journey. Our task as human beings is to grow to greater and greater awareness of ourselves as free and responsible. If we live each moment as honestly and courageously as we can, acting out of our "own essential center" (p. 272), in accordance with our awareness of our uniqueness as persons, we are living in a way that transcends time, "under the form of eternity" (p. 272).

Assumptions

A human being is not just a victim of external events. People are free and responsible. The task of a human being is to keep growing in
awareness of this freedom and responsibility. The experience of illness can lead a person to become aware of his or her freedom and responsibility. In choosing to be healthy, one becomes a more integrated person.

A human being is free to choose life or death. Consciously choosing to live means accepting responsibility for fulfilling one's purpose in life.

To find meaning in life, a person must learn to live fully in the present. The awareness of death can give meaning to life by making each moment precious.

Growth in freedom and responsibility is also growth in awareness of one's uniqueness as a person. In choosing to act out of this awareness, one is living honestly and courageously.

Living fully in the present means being honestly and courageously oneself. In this way a person overcomes the sense of being limited by chronological time and death. One gains a sense of connection with eternity and lives out eternal truths.

For Frankl (1969), man's search for meaning is a central concern. People are not only physical and intellectual beings, but also spiritual beings, and it is the spiritual dimension that makes us human. Spiritual despair is not an illness or a symptom of abnormality; "it is rather the truest expression of the state of being human" (1969, p. 26). What sets human beings apart from the animals is this ability to challenge the meaning of life, to doubt the significance of their own existence. Such a problem, Frankl says, must be dealt with on a
philosophical level. Traditional psychotherapy is of no use in this area as it is reductionistic, "always trying to unmask" (1969, p. 18). Frankl's logotherapy tries to help people in spiritual distress discover the concrete meaning of their lives.

Human beings are free and responsible. Responsibility implies obligation. We begin the search for meaning not by asking what we can expect of life, but rather what life expects of us. What is the special task that I by virtue of my uniqueness can perform? There is no abstract, universal, "right" meaning for everyone. What each of us tries to find is a specific task for the specific situation we are in, and it changes as life changes.

Meaning can be found not only through creative values (achievement) or experiential values (love). It can also be found through attitudinal values--facing unavoidable suffering with freedom and dignity. People are responsible for shaping their destiny whenever they can. When they cannot, they are responsible for enduring it. Suffering and trouble are part of life. "If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death" (1963, p. 106). Even in a concentration camp, where people are stripped of everything, it is possible to preserve one's spiritual freedom, the freedom "to choose one's attitude in any given set of circumstances, to choose one's own way" (1963, p. 104). According to Frankl, "it is this spiritual freedom--which cannot be taken away--that makes life meaningful and purposeful" (1963, p. 106).

Even death does not make life meaningless. On the contrary, human life gets its meaning from the very fact that it is finite,
irreversible, historical. All such limitations and imperfections are part of the uniqueness of a particular life.

Frankl believes that people are willing to bear any suffering as long as they can see a meaning to it. This awareness of meaning is not an intellectual act but an existential act, "an act of commitment that emerges out of the depth and center of man's personality and is thus rooted in his total existence" (1962, p. 27). This "immediate and implicit dedication and devotion" (1962, p. 27) does not even need to be verbalized.

Assumptions

People are spiritual beings. The spiritual dimension is what makes a person human.

Spiritual despair is not an illness or abnormality. It is a profound experience of a human being. To overcome despair, a person searches for meaning. Meaning is one's purpose or destiny—one's particular task in life. One begins by asking "What does life expect of me right here and now?"

Meaning comes through creative achievement, relationships with others, and suffering, which is part of life. A person discovers meaning through approaching suffering and death with an attitude of spiritual freedom. It is possible to choose one's own particular way of being in any situation. Meaning is not cerebral. It is a commitment to life, even in the face of death.
Searching for meaning is an active stance that connects one's present experience with ongoing life and the world of others. Thus one moves out of alienation.

By choosing one's way of being in relation to suffering and death, one moves beyond the position of victim; one is no longer defined by that role. One is a conscious subject for whom pain is a limitation, a part of life.

One can grow in spirit through suffering and connect more deeply with life.

**Suffering and Healing in the Cancer Experience**

LeShan (1964) describes observations he made during ten years of research with cancer patients in severe pain or facing the threat of pain. He describes their world as similar to the universe of nightmare in that terrible things are done to a person and worse are threatened; others are in control and the person feels helpless; and there is no set time limit—no one can predict when the suffering will end. Like a nightmare, the world of pain seems utterly senseless. The fact that the meaning of suffering is largely ignored in our culture makes it harder for an individual to deal with pain.

LeShan believes it is important to ask if there is a message in the pain. The hardest yet most basic task of the therapist "is to help the patient arrive at a meaning, a making sense out of what is happening to him" (p. 123). This meaning must be unique for each patient. LeShan
quotes Nietzsche: "That which does not kill me makes me stronger" (p. 124). The patient must be helped to make the nightmare conditions conscious, to gain some sense of control over his situation and to turn his energies outward.

**Assumptions**

The experience of cancer is a waking nightmare. The patient feels like a passive helpless victim in the hands of external forces. There seems to be no end to pain, which has ended one's "real life."

One can gain some sense of control through understanding the nightmare as part of one's real life. Pain is part of life's process, and one becomes strong through enduring it. Meaning can come through conscious endurance if one seeks to learn from the pain. This is the cancer patient's task, to ask "What lesson does this pain carry for me? How can I learn from it?"

Survival of suffering matters. Learning through suffering is a human task. Learning is an experiential process which moves a person forward into new life and new meaning.

In a later work (1977), LeShan makes the following generalization: "The presence of cancer is usually an indication that there is something else wrong in the life of the patient" (p. 14). From years of studying cancer patients through interview, life histories and projective tests, he discovered a basic emotional life history pattern.
Early in life these people learned that relationships with others brought pain and rejection. As children, they blamed themselves for their loneliness. Though on the surface they seemed adjusted to their environments, they continued to believe that something was wrong with them. No matter what they accomplished, they felt like failures.

Later, in adolescence or early adulthood, each of these people formed a central relationship into which was poured a tremendous amount of energy and hope. This relationship (or job or role such as spouse or parent) gave them a sense of purpose. "All meaning, all creativity, all happiness was seen as being bound up in this particular situation or relationship" (p. 61). When this relationship or job ended, they fell back into the old loneliness, which they interpreted as their destiny. Again, superficially, they seemed to adjust, but the zest and meaning had gone from their lives. From then on, death seemed the only way out. Six to eight months later the first cancer symptoms appeared.

These patients were characterized by a fundamental feeling LeShan calls "despair." This seemed to be their basic world-view—a bleak hopelessness that their lives would ever be meaningful. They felt absolutely alone and unworthy of love. They had never seen the question "What do you really want out of life?" as valid. Although they could stand up strongly for the rights of others or for ideals that they believed in, they were unable to stand up for their own needs, wishes and feelings. They were unable to express anger or resentment. Although LeShan was struck by the sense of a strong life force within these patients, it seemed to have no outlet in their lives. "Typically, there was a 'bottled-up' quality to their emotional lives"
They lived according to the expectations of others and the social system and gave much more than they received.

Almost all of them were caught in an impossible dilemma. They saw life as consisting of two roads: either they could be themselves or they could be good, i.e. conform to the expectations of others. They saw the first road as leading inevitably to rejection and isolation and the second to being loved for the mask they were wearing, not for themselves.

"In practically all of my patients some formulation of this dilemma was found. They all felt, to one degree or another, that to gain what they needed to bring meaning to their lives, they must give up themselves and become something else. Even to consider this solution gave rise to despair. To accomplish it, for any length of time, was impossible" (p. 51).

Thus the choice seemed to be to exist in isolation or not to exist at all. The cancer seemed to provide a solution for this problem—it was a way of getting rid of themselves once and for all. Those patients who were most completely in despair had the least resources to fight for their lives.

LeShan believes that there is a third road in life, and that this is something the cancer patient must learn: it is possible to be oneself and still be loved. "The most important thing to keep in mind is this: it is possible to be concerned and responsible toward others without sacrificing one's own life" (p. 179, LeShan's italics).

For cancer patients, there can be meaning in the idea that their illness has brought them to the point where "they must embrace
themselves or die" (p. 165). Traditional psychotherapy does not really help cancer patients, LeShan says. He himself changed from a traditional to an existential-humanistic approach which he calls "crisis therapy" through his work with cancer patients. A view of human nature as active, free and responsible is essential for this kind of work, as cancer patients already feel passive. LeShan points out that the mechanistic model of mental health accepted by traditional therapy has little pull toward the future. In this model the person is seen as a machine that must be kept in good repair so that he or she can function as efficiently as possible and with as little pain as possible. "Who would work hard and longer, suffer pain, fight for life, in order to be merely 'well-adjusted'" (p. 119)? The goal of the rich, full self, on the other hand, is well worth fighting for. Instead of asking "What's wrong with you? What caused it? How can we fix or get rid of the cause?" the therapist asks "What's right with you? What are your special ways of being, acting, creating, relating to others? What is blocking their expression " (p. 112)? The therapist is a gardener who helps cancer patients grow in the direction of their own uniqueness. Each person is seen as having a unique song to sing, and nothing is more important for cancer patients "than to discover their own particular song and learn to project it loudly and clearly" (p. 110).

LeShan believes that therapy for cancer patients should focus on the expansion and growth of the self rather than on physical recovery. If a person is free to discover his or her own meaning, this person will fight for a life that is more than simply an extension in time.
"If a person has one hour to live and for the first time fully discovers himself and his life in that hour, is not this a valid and important growth" (p. 101)? The therapist helps the patient to become "so fully at one with himself that he reacts spontaneously and fully in life" (p. 110). Therapy sessions are genuine encounters between persons. Through the relationship with the therapist, patients come to love and approve of themselves. The therapist must be tough and honest as well as caring. "Values MUST be explored" (p. 130), and the patient must be pushed to answer hard questions, especially the central question "What do you want to do with your life" (p. 136, LeShan's italics)? Thus the patient comes to value and explore the purpose of his or her unique life, and to believe that if others truly care, they will cherish this uniqueness. If they do not truly care, they are not worth the cost of self-destruction.

Like Sanford, Hillman, May and Frankl, LeShan believes that the experience of illness can bring one to a new level of health and wholeness: "Cancer often kills. Yet there seem to be times when getting cancer can become the beginning of living" (p. 182).

Assumptions

Cancer is an illness of body and spirit. It stems from despair. This despair begins in childhood. One blames oneself for not being loved and tries to be what others expect. Beneath the surface one feels hopeless. Later, hope is restored through a relationship or work in
which one pleases others and feels loved and worthwhile. With the loss of this connection, hope is shattered. One withdraws from life. Cancer follows this withdrawal.

The cancer patient is caught in an impossible contradiction: one must reject oneself or be rejected by others. Meaning seems to involve the sacrifice or destruction of the self. Thus an attempt to find meaning leads to despair.

To recover from cancer, one must overcome this contradiction that lies at the basis of despair. One must find meaning in a different way—through affirming one's uniqueness as a person. Healing involves growing like a flower in the direction of one's unique potential. One discovers this hidden potential through exploring one's values and trying to understand the purpose of one's life. In the process, one begins to relate to others in a more authentic way, through sharing rather than hiding oneself. One becomes both free and responsible in relationships. One begins to experience loving and being loved for oneself. Thus cancer can lead a person to a new life.

The Simontons (1980), a cancer specialist and a psychotherapist, take a holistic approach to the cancer patient. They see mind and body as part of an integrated system. Most people do not get cancer because their immune systems destroy cancer cells. The body's immune system is affected by stress, and especially, according to the Simontons, by reactions to stress such as depression, helplessness, hopelessness, despair. This weakening of the body's defenses can leave the person susceptible to illnesses, including cancer.
Like LeShan, the Simontons believe that the basis for cancer is laid in childhood. A child decides to live according to certain rules, for example, always being pleasing and cheerful. Later, when confronted by a cluster of stressful life events, the person sees no way to change the rules he or she lives by and consequently feels trapped and helpless. These life stresses generally occur 6 to 18 months prior to the cancer diagnosis. Though the person copes on the surface, "internally life seems to hold no further meaning, except in maintaining the conventions" (p. 63).

Thus people participate in their illness by allowing the body's defenses to become weakened by a passive stance toward life. Cancer, like life, is something that happens to the person. However, it is possible for this cycle of illness to be reversed. By learning to participate in one's health, one can help to strengthen the body's defense system so that cancer will be destroyed and health maintained.

Medical treatment is part of this process. The Simontons see healing as a cooperative effort between standard medical treatment and the patient's will to live. They combine radiation or chemotherapy with guided fantasies and counseling. Patients are encouraged to take an active, responsible stance toward their health and their life and to gain a sense of meaning through the process of striving to meet personal goals. Such meaning is "the single most important step toward moving in the direction of health" (p. 159). It gives hope and the will to live. Recovered patients are "weller than well" (p. 65) in mind and body, and they feel a sense of personal power and control over their lives.
In the process of counselling, patients identify major life stresses and the way they reacted to them. They also try to identify some of the benefits they gained from being sick, for example, taking time to relax, expressing feelings or saying "no" to the demands of others. Unless they come to see these needs as valid and give themselves permission to fulfill them without becoming sick, they may recover only to become sick again.

The Simontons use guided imagery in various ways to strengthen the patient's will to live:

1. Imagery is used to create and reinforce positive beliefs about recovery. The patient imagines chemotherapy and the body's vast powerful army of white blood cells destroying the cancer cells. Then in imagination he or she is strong, full of energy and fulfilling life's purposes.

2. Imagery is used to let go of old hurts and resentments that can lock a person into the past.

3. Imagery is used to create the future through setting new life goals that are meaningful, pleasurable and realistic.

4. Imagery is used to connect the conscious mind with one's Inner Guide to health, the wise, intuitive part of the personality, symbolized by a wise old man or woman, a doctor or religious figure, or even a whimsical animal.

5. Imagery is used to dialogue with pain and discover its message and meaning.
6. Imagery is used to gain a perspective on life and death. Through an imaginative death and review of one's life, one may discover one's unique meaning in life. One can decide what changes to make if given another chance to live. After the fantasy, one realizes that one is still alive and has the opportunity to become the person one wants to be. One comes to see the way to health as a continuous process of rebirth.

Although the Simontons encourage patients to fight for their life, they also give them the right to decide when it is time to move toward death. They have learned from their own experience the truth of Kubler-Ross's observation that people know when their own death is imminent but will often keep themselves from dying in order to meet the expectations of others.

Assumptions

A person is a unity of mind and body. Both mind and body are involved in illness and in health.

People are potentially free and responsible for their health.

Health is connected to one's beliefs, attitudes and feelings about oneself, others and the world. A person who has a passive stance toward life does not have the power to cope with life stresses without becoming ill. Such a person does not feel powerful enough to fight an illness like cancer.

Recovery from cancer involves assuming responsibility for one's health. One must adopt an active stance toward life. Above all, one
must seek and find a sense of meaning in life. Meaning gives hope and the will to live, as well as a sense of personal power.

In order to heal, one must become aware of the meaning of one's illness and change one's life according to this new awareness. Meaning can be discovered through acts of imagination, which put one in touch with sources of inner strength and wisdom. Through the power of imagination one can fight cancer, free oneself of past hurts, face death and renew one's life. One can begin to create a meaningful, healthful future.

Death, like life, can be a free and responsible choice. A person who has gained self-awareness through understanding the meaning of his or her illness knows intuitively when it is the right time to die.

**Summary of Assumptions on the Meaning of Suffering, Illness and Healing**

Cassell (1976) sees illness as an experience involving a feeling of disconnection from the world of others, a sense of being at the mercy of events one can no longer control or understand through reason, and a feeling that one can be destroyed by these events. A person who is ill requires healing. Healing is a movement from illness to health that resembles growth. It includes a search for the meaning of one's illness and the meaning of one's life. Meaning has to do with fate, one's relation to the universe, and the meaning of human life in general. Health is not a simple or stable state; it is a complex experience. Health involves continued growth and striving for meaning.
and fulfillment in life. Health involves paradoxes. In health one feels connected with one's body, other people and ordinary reality; yet one is also able to transcend ordinary connections. A healthy person feels powerful and confident, yet also feels anxious, insecure and disconnected when moving toward a new sense of self. Thus health seems to involve some of the experience of illness. Striving for health takes a lifetime. Cassell gives a sense of the reality and complexity of these experiences, but he does not make a clear distinction between healing and health, as, for example, the Jungian writers do. For Comaroff (1982) and Comaroff and Maguire (1981), illness is an experience of uncertainty or ambiguity and contradiction. Shands (1966) sees the diagnosis of cancer as shattering the unity of the self and the person's sense of reality. One feels fragmented and alienated and experiences chaos. Comaroff and Maguire see healing as a restoration of order and harmony through a search for meaning. One searches for patterns that give order and unity to one's experience. One questions the values of one's culture and seeks a more comprehensive view of human life.

Sanford (1977) agrees with Comaroff that health is harmony and illness loss of harmony. Unlike Cassell, he makes a clear distinction between healing and health. Health is an ideal of wholeness and uniqueness. Healing means moving toward this ideal; it is a process of growth that takes a lifetime. This growth involves the search for and discovery of the meaning of one's life. Illness can lead one to growth; it can lead to an understanding of one's purpose in life. One continues
to grow by accepting this purpose. Growth means change, which is a process of death and renewal. Old attitudes and ways of being die so that new ones can be born. Change involves much suffering, which is necessary for renewal. Healing comes from within the self. It involves an encounter with and acceptance of one's own darkness and an integration of opposing tendencies within oneself. As one grows, one moves toward completeness but not perfection. Part of one's own healing may include helping others to heal.

Hillman (1978) expands on the Jungian view of the meaning of suffering. He sees suffering as normal health. Illness and suffering are experiences that nourish the soul. Through such experiences a person grows toward wholeness and uniqueness. Hillman focuses on a form of suffering that he calls "the death experience." Encounters with death are part of the reality of human life. Facing mortality enables a person to live in a more conscious way. One's established form of life becomes disrupted so that one can experience transformation and renewal.

May (1953) sees the task of human beings as growth in awareness of their freedom and responsibility. The experience of illness can lead one to grow in this way. It can lead one to an awareness of meaning in life. Through facing mortality, one becomes aware of the preciousness of each moment. By living fully in the present—being honestly and courageously oneself—one can overcome the sense of limitations of time and death and connect with eternity.

For Frankl (1962, 1963, 1969), people are spiritual beings. It is the spiritual dimension that makes people human, and it is part of human
nature to challenge the meaning of life. Spiritual despair is a profound human experience. One overcomes despair by searching for meaning, which is one's purpose or destiny in life. One begins by asking what specific task life expects of one here and now. Meaning can be found through facing and enduring suffering and death with freedom and dignity. Death gives meaning to life; one's finiteness is part of one's uniqueness as a person. Awareness of meaning is an act of profound commitment to life, even in the face of death. One can grow in spirit through suffering and connect more deeply with life.

LeShan (1964) agrees with Frankl that people grow in strength through enduring pain. Meaning can come to the cancer patient through the conscious endurance of pain and through an attempt to understand the personal message in the pain. LeShan (1977) sees cancer as an illness of body and spirit stemming from childhood despair. For a cancer patient, being loved means destroying the self; being oneself means being rejected by others. Thus the person has lost hope of finding meaning in life. Healing involves affirmation of one's own uniqueness. One begins to grow in the direction of one's unique potential through exploring values and trying to understand one's purpose in life. As growth continues, one begins to relate authentically with others, to be both free and responsible in relationships and to experience loving and being loved for oneself. Thus the cancer experience can lead a person to a new life.

The Simontons (1980) also see cancer as an illness of the whole person, beginning in childhood. They believe that attitudes to life
can affect one's health. The adult patient sees no way of changing the rigid rules of childhood. By adopting a passive stance toward life, the person weakens the body's defenses and becomes susceptible to illness. In this way one participates in one's own illness. Healing involves adopting an active, responsible attitude to one's health and life. In order to heal from cancer, one must seek and find a sense of meaning in life. It is necessary not only to become aware of the meaning of one's illness, but also to begin to change one's life on the basis of this new understanding. Meaning can be discovered within the self through acts of imagination. Through imagination one can connect with inner sources of strength and wisdom; one can fight cancer, free oneself of the past, and begin to create the future.

The writers in this section of my thesis have a very different view of illness and health from the views expressed in the literature on breast cancer and mastectomy. They also have a very different view of a person who experiences illness or suffering. Such a person is seen as more than a physical, social, emotional or cognitive being; he or she is regarded as a human being engaged in a profound experience which goes beyond all of these categories. A human being seeks a meaning in illness or suffering which transcends the particular social order. One seeks a connection with a universal human order, in which one's own particular life has a place. Frankl uses the term "spiritual" to express this dimension of human life; Hillman uses the term "soul"; May uses the term "eternity"; Sanford speaks of archetypes or universal patterns of energy within the unconscious; Cassell speaks of "fate" and one's relation to the universe; the Simontons emphasize the importance
of imagination for discovering meaning within the self and gaining a perspective on life and death. All of these writers are expressing the view that there is a context for the self which is different from ordinary social reality, and that it is this context that enables meaning to be found and healing to take place. Meaning and healing are seen as going together.

Healing is viewed by these writers as a process of growth which includes a greater awareness of the self and of the nature of reality. This process of growth continues throughout one's lifetime; illness, suffering and the facing of mortality are part of growth. For the Jungians, the emphasis is on a journey toward the ideal of health as uniqueness and human wholeness, which involves an integration of opposites within the self. The existential-humanists place the emphasis on growth in freedom and responsibility in one's relationship to life and death.

These writers seem to agree that one's growing awareness of one's uniqueness, freedom and responsibility come together in the discovery of one's purpose in life. Meaning comes through the understanding and acceptance of one's purpose or destiny, which somehow connects one's unique, concrete, finite life in the ordinary world of others with the universal human order. Actively seeking this purpose, coming to understand it and living it out are seen as essential to healing. Indeed, Sanford stresses that illness will return if this purpose is not fully understood and accepted.

Since illness and suffering can lead to the discovery of meaning and purpose in life, they are viewed as essential human experiences. In
Hillman's terms, they nourish the soul; in Frankl's terms, they strengthen the spirit. Properly understood, such experiences lead people to renew their lives. Basically, for all of these writers, this seems to be what healing means.

My Own Experience of Breast Cancer and Mastectomy

In this last part of Chapter II, I give an account of my own experience of breast cancer and mastectomy, followed by my assumptions about the meaning of this experience. This account is presented in the order in which I recalled it five years after my surgery.

For three years I sought for the meaning of my own experience with breast cancer and mastectomy. This was a search and a struggle that involved my work, my connection with other people, my place in the world, my entire life.

My cancer diagnosis came a few months after my husband and I had moved to Vancouver. I had needed a hysterectomy for some time. Just before we left Montreal my gynecologist had told me that I should not be putting it off any longer. I was referred to another gynecologist, Dr. H., in Vancouver. At first I was too busy to see him. We were apartment-hunting, then job-hunting. When I didn't find a teaching job by Labour Day, I decided to get that surgery over and done with so that I could be job-hunting again by Christmas. I didn't want it interfering with my life any more than was necessary. I wasn't particularly worried about that operation. My uterus wasn't cancerous, I knew. I had six
large fibroid tumours that had been causing pains and bleeding. In the last year I had lost a lot of weight, apparently as the result of digestive problems that seemed connected with the fibroids. I was hoping that the operation would relieve these physical problems.

I liked Dr. H., who was warm and funny and positive. He was an older man who seemed very fatherly in his attitude toward me. When he examined me in his office he found the lump on my breast, but I wasn't told about it until the day after my hysterectomy. "I'm sure it's nothing," he said. "I've ordered a biopsy for next Wednesday, but I'm sure you'll be going home on Thursday." I believed him. I wasn't worried about the biopsy, either. I had never even bothered to examine my breasts. Cancer was something that happened to other people, never to me.

L., my husband, was much more worried than I realized. He was trying to reconcile Dr. H.'s positive talk with the fact that I had been handed over to a specialist in surgery. Dr. H. was a competent surgeon himself. Why couldn't he remove the breast lump? Was information being withheld again? Without telling me, L. went to see Dr. H., who got irritated at his questions. The two men fought. When I found out about it after my biopsy, I was very upset. I had to calm them both down. Dr. H. seemed shaken by the delay in the pathology report. He hadn't expected it. His reaction surprised me. At this point I found myself beginning to worry about the possibility of cancer.

We waited all day Thursday, but there was still no report. My anxiety grew. On Friday L. brought me my warm red robe and some drawing materials, as I expected I might be spending the weekend in
hospital. I wanted to have something to think about other than the pathology report. Late in the afternoon we were walking along the hospital corridor when the surgeon and three nurses approached us. They stopped in front of us. The surgeon's tone and manner were cold, aloof and business-like as he told me that my piece of breast tissue had been sent off to experts in the States. "You might have a rare form of cancer. In that case, the breast would have to come off."

I felt the sudden sting of tears, but I pushed them as far back as I could. This was a public place, and people were watching me. I thanked him politely, like a rational person, a lady. "You might as well go home now," the surgeon said. "The report might take a few weeks." He signed me out of the hospital, as Dr. H. had already left.

It was a strange homecoming for me, and a strange time of waiting—like a time out of time. Nothing seemed ordinary. Everything was heightened. The time I spent with L. took on a new intensity and significance. Since I couldn't help wondering how much more time we would have together, I began to cherish each moment now.

I was still weak from the hysterectomy. Every day I walked a little farther, trying to strengthen myself physically for whatever I might have to face—job-hunting or further surgery. Each time I left the apartment I was afraid the phone would ring. "Don't call us, we'll call you," the surgeon said as he removed the biopsy stitches. Well, at least he wasn't giving me any false hope.

The hardest thing was writing to my parents. Knowing their tendency to worry, I hadn't even told them about my hysterectomy. But I
couldn't just dump the results of a cancer surgery on them; I had to prepare them for it. I tried to be as positive as I could, saying how lucky I was to have such good doctors. I remember thinking "This news might kill them." I was especially worried about dad, who had had two heart attacks in recent years. I also wrote long letters to close friends and to L.'s family. Of course I was hoping for support, but I also wanted to comfort and reassure the people I loved. I worked hard at finishing an illustrated storybook for my six-year-old niece, Cheri. I wanted to make sure she would get it in time for her birthday. I wasn't sure how a mastectomy would affect my right arm, my writing arm. I did as much reading about breast cancer and mastectomy as I could. From what I could understand, a modified radical seemed to combine maximum safety with minimum deformity, and I was relieved when my surgeon said this was the kind of operation he would perform if it were necessary.

I was glad that I had the time to prepare myself for possible surgery. There seemed to be something important—a kind of responsibility, a dignity, in being prepared. I had never seen myself as a particularly courageous person, but if I had cancer and surgery was necessary, I wanted to face it with courage. I spent these weeks psyching myself up for the ordeal.

What sustained me most of all, I felt, was my relationship with L. He had been the most important person in the world to me since I was 18 and he was 21. We had been married 18 years. I had had to fight my Orthodox Jewish family to marry him—he was a Protestant Scot—and I had
never regretted it. I was sure our relationship was strong enough to withstand the loss of a breast and the threat of death. Nothing could ever separate us, I felt. We were so strongly bonded to each other. We had shared much pain as well as joy over the years. Mastectomy would be just one more challenge for us. At least that was the way I saw it. Much later I realized that L.'s perspective was very different from mine. He was terrified that I would die and felt desolate at the diagnosis of cancer. I will say more about this later when I discuss the change in our relationship.

L. was with me as much as he could be when I went into hospital again, a month after the biopsy. He had just started a new job as editor for an educational press. This was a career change for him and involved a lot of pressure. Thus I wanted to be as strong as I could and not burden him too much with my troubles. Just knowing he was there helped.

Though I felt mentally prepared for my surgery, my body was not prepared. I felt it shaking when I was being wheeled into the operating room. I tried to take deep breaths to stop the shaking, but they didn't help much. I was glad when I got the anesthetic. When I woke up, my body was still shaking. I was glad to be alive.

I felt good at this time. The surgeon commented on my "bright and cheerful" manner. The other doctors said they had expected me to be "feeling sorry for myself." But I felt surrounded by love and caring. L. was there, and I received cards and letters from family and friends. My sister-in-law sent me a beautiful orange-and-cream-coloured afghan
she had made. Her children sent a little elephant bearing a silver medal for bravery. Cheri sent me a little book of her drawings.

Before the mastectomy I thought a lot about dying. I was 40 years old, and I had never really thought much about it before. Now it seemed to me that I was being given a second chance to live. Until now my life had seemed fulfilling. Although I was sad about not having children, I loved teaching and writing. I had never really questioned the meaning of my life before. It always seemed to me that any contribution I made would be an intellectual one. I tended to see myself as an intellectual. I had never really "made it" in terms of an established career, but I never really expected to. L. and I had changed our lifestyles too much to be really successful; but we saw ourselves as living the way we wanted and paying the price for it. The price had never seemed too high. I was aware of having a certain influence on people—on students, on friends. The effect was to arouse their love for learning and to encourage them to develop their potential, to go as far as they could in the field of study that interested them. My belief in them helped them to believe in themselves. Two of my women friends, both nurses, had gone to university part-time; one was studying Psychology, the other English. I was very proud of them both, especially as I knew how difficult it was for them to work and study at the same time. Having this kind of influence was meaningful to me.

Now I began to wonder whether there was something else, some new purpose to my survival now. I had a sense that there might be a task of some kind, connected with my illness and my recovery, that I was
supposed to accomplish with my life. Because my form of cancer was rare, I had a kind of feeling of being chosen. I wasn't exactly a religious person—I hadn't replaced the Orthodox Judaism of my childhood with any other established faith. But at times I had experienced a connection with Spirit—sometimes when alone, at other times with L. or a friend. At such times the world became transformed. It was no longer flat and two dimensional—it opened up into vibrant life. Everything—each drop of rain, each silence—spoke to me of possibilities. These were very creative times. But I had never been able to maintain my contact with Spirit. It seemed to come and go at will, and I would feel empty.

At the time of my cancer surgery I felt this connection—this sense of intensity and fullness. A meaning seemed implicit, a meaning I didn't understand. Suffering was part of it. The pain was absorbed in the fullness.

Part of this experience was a heightened awareness of and sense of connection with the natural world. The first thing I wanted to do on arriving home from hospital was to walk to the bottom of Burnaby Street to look at the leaves. The bright autumn gold against the deep blue sky brought tears to my eyes. I had never seen so many shades of blue. Later, from our apartment window, I kept watching the minute-by-minute transformations of sky and water. They seemed glorious. For months afterwards I maintained this awareness of the changing beauty of nature. And I saw symbols everywhere. Cherry blossoms on New Year's Day, a bright rainbow arching over the West End, a full moon shining over English Bay, spoke to me of hope, rebirth, renewal.
After my surgery I became much more aware of myself as an embodied person. Before I became ill, I tended to take my body for granted. As a teacher and writer I led a sedentary life and tended to identify with my mind. In my childhood my parents had forbidden me to take part in active sports. I was an only child and they were afraid I'd get hurt. My mother, a very beautiful woman, was constantly expressing her disappointment in my appearance. I had a big nose, a bad skin, and "masculine legs, just like your father's." My breasts were "as flat as pancakes." I became convinced that I was an ugly girl and a physically weak person. When I met L., I began to change this view of myself. He tried his best to convince me of my beauty. He said beauty and sexuality had little to do with external form—they were a fire that came from within the person. He said I could never see myself the way that others saw me; all I could see was the way I looked in mirrors, so I missed the spark of relatedness that shone out and leaped forth and made the connection. I wanted to believe him, and so I did. Our sexual relationship was very important to me. It was a connection of body and spirit. Because of this my breast loss was not nearly so devastating as it might have been. I remember saying to L., "I don't want Mom here." I didn't want her undermining my strength with remarks about my inadequacy as a woman, the way she had done after my miscarriage ten years earlier. I hoped she would never have to undergo a mastectomy, as physical perfection meant so much to her; aging was hard enough.

L.'s tenderness showed itself in bathing me, even changing my bandages before the visiting nurses were able to come. He was
wonderfully gentle, and we resumed making love very soon after my bandages were removed. Around this time I attended a staff Christmas party with L. I psyched myself up for that, too. I remember feeling really proud of myself for being there. I was wearing a long skirt and a new red sweater over my lightweight prosthesis. People told me I looked radiant. I felt radiant. Someone took a picture of us that night and I can see the radiance—a glow that surrounds us and shines through our eyes. We look very happy and very much in love. I sent a copy of this picture to our families and close friends. I wanted them to see me looking and feeling good. I was concerned about upsetting people, and I wanted to look as attractive and as natural as I could. Because of L., I continued to feel beautiful a lot of the time despite my scars.

I felt very different with doctors. I dreaded checkups, and not only because of my fear of recurrence. I felt degraded—reduced to a thing, a slab of flesh on a butcher's block. That's exactly the way I felt when I was being turned and pounded around by my surgeon. I was never a person to him. He never talked to me. If I tried to talk to him, he never listened. Once I tried to talk to him about a pain in my scar area. I tried twice, and he cut me off twice. He said, "You're perfect. I'll see you again in three months." He referred me to a family doctor, an old man who showed even less interest in me. When I asked about the results of the mammogram following my yearly checkup, he said, "Strange—they only show one breast." I said, "Dr. W., I only have one breast." When I tried to tell him about the dizzy spells that were becoming very hard to live with, he said, "That's just stress.
There's nothing I can do about that. If you're having trouble sleeping, I can give you some pills." I didn't like taking the pills at first, but as time went on I became quite dependent on them. What I really wanted was to talk to someone who would take me seriously.

Before my checkups I would shake with anxiety for days. I worried about recurrence, but I also hated the helpless feeling I had with my doctors. In the nights afterwards I would wake, burning with shame and anger. Then I'd tell myself I should be grateful for being alive.

A few days after my surgery I had had a visit from a friend of my surgeon's, a very attractive older woman who had had a bilateral mastectomy five years earlier. I had liked her and found her sympathetic and inspiring. From my doctor's comments I had assumed she was a Canadian Cancer Society volunteer, but later I discovered that she was not. She had given me her phone number but told me that she could not see me again without the surgeon's permission. I did not try to contact her after leaving the hospital, partly because I knew she was a very busy career woman, and also because I felt it would be an admission of failure to manage on my own. In any case, I could not bring myself to discuss this with my surgeon. Just getting through the checkups was hard enough.

Shopping was almost as bad. I had not expected shops to be so poorly stocked with mastectomy items or salespeople to be so ignorant about the surgery. Salesclerks seemed anxious to get rid of me. One young woman actually kept staring at my chest the whole time I was talking to her. I'd go home feeling like a freak. Finally I found a
fitter who'd had a bilateral mastectomy herself. Though she sounded nice on the phone, in person she gave me the hard sell. She told me the prosthesis I knew was far too large and too pointed for my body looked "absolutely perfect" on me. I was glad L. was with me. When she hauled him into the fitting room, saying "There now, isn't she just as perfect as the day you married her?" L. said, "No, she's not--she's too big on the right and she sticks out." She was not pleased, to put it mildly. She became even more insistent, and I found myself fighting for the prosthesis I wanted in a way that surprised me. After all, I was the one who was going to be wearing it every day. It was also expensive. When I left, she practically threw the parcel and the change at me. But I felt proud of myself for getting what felt and looked good. I couldn't help wondering how her other customers felt when they got home with their purchases. I hoped they felt good about themselves and not lousy. The more I thought about the situation, the angrier I became. I wanted to do something about it, but I didn't know what I could do. I was aware that I was seeing myself as a kind of representative mastectomy patient, an Everywoman who had lost a breast. I was building up some very strong feelings and some very definite ideas as to how mastectomy patients should be treated. But all I could do with them then was to record them in my journal and to put them into stories.

For a while the image of the Amazon had significance to me. I knew the word Amazon came from "amastos," which meant "without breast." I read whatever I could find about them. Their power, their strength in
community, appealed to me. It was intriguing to think of a mastectomy as strengthening rather than weakening a woman and as making her part of a community of women who were strong warriors. The Amazons' search for androgyne or wholeness also interested me. They wanted to unite masculine and feminine principles within themselves. I needed a symbol outside myself to identify with, but it was difficult to identify with Amazons, whose wounds were self-inflicted and who didn't have cancer. I was also, except for L., very much alone.

A couple of months after my mastectomy I began swimming in the pool at the Vancouver Aquatic Centre. It was not a "rational" decision but something I felt drawn toward doing. I wasn't exactly sure why. As a child I had loved water but feared drowning. My mother was terrified of water, so I had never really learned to swim. It seemed important for me to learn to swim now. I taught myself by watching other people and getting the feel of their movements. Every day I would do a few more strokes in deeper water. When I was finally able to swim over the deep part of the pool I felt a tremendous surge of excitement and exhilaration. It felt like one of the most important experiences of my life. The fact that it was a very private experience was significant to me--I wanted applause, but since no one knew what I had accomplished, I had to give it to myself. This kind of self-nurturing was a new experience for me, and it became more and more important. For the first time in my life I was consciously taking care of myself, of my health. My right arm, my whole body was becoming stronger day by day. I felt myself becoming a much more physical, a much more active person. In the
water I also felt a release from tension and worry; in the act of swimming I felt totally present, and for a time afterwards, I felt whole.

Water seemed to have a symbolic meaning for me, and I tried to explore this meaning in several of the stories that I wrote the first year after my surgery. In some way I felt that I was connecting with a very deep part of myself that was also part of the natural world, wild, elemental and free. It was also Spirit. I didn't understand this connection in a rational way; I could only express it through images, like the huge rainbow-coloured fish, which turns into the many-breasted goddess, Diana of Ephesus. There was always this connection with my cancer surgery and a movement toward rebirth and renewal. In my stories each of my protagonists, a breast cancer patient, finds meaning in a kind of epiphany, a transforming experience, in which she finds wholeness and connection with others. In "The Aquatic Centre" Helen finds meaning through a dream of a round, bottomless pool where she swims without fear every day with her cousin, a former teacher, who has been dead for twenty years. Later, while showering with the other women in the Aquatic Centre, she understands the dream. The aliveness of each woman has an intensity, a reality, she has never felt before. Each of them, she realizes, is alone and vulnerable, on an individual journey through life. And yet all of them are sharing with her this incredible power of aliveness, presentness in this moment. This becomes a timeless moment for Helen, who feels connected with all human beings at all times and places. There is no ultimate separation, she realizes, between the
everyday world and the world of Spirit. In the bottomless pool the past is as alive as ever and the future is awaiting birth. "At the Centre all was presentness. Presence. Thus nothing was, nothing ever could be lost." From this point Helen becomes an Insider in her life, reconnected with the people around her. It is the real beginning of her recovery from breast cancer.

Unlike Helen, I never had the chutzpah to shower naked with other women; I was too concerned about upsetting people and I felt the need to protect myself. But I did get this sense of life at the Aquatic Centre. There were many such epiphanies for me, when life seemed full of meaning. But I was never able to hold onto this sense of fullness and connection. I needed something more, it seemed, a kind of context, in which everything would have its place, including my times of alienation, darkness and despair.

The truth was, I found it hard to relate to people after my surgery. This was a sad irony for me, as I wanted so much to make a genuine connection. Being aware of the brevity of time that each of us had on earth, I hated to waste any of it. I wanted to share profound experiences as well as to enjoy the small pleasures of each day.

Sometimes I was able to do this, but much of the time I felt like a tourist or an immigrant from another country, speaking a different language, holding very different values. My priorities seemed so different from everybody else's that I felt out of context in the world around me. I felt that others were judging me by another set of
standards, according to which I inevitably fell short. I was not part of the "real world." I was not competing against anybody or striving for success in a career. I was nothing but a cancer patient, a loser. When I felt strong this didn't matter too much—I went my own way. But when I felt vulnerable it was easy to feel squashed and defeated by the sense of being labelled and rejected—thrown into the garbage can.

Whenever I tried to talk a little about my experience—not even the cancer, just the way my life was—I felt people backing off, being judgmental. Their attempts to jolly me out of my perspective seemed callous and uncaring. A visit from old friends from Ontario was particularly hard. They had completely forgotten about my surgery—"It was so long ago." For me it was only a few months. When I said I was fine but still living one day at a time, S. demanded cheerfully, "What's the matter with the future—is it that bleak?" When I said it was uncertain, her husband told me the story of his uncle who thought he was going to die of cancer but outlived his wife, the old bastard. "That's always the way such people are—they'll outlive us all." I got the message that I was nothing but a crybaby, a self-pitying, chronic complainer. Since I hated this image, I tried harder than ever to keep my feelings and experiences to myself. I tried to be normal and ordinary, brave, cheerful, uncomplaining. I tried to be what people wanted me to be. The terrible irony of this was that I wasn't connecting with others in the way I genuinely wanted to—by being fully myself. The part of myself that didn't fit into social situations was the very part that seemed to contain the still-undiscovered meaning of
my life. I felt in some ways that I had to hide it in order to preserve it. Yet by hiding it—not actualizing it—I was making it unreal.

Many years earlier I had had a dream about a fish, which I had kept for a pet instead of cooking. I loved the fish and wanted it to live. One day when I was out shopping, squirrels came into my house and stole the fish. When I came home I was appalled to find it lying in pieces on the ground in my yard. As I approached the pieces I was terrified to see that they were still alive—throbbing, quivering with life. There was an enormous Power in the fish, a power that was still in my room when I woke up. I knew this was a dream about the Spirit. In some way I was supposed to cook or transform this wild part of myself and share it with others, but I had no idea how this would happen. I only knew that keeping a fish for a pet was being out of community with others. This was the way that I felt now, after my mastectomy.

The summer after my surgery, L.'s family spent six weeks in Vancouver. They came in two shifts. I loved them dearly and I was eager to see them, but the visit left me drained and exhausted, wanting to bury myself deep in the ground like a hunted little animal. I tried hard to please everybody—to be a good hostess and cheerful company. But none of it seemed to matter. People seemed to be constantly competing, complaining, making plans, changing them, breaking them. There was so much tension and so many power struggles. At night I lay awake full of chaos internalized. I felt sharp pains in my surgical areas and this worried me, too. My seventeen-year-old niece, who was
staying with us, showed her contempt for my insomnia, my lack of energy. "I'm a firm believer in hard physical labour," she said.

"People who work hard never have trouble sleeping." I told myself she was only a child, but her attitude hurt. In the past we had always been close, and she'd had respect for me. I also felt I was doing a lot of work in terms of shopping, preparing meals and cleaning up afterwards, without much help from anybody. The only person I felt I could relate to was L.'s dad, who was 80. We had a lovely quiet hour together one day when everybody else was at the beach and he showed me the scrapbook of pictures and poems he carried everywhere with him. No one else was interested in it, he said. No one ever listened to him, but he didn't care. He said he didn't listen to them, either. When everyone was together it hurt to have potentially close and happy times spoiled by what seemed to me to be pointless destructiveness. My brother-in-law took us out to an expensive restaurant. The food was lovely. But people complained so much that we might as well have been eating garbage. I remember that neither L. nor I could sleep that night. At dawn we went for a walk in Stanley Park. The water birds were taking their children for early morning swims. A swan and her young one followed us into the woods. I felt as though we were back at the beginning of the world—the first day of Creation, before things got spoiled by man. My soul felt restored.

One way I tried to make a real connection was through taking art courses. As a child drawing had been very important to me, but in my teens I had given it up as a childish waste of time. Except for the
little books I'd made for Cheri, I hadn't really drawn for 25 years. Now I spent a lot of time drawing. I particularly enjoyed working with pastels. I tried to give form to some of the images that came out of my dreams and my stories. A couple of nude self-portraits were important experiences for me. I was surprised to discover the strength and beauty I saw in my own body, in my face. It all went together, the strength and the frailty, the touch of death and the force of life. My first art teacher, a young woman, liked my drawings. Her teaching style was very non-directive; she encouraged me to get in touch with my feelings and my imagination, and this seemed to work for me. She said I had a lot of natural talent which should be developed and encouraged me to take a painting course. I was very enthusiastic about the painting, but after three sessions I withdrew. My teacher, a young man who loved to paint cars with a kind of photographic realism, made it clear from the beginning that he believed I had no talent. He only spent time with talented people, he said. Whenever I asked for help he ignored me. The atmosphere was very competitive, and I became so anxious and psyched out that I froze, unable to paint a single stroke. I didn't want to show my painting to the others, who were all much better than I was. But despite my protests the teacher showed it to the class. People were very cold to me that night. I was very embarrassed and very discouraged about myself. As I realized later, I was also very bored. We had spent three sessions copying artificial fruit on a dead-gray blanket. When I talked to L. about this experience I described it as a nightmare—I had the same sense of frozen helplessness. I didn't feel like myself in
this class. I felt out of control, and that scared me. L. said it wasn't a nightmare, it was the real world, and I had to learn to cope with it. After talking to L. I felt even more like a loser.

Around this time I began to get dizzy spells, which became progressively more severe. I would stand up or even sit up, and the whole world spun around me. The spells were frightening and debilitating. At night I lay rigid, afraid to turn my head lest they start. The mornings were the worst times. I would make a huge pot of coffee and keep drinking it until I settled down. I made myself do my household chores and keep writing, and I kept swimming as much as I could. I was determined not to give in to this weakness, which my doctor had said was just stress. It was over a year later that I found myself another doctor, a young woman, who gave me a thorough checkup and sent me for balance tests and a brain scan. I was very relieved to have this problem checked out. My new doctor thought the dizziness might be due to an allergy, as it seemed to be worse in spring and fall. In any case, the spells seemed to go away by themselves. But this was a bad time. I felt very vulnerable for most of that year.

The person who really helped me the first year after my surgery was someone I had never met "in the flesh." We wrote to each other and became very close friends. This person was Barbara Roy. I first saw her on Adrienne Clarkson's Fifth Estate program "Four Women." It was a program on breast cancer and mastectomy. As I watched it alone, four months after my own surgery, I cried for the first time. The tears just poured out. They weren't just tears of sorrow. I was crying because I
felt so moved, so validated. I began to feel real again identifying with these women. They weren't just cancer victims and they certainly weren't losers. They were persons—embodied spiritual beings. Strength of spirit shone through them all, carrying them through life, through death. One of the women had died before the program was shown, but what I could see and feel was her life. Her courage and joy inspired me to live; I felt my own spirit rising to meet theirs. I wanted to reach out, make contact with them, and I did. I wrote to Adrienne and soon received a letter from her. To my surprise, Barbara also wrote to me. She said she wanted to be my friend. We continued to write to each other until her death from cancer ten months later.

This relationship was very meaningful to me. Barbara was the only person who understood what it meant to me to be "living on the boundary." She had recovered from two bouts with cancer and was well when we began writing. The first was breast cancer, and the second cancer of the stomach, which was inoperable. She was given a few months to live, but two years later she was still alive and the tumour had mysteriously disappeared. A very religious Christian, Barbara attributed her cure to her faith. She'd had a dream about the hands of God pulling her out of a dark pit. I found it strange and wonderful that we could communicate so well, since I was Jewish and a feminist and so much more cynical in a lot of my attitudes to life. Because of our differences I never sent her any of my stories. After she died I was sorry that I hadn't—I felt I had been too protective of us both. We shared a lot—our fears as well as our epiphanies. She said it helped
her a lot to write to me. I felt good about that. We were so close that one night I cried all night, sure that something had happened to her. Next morning I received her letter about her brain tumour. I wrote to the Simontons for a tape for her, but it was too late.

Her death was an enormous loss for me. I was doing volunteer work at that time at a women's counselling centre, and I couldn't go into work as I couldn't stop crying. I tried to explain afterwards, but people were very cold about it. They couldn't understand how someone I'd never met could be that important to me; they seemed to think I was just copping out of work. This hurt a lot at the time, and was one reason I withdrew from the Centre shortly afterwards, after two months' work. They were sorry to see me go; they said I was good at counselling women. But I was also having trouble co-ordinating the hours I spent volunteering with my writing and my relationship with L. He was working part-time now, and he wanted to spent more time with me.

After Barbara's death her husband sent me some of her personal writings—essays and poems about her cancer experience. Her mother and sister, both from West Virginia, wrote me very caring letters. They said I was very important to Barbara and they were praying for me. When I read these letters I cried. I still get Christmas cards from her family.

I wanted to write a story or article about our friendship, but every time I tried to do it I broke down. I felt guilty about not being able to accomplish this task that felt so important to me, but I just couldn't handle it. Part of my problem was that I couldn't help feeling
that Barbara was a much better person than I was—stronger, more
courageous and more loving, and that I had no right to say anything
about her. At this time I was becoming more and more aware of my own
shadow side that was wild and angry and destructive and self-
destructive, feeling pent-up and caged-up in my life, longing to break
free.

I tried to contact other women who had had mastectomies. I started
to do this very soon after my surgery. But I didn't know how to get a
group started. I wanted a self-help group. I knew I needed to share
experiences with others and receive validation, and it seemed very
likely to me that other women would feel the same way. How could I
contact them? I went to the Women's Health Collective for advice. They
told me to leave my name, and they would tell anyone who was interested
in a group to call me. In the next two years I received calls from two
women with breast cancer. One had had a mastectomy the same time as I
did. The other had recently had a lumpectomy and was undergoing
radiation, then chemotherapy. Both wanted feminist support. I became
friends with each woman and saw her individually. Both of them said it
was good to talk to me. In talking with them I felt wholly myself,
strong and real, not holding anything back. It was a good feeling. We
never all managed to get together. Both women had families and lived
outside of the city of Vancouver.

I called the YWCA to see if any of the women in the exercise group
were interested in a self-help discussion and support group. The woman
I spoke to demanded to know my qualifications for leading such a group.
The question surprised me. "I've had a mastectomy," I said. I tried to explain that I didn't want to lead the group, just start it, but she wasn't really listening. "I have a degree in Recreation Education," she said. "I'm sorry, there's nothing I can do for you. Our program is being reorganized, and everything is up in the air right now." I couldn't help feeling dismissed. She seemed to think I was competing for her job, but that was the last thing on my mind.

One of the worst experiences I had was attending a feminist workshop on the Politics of the Breast. I knew some of the people who were giving presentations, and they knew who I was. Their approach to the subject shocked me. One woman talked about diet. In reply to someone who complained about giving up coffee and chocolate, she said, "Do you want to walk around hunched up for the rest of your life? Or wear a bra to bed every night?" She demonstrated the grotesque posture of a mastectomy patient. I thought to myself, "I sure as hell don't need that." When we were all sharing feelings about Playboy-type ads, I gave my perspective as a woman who'd lost a breast. There was a dead silence. "Well, let's get on with it," the leader said. "Everyone take their tops off, and we'll do a breast exam." I almost fainted. Surely, I thought, they could have warned me. I was certain that no one there wanted to see my left breast and my scar, and I certainly didn't feel like exposing myself to them. I could feel their fear—it was terrible. I could understand it, but still it seemed that someone, one of the leaders, should be able to make a connection between where they were and where I was—a connection that was real and helpful. They
seemed too immersed in the fear themselves. I wanted so much to be helpful, but all I was was a pariah, a symbol of everybody's fear and hatred of cancer and death. Of mutilation, too. It was an awful, awful feeling. I was almost drowning in the mire of ugliness and evil as I put on my poncho and moved toward the door. Then someone said, "Oh, you're looking for a mastectomy group, aren't you?" "Yes, I am," I said. "And I feel I really have to say something. You're scaring the hell out of people here. The point of breast exams isn't prevention—it's early detection. Have you told them about the survival rates?" She shook her head and muttered something about having left them at home. "Well, they're high," I said. "And if you do happen to need surgery there are lots of things you can do for yourself. And you have choices around the surgery, too." At this point some women began to ask me questions. I tried my best to answer them. But the leaders seemed vastly relieved when I took off. As far as they were concerned, the Politics of the Breast had nothing to do with people like me. I was simply a bad influence, an intruder. I went home in a rage. When I told L. about my experience, he laughed. "I never expected you to become such a positive thinker," he said. "You sound just like the ads from the Cancer Society—"I had breast cancer and I'm O.K." "Well, I am," I said. "I don't like slick positives, but I don't like slick negatives any better. Women have a right to reality." "They have to want it," L. said. I had to admit that was true.

The most difficult part of my experience was the change in my relationship with L. The problem wasn't sexual. It was a difference in
perspective that became a struggle of the spirit, both between us and within myself.

At the time of my cancer diagnosis we had been married 18 years, and we had been going together for four years before that. We had shared the most important experiences of our lives. We had been students together, then teachers, then writers. We had lived abroad and travelled together. We had shared joys and sorrows, ideals and values. We were not only lovers but also best friends. We helped each other to find meaning. Our relationship, I felt, gave me the strength to be myself with other people. It gave me a double vision, enabling me to have an empathy for men as well as for women. I cherished this added dimension to my life. It helped me to be a better teacher and a better friend. I felt myself free and creative within our relationship. I could use my mind, do work I loved, connect with others and become more and more the unique individual I was. I believed that L. and I validated each other as individuals. We had very much of an I-Thou relationship; it had an intensity, a depth, that went beyond the mundane. When we spoke of Us, we spoke of something alive and real, in which each of us partook but which went beyond us both. We created it, but it also created each of us. It was something holy—a shared world—a world of love.

I did not see how my cancer surgery could change or destroy the Us. Nothing could change it. Not even death could separate us, I was convinced of it. Our souls were inextricably bonded.

In some way my cancer made each of us more aware of our ultimate aloneness as creatures in the universe. L. was struck by this awareness
before I was. Much later he told me a little about his experience at this time. He has never told me very much. He said that for months before my diagnosis he'd had a sense that something was wrong, that I might have cancer, but he thought it was cancer of the uterus. The possibility of losing me terrified him, and this terror became more and more pervasive in his life. He prayed that I wouldn't have cancer, and the God he'd taken for granted all his life let him down. When I was feeling glad to be alive after my surgery, L. was experiencing despair. He couldn't just turn it off like a water tap, but what he had to do was to hide it from me as best as he could. He had to be supportive to me, and he also had to measure up in his new job. The pressure on him was enormous. The worst thing was that he had no one to talk to. His sense of alienation and pessimism was overwhelming. Every step I took, outward toward the world, or inward, exploring myself, seemed to him to be steps away from him and away from Us. For him the Us was becoming more and more structured and restricted, like a sculpture. Any change became anathema. He was constantly accusing me of acting or feeling "in opposition to" him. Most of the time I didn't know what he was talking about. There seemed to be no way to convince him that I loved him, that our relationship mattered as much as ever.

There seemed to be nothing that I could do right. L. didn't want me to look for a job; he wanted me to write my stories. This gave his life meaning, he said. And it was easier for him when I was home looking after the household chores. In Montreal we had shared the housework. I wanted to do it now because I felt guilty about his supporting me. He said this was nonsense—he'd never felt guilty when I
had supported his writing, and he hadn't been recovering from surgeries. Yet my guilt built up, especially when he told me about his difficulties at work and kept making remarks about writers who didn't have to cope with the real world every day as he did. His anger became more explicit. Once, when supper was half an hour late, he accused me of not loving him, of not treating him with proper respect. I had got caught up in my writing and lost track of time. A little later he said he hated me when I was writing. I had been feeling good—strong and confident and energetic. He said he hated the person I was at such times. He felt shut out the same way he'd felt after my surgery. One evening when I returned home from a talk about Canadian literature with two new women friends, I felt unusually exhilarated and I wanted to share my feeling with L. I was shocked at the torrent of abuse that poured out of him. He mocked my words and my manner—my "childish enthusiasm." I respected every stupid person more than I respected him, he said. He knew I'd leave him if I could afford it, but he'd never allow me to go. The pain of our alienation was terrible—far worse than any physical suffering or the fear of cancer and death. The world became a horrible place—black and ugly. It became a hell. We both experienced this, and L. blamed me for this experience. It was all my fault for wanting to make changes in our life. He really seemed to believe that I shouldn't need anything or anybody outside of him.

The tighter he held onto me, the more he tried to control our relationship, the more pent-up I felt. An urge to be on my own began to grow in me. I didn't want to leave L., but I wanted some peace and
privacy and freedom of movement. It was becoming more and more difficult even to think my own thoughts. Even when I wasn't doing anything, reaching out to people, my mind bothered L. He hated the books I was bringing home from the library—Jung and mythology. He demanded that I "explain my position" to him. I tried to explain that I didn't really have an intellectual position, I was very tentatively experiencing things I couldn't yet put into words. They were images and symbols, I said. L. became very angry. I was going downhill, he said. I was immersing myself in the irrational, and that was evil and destructive. The Nazis had done the same thing. Western philosophy and religion—Judaic-Christianity—had moved beyond all that nonsense about gods and goddesses. My interest in them was stupid, crazy and evil and should be eradicated. I didn't argue with L. because I knew it wouldn't do any good. I went into my room and finished a story. My ability to do this pleased me, but he became even angrier.

Thus I found myself withdrawing more and more from L. in order to be myself in a new way. At times I was able to do this, and my writing flowed. I felt strong and clear and determined to follow my path. At other times, undermined by dizzy spells or external events, I felt very dependent on L. He was almost always supportive to me when other people weren't. It had always been "you and me against the world" with us. Now I was coming more and more to believe that I couldn't cope with the world at all. L. certainly seemed to believe it, and I had no one else to give me a different view. Since he had to look after me, he said, he had a right to control my life. It was a terrible dilemma. Apart from
L., I felt I'd never survive. With L., I was having an enormous struggle surviving. Simply living and breathing took terrific determination because I felt that I was in a strait-jacket. There was a wildness, a wild spirit inside me that was showing itself more and more. L. felt an obligation to subdue and tame it. If he could not control it, he was terrified that I'd be lost, lost to him, forever.

My experience was that of trying desperately to resist having my Spirit broken, then feeling it break and living with the brokenness.

What I was undergoing at this time was struggle for ownership of my soul, a struggle in which we both seemed to be losers. In remembering this time, I am reminded of Heathcliff and Catherine in Wuthering Heights, one of my favourite novels, which I used to teach to my high school and college English classes. In Cathy's words to Nelly Dean I hear my own voice:

If all else perished and he remained, I should still continue to be; and all else remained and he were annihilated, the universe would turn to a mighty stranger; I should not seem a part of it. . . . Nelly, I am Heathcliff! He's always, always in my mind—not as a pleasure, any more than I am always a pleasure to myself, but as my own being. (pp. 85-86)

In Heathcliff's words and actions after Catherine's death, I hear and see L.—dashing his head against the knotted trunk of a tree and howling, "I cannot live without my life! I cannot live without my soul!" (p. 177).

The knowledge that we had become each other's souls was appalling; this merging, this possession, was so different from the Us, the
original world of *I and Thou* that we had shared. I felt now that I couldn't live without my soul, either. But I wasn't sure what that soul was because there seemed to be two of me. At least two. My ordinary self was a battered child, helpless and exhausted, trying desperately to be good and not be punished. The punishment came from all directions; I felt more and more like Job:

> For the thing which I greatly feared is come upon me, and that which I was afraid of is come unto me.

> I was not in safety, neither had I rest, neither was I quiet; yet trouble came (3:25-26).

The Other Side (I thought of it in capital letters) was all power. All of my strength and energy were in this side, but I didn't want to claim it, to identify with it; it was opposed to everything I had been taught to be—gentle and civilized and loving. It was totally wild. While L. slept, this Other, this ancient wildness came to life and paced through our apartment like a caged lioness. She had the power, I feared, to tear the universe to shreds. She wanted to break the china, tear up the linens, smash all the furniture, destroy the books. What she really wanted, I knew, was to tear up my life, smash through the walls and leap over the barriers of our relationship, mine and L.'s. She wanted to destroy my world. I was terrified of her. I gave her scrap paper, old clothes and all of my ball point pens to appease her rage, but nothing helped. In the morning I would awake on the couch after a few hours' sleep, a desolate child surrounded by torn paper and covered with bruises on my arms and legs. My shame was terrible. I was
disintegrating into chaos. I was abnormal, evil, and a burden on L. I wanted to die. I felt I didn't deserve to live.

I needed someone to talk to. I tried to talk to the one close friend I had made in Vancouver, another writer. I felt her backing off from me in repulsion. For weeks afterwards she didn't phone me. After that I disconnected my phone. I began buying extra sleeping pills and hoarding them.

At last, in desperation, I sought therapy. L. disapproved. He saw this as just one more example of my being in opposition to him, dragging other people into our life.

My first therapist, a psychiatrist recommended by my doctor, asked a lot of questions and took copious notes while I answered them. She did this for three weeks. I told her I felt suicidal, but she didn't seem to take this seriously. When I felt I simply had to tell her about some of my dark feelings, she became angry. She said I had lied to her before by painting my relationship with L. "in rosy pastel colours." I couldn't understand this, as I had shown her several of my stories dealing with our conflicts since my surgery. My complexity seemed to irritate her; she kept trying to simplify me. I felt invalidated.

"What are you going to do?" she demanded. "You have to do something." If I knew the answer to that, I thought, I wouldn't be here. A few days later I did do something. I found the sleeping pills L. had hidden in his tool-kit. I took a whole bottle, plus another part of a bottle I had saved—36 altogether. I really believed they would kill me.

I don't know who was angrier afterwards, L. or my therapist. She
gave me my choice—immediate hospitalization or involvement in an outpatient group therapy program. I didn't know anything about either of them. All I knew was that I didn't want to be locked up, so I opted for group therapy. It was bad enough being labelled as a psychiatric patient; I felt a lot of shame about that. But I knew I needed help, and I hoped that this time I would get the help I needed.

The two group therapists, a social worker and a nurse, seemed like nice, caring people. I liked the group members and they seemed to like me. They said I was a very caring person. But our perspectives were very different. What the group was trying to do was adjust me to "the real world out there." They told me that I was basically a very childish, irresponsible person who was out of touch with reality. I wanted to improve the world, to make it better, but no human being could do that. What I had to do was change myself to fit the world. That meant giving up my sensitivity and my moral standards. B., the nurse, read three of my stories. She had asked for them. Of course I expected her to take them home, read them carefully and talk about them with me. Instead, she read them very quickly during her coffee break; then, without my permission, she discussed them in the group. When I protested, she said she didn't need my permission, she could use anything she wanted. The world was like this, she said, and I simply had to accept it. She made fun of my "spiritual" side as well as the enjoyment of nature I shared with L. She particularly made fun of my wanting to make the most of my life in the present since my surgery. She said this was a hippie consciousness out of the 60's and very
passé. Everyone in the group agreed with her that my view of life was childish and invalid. I tried to explain what being human meant to me, but they said my view of humanity was distorted. B. put me through a shaming exercise. I had to go around the group and put my hands on everyone's shoulders and say "I'm too good to live." After I did this, they criticized me for not sounding sincere enough. I said I wasn't sincere because I didn't believe it; my suicide attempt was not the result of feeling better than other people—quite the opposite, in fact. But no one wanted to talk about that. I might have stuck it out past this point if the German girl hadn't attacked me for being Jewish. That was all I needed. I didn't return to the group next day, nor would I discuss my reasons with the therapists. I felt that they could do anything they wanted to me—hadn't they told me that? I was terrified of being hospitalized. But I also felt that I was exerting the last vestiges of my freedom in refusing to go along with a situation that was destructive of human dignity. It wasn't just me—I didn't believe that anybody should be treated in this way. I wanted to be treated with respect and understanding. I felt that I had punished and degraded myself enough. It seemed to me that what I needed and hadn't yet received was some validation, some support for the courage and strength of spirit that I wanted to have but couldn't maintain alone.

My next therapist, a young woman who specialized in working with people who had made suicide attempts, was easier to talk to. She believed that I was suffering from pent-up mourning for my losses, especially my breast loss. We did art therapy and I liked that. I was
able to share some of my feelings with her. She was encouraging about my interest in a self-help group for mastectomy patients. But she also encouraged me to stay in my marriage and to take a business course. I had mentioned the typing course as a possibility for finding work and making money, and she latched onto it as something I had to do, something I should do, starting immediately, today. She said if I didn't do it now I would never do anything, I would wait around eternally for something to fall in my lap. She said I should feel excited about it. Why wasn't I excited? As I told her, I already knew how to type—I'd been typing my own manuscripts for years; I needed to improve my speed and accuracy. I wasn't sure I wanted to do office work. We didn't explore any other alternatives.

At this point I left therapy. For over a month I kept beating myself over the head with this "should" of taking the typing course I didn't really want to take. In August I forced myself to have interviews in business schools. One principal, impressed with my M.A. and teaching experience, insisted that I take shorthand as well as typing. I took one look at the shorthand text and felt sick. There was no way I could handle it. For months I had been unable to read a book of any kind. Except for the articles about Terry Fox, the newspapers were too much for me. I simply couldn't concentrate. I believed I was losing my ability to think. L. kept telling me I was stupid and I believed him. I believed I had lost my mind. I was capable of only the most routine tasks now.

I made myself enroll in another business school downtown, where I
took only typing. I worked very hard at the course, which bored me terribly. I was trying to prove to myself and to L. and to everybody else that I was able to cope with the world. Sometimes I did very well on the speed tests. I remember reaching 65 words a minute with 2 errors. At other times I failed them miserably. I was so afraid of failing that my hands shook and I hit the wrong keys. I tried very hard to control my fear. I practised typing foreign words, letter by letter, so I wouldn't think about my hands. But on nights before the tests I lay awake worrying. On nights after I failed them I would batter myself mercilessly. I was trying desperately to keep control, but it was hard. I felt like a piece of myself, a finger nail.

The irony was that at this time I was reading about Terry Fox's run and watching the TV specials. I was very much affected by him. I believed he had the transforming power of spirit. His courage brought out the best in people—their compassion, their humanity. He was creating a context in which cancer patients could be seen, not just as victims or as deformed and dying bodies, but as living spirits—ordinary human beings aware of their mortality. Because of this awareness, their values were different. They were faced with ultimates every day. They were representative human beings, living in the eyes of God.

I wanted so much to say "we." I wanted to feel that I was part of this context that Terry was creating. But I felt I had no right to claim this connection. I had given up. I had brutalized myself. I felt totally unable to transcend my situation. How dare I compare myself to Terry?
One thing that kept me going at this time was my membership in a Jung Society dream group. I felt comfortable in this group and I recorded my dreams faithfully, I was having some very powerful dreams at this time. In one I was trying on a blue helmet—a combination of a war helmet and a child's bonnet. The letters HEILA were on it. I didn't buy it because I thought it was too big for me. In another dream I was listening to a radio program on reincarnation with L. and Mrs. J., our apartment building manager, whom I liked. Suddenly she turned white and started to shake. She'd just seen someone or something in the hall. I told her not to worry—I didn't really think it would be a ghost. A little later we were in the kitchen getting a snack. A little boy was with us. It was then that I felt the Power, then saw the Person. She turned and came into the kitchen, then split into three persons, three women—a young girl, a middle-aged woman and an old woman. "Who are you?" I demanded. "Who the hell are you?" "I'm a Secretary," she said. The three sat on the floor between us and the kitchen door and began to talk to us. At this point I woke up. I lay in bed, reluctant to turn on the light. It wasn't fear that I was feeling—it was awe. The Spirit was still in the room. Since I had read about the triple goddess, Demeter-Persephone-Hecate, mother-daughter-crone, I believed this to be a goddess dream. My dream group felt that I was being offered a gift. Divinity had come into my kitchen and validated my work and my ordinary everyday life. Someone suggested that "secretary" might be "secret area," the hidden part of my life that could be brought into my ordinary everyday existence and shared with others.
Whatever the message of these dreams, I wasn't ready to absorb it. Two days after this meeting I took my second overdose—48 sleeping pills of a stronger kind. I must have an iron constitution, as they didn't kill me, either. I slept for two days and a night, till I woke up very sick. This time L. took me to the hospital and tried to commit me, but the doctor in charge refused. He asked if I wanted to be committed and I said no. "This woman isn't crazy," he told L. "She's just angry and depressed."

It was clear to both of us that a decision had to be made, that something had to be done. I was tired of waking up after overdoses. I also knew very clearly that I didn't want to die. I wanted to live my own life. In order to do so I had to make a change and I had to make it now. A few days later I was on a plane going to the other side of Canada, where my parents lived. I believed I would never return to Vancouver. It was terrible, parting from L. at the airport. Both of us were crying. L. didn't want me to go. But I had to go in order to survive. I left all of my manuscripts with L. I didn't care about them any more. He said he would send me whatever I needed when I got settled.

In Fredericton I spent 11 days with my parents. I would talk to them for a while, go shopping with my mother, walk in the woods behind their house, then go into my room and cry. I spent hours lying on the bed and crying. The tears just poured out. Years and years of weeping. I couldn't believe there were so many tears in me. I lost a lot of weight during that time. Every night I dreamed glorious dreams.
of breaking through barriers. In one, I was pushing through huge wooden doors like prison doors. When I pushed my way through them I found Vancouver on the other side. Mother was with me. I showed her Stanley Park and the wild birds I loved. I saw a new kind of bird—a small dark blue bird. A whole family of them, so beautiful, passed by us in flight. We returned to Fredericton through the wooden doors. Later I went back to Vancouver alone and found treasures for my mother. My spirit seemed to be longing for Vancouver. There seemed to be freedom and meaning for me there. I also had many dreams about a woman doctor performing surgery on me in a private place. It wasn't a mastectomy, she assured me. She was very gentle and caring and I trusted her.

Feeling the need to be by myself, I took a room in a hotel. My mother was upset, but I was insistent. It seemed very important for me to be alone at this time. It was a wonderful peaceful feeling. I had no fears at all about being alone with myself. My mind felt calm and clear. When I woke in the night I wrote in my journal and I recorded my dreams. I enjoyed this time alone writing, connecting with myself. During the days I took long walks in the snow. I walked to the university and looked for books on dreams. While browsing through a shelf of books I discovered one with a title that appealed to me—John Sanford's *Healing and Wholeness*. To my astonishment, I found myself able to concentrate on reading with no difficulty. The hours flew by. As I read I kept feeling the shock of recognition over and over. What I was recognizing in this book was myself. I took notes in my journal. The Wounded Healer archetype applied to me. "That's me," I kept
thinking. "That's been the pattern of my life, especially since my cancer surgery." Over and over I had been "snatched from death." I had encountered illness and despair, I had gone through an underworld journey, encountering my own demons. And why? Once I thought about it, the purpose was obvious. It had been there all along, but I had never really seen it as a whole, just once in a while in bits and pieces. I was being called to lead a certain kind of life. And unless I accepted this life, this destiny, my illness would continue. I had learned what it meant to be ill, to be wounded in body and spirit. I now had to learn how to heal my own wounds so that I could help others to heal theirs. I had experienced what healing was not. In the context of my destiny this experience had value.

I thought about the blue hat with the word HEILA. It was almost my name. The colour blue seemed to me to represent clarity; the helmet, strength; the bonnet, vulnerability. All these were qualities of a wounded healer. I knew "heil" meant "save" and "heilig" meant "holy." Healing, like illness, involved the spirit as well as the body. "Hel" was goddess of the underworld, who knew the mysteries of transformation. The Wild One was not just evil and destruction. She was also the energy of life. My dreams about the woman doctor indicated that the power of healing was within myself. Maybe the hat was not too large. I could accept it or reject it—it was a choice. So far rejecting it hadn't done me any good, or anybody else, either.

I had a sense of felt rightness about being a wounded healer. I saw it as being there for people in a way that no one had been there for
me, listening and understanding and giving me the validation I needed and the belief in my own courage and strength. And most of all, in my right to find my own meaning and live my own life. I wanted to do this for others. I wanted to help them grow, become free to be themselves. I saw my task specifically as counselling women who had breast cancer and mastectomies, and more generally, as counselling women. During my illness I had experienced what many women experience in their lives; it would help me to understand them. Without the vulnerability of my illness, I might never have had such experiences.

I also had a sense of felt rightness about returning to Vancouver and living alone. A few days after New Year's I moved into my own apartment and began the process of healing myself. The following September I began to study for my Master's degree in Counselling Psychology. I was beginning a new journey, intertwined with the old one. It would be far from easy, I knew. But it was no longer a struggle for meaning. Two years later I still have this feeling of being in the right place in the ongoing journey of my life. L. has begun his own journey. Each of us lives alone and is going a different way. But we are friends now in a way that did not seem possible at the time of my struggle. It is a different friendship from that of our youth. Somehow our separateness has given us a deeper understanding of each other.
Assumptions

The experience of breast cancer and mastectomy involves facing one's mortality. Thus the meaning of one's illness and of one's life as a whole becomes important—perhaps a central issue for the patient.

Through the experience of breast cancer and mastectomy the patient's sense of meaning in life will change.

Meaning is more than a rational goal. It involves the whole person in relation to the natural world and the world of other persons, unlimited by time or space. It involves the person's body and her inner life, including dreams. It may express itself in images and symbols rather than in words, concepts or principles. These images and symbols, arising from the depths of the person, have healing power.

Healing involves body and spirit—the whole person. It is not simply an external result of medication or surgery. It involves a movement from within outward. Healing is a creative act. It involves the nurturing of oneself, perhaps through a connection with a meaningful image or symbol, an "inner healer."

Healing cannot be separated from meaning.

Through a change in one's personal sense of meaning, one's view of reality may change. One's values and priorities may change. Thus, instead of the immediate social context, one may be concerned with a broader and deeper human context. One may be concerned with Reality, and thus to some extent find ordinary reality difficult. This is not a deficiency but rather a difference in perspective. Communication with
others who have not yet faced their own mortality may become difficult. The patient may long for a deeper sense of community, involving her sense of herself as a spiritual being.

Sharing one's experience and its meaning is important to healing. A connection with others who have faced their mortality and who are concerned with the meaning of their lives is important to healing.

Being what others want or expect one to be, for example, "a good patient" or "good company" may involve hiding parts of oneself and one's meaning and thus may hinder healing. "Adjusting" to expectations or norms, if it involves fragmenting or denying one's experience or one's view of reality, will rob the patient of meaning and hinder healing. The patient may need to disengage herself from the perspective of others in order to restore her own sense of meaning and wholeness. This may be a struggle for her. Affirmation of her struggle is important for healing.
CHAPTER III

Method

Existential-Phenomenological Psychology

The method that I use in this study is fundamentally connected to my purpose of understanding the meaning of the breast cancer/mastectomy experience. It is part of a whole approach to the understanding of human life. I have chosen to do an existential-phenomenological study of the breast cancer/mastectomy experience. Existential-phenomenology is a blending of two disciplines: (a) existentialism, a philosophy which seeks to understand the human condition as it shows itself in concrete, lived situations and (b) phenomenology, a method which allows us to contact phenomena as we live and experience them (Valle & King, 1978, pp. 6-7). Phenomena can be any human experiences such as joy, indifference, freedom. Existential-phenomenology tries to understand human life in a way that is as free as possible of our cultural presuppositions, such as the dualistic split between subject and object, mind and body, experience and behavior, that goes back to Descartes.

Existential-phenomenological psychology attempts to understand the structure of human experience and behavior as revealed through descriptive techniques (Valle & King, 1978, p. 7). "The structure of a phenomenon is . . . the commonality running through the many diverse appearances of the phenomenon" (Valle & King, 1978, pp. 16-17). Like a
melody in music, it is a pattern that can be recognized through its many variations. Played an octave higher or lower or on different instruments, the melody can still be heard. It is a whole consisting of parts which bear the same relation to one another in every existing instance. The pattern of a human experience is similar. The existential-phenomenological researcher approaches human experience by asking "What?" rather than "Why?" For example, "What is the experience of feeling understood?" "What does it mean to be anxious?" Such a researcher is looking for the common pattern running through different instances of feeling understood or being anxious. In human beings this pattern reveals itself as psychological meaning. In other words, the researcher is looking for the meaning of a human experience through studying individual examples of that experience. He makes this meaning explicit through disciplined reflection on these individual experiences and discloses it through description. As Valle and King (1978) put it, "Through description the prereflective life-world is brought to the level of reflective awareness where it manifests itself as psychological meaning" (p. 17).

What is this "prereflective life-world"? It is the world of everyday experience as lived by the person. This is the source of raw data for research. It is the ground of all knowledge; there is nothing prior to one's direct, immediate experience of the world (Valle & King, 1978, pp. 9-10; Giorgi, 1970, p. 178). A notion that is basic to existential-phenomenological psychology is that of the unity of the individual and his or her world. The individual and the world are
viewed as depending on each other for existence. They are said to "co-constitute" one another (Valle & King, 1978, p. 7). Human existence always implies "being-in-the-world" (Valle & King, 1978, p. 8). Thus the idea of linear causality is rejected for understanding people, who are not merely objects acted upon by external forces. They are partly active and partly passive; they have "situational freedom" (Valle & King, 1978, p. 8-9). The world presents them with a situation, within which they have the freedom and obligation of making choices.

"Phenomenology is always concerned with trying to describe what appears precisely and exactly as it appears" (Giorgi, 1970, p. 162). As Van Kaam puts it, "Existential psychology demands that my potential data be observed as they exist before I attempt to interpret them" (p. 295). In other words, the researcher tries to approach the everyday life experiences of people with as few preconceptions as possible. However, one's approach can never be totally objective; as a human being, one always has a perspective which is limited or biased in some way. Thus one tries to make one's stance as clear and explicit as possible (Giorgi, 1970, p. 169). One begins the process of research by laying out or "bracketing" (p. 162) one's preconceptions and presuppositions. This process should continue throughout the research. "The major protection against bias is for the viewpoint itself to be made explicit, so that its validity may be circumscribed" (Giorgi, 1970, p. 189).

Giorgi states three key presuppositions of phenomenological research: fidelity to man as a person, special concern for uniquely human phenomena, and primacy of relationships, especially that of man
and the world (pp. 184-186). In this kind of research investigator and subject are equals; this is a non-manipulative paradigm based on cooperation rather than control (Giorgi, 1970, p. 203). Final closure to the research is made by the subjects themselves, with the meanings they bring to the situation (Giorgi, 1970, p. 205). Colaizzi (1978), citing Friere (1970), uses the term "co-researchers" to replace that of subjects (p. 69). Co-researchers are viewed as persons, and the researcher dialogues with them in a situation of trust.

The aim of my study was to understand the structure or meaning of the breast cancer/mastectomy experience as it revealed itself through the individual experiences of my six co-researchers. I approached my problem—"What is the meaning of the breast cancer/mastectomy experience?"—as a fully engaged researcher. On the basis of my own experience with breast cancer and mastectomy, I laid out my assumptions about the meaning of this experience (See Chapter II). My interview questions were based on these assumptions.

Co-Researchers

I talked with six women who had had mastectomies for breast cancer. These women were my co-researchers. We were equals; I dialogued with each of them in a relationship of trust. Each woman gave me an account of her breast cancer/mastectomy experience and answered questions that I asked. My role was to establish trust, elicit the women's stories as fully as possible, record and transcribe them,
analyze them for themes, and write a description of the breast cancer/mastectomy experience based on these themes. Then I returned to each of my co-researchers with the results of my analysis. They verified the accuracy of each theme and the entire description on the basis of their own experience. They suggested changes or additions, which I incorporated into the results. Thus each co-researcher helped me to describe the pattern of the experience as accurately as possible by verifying its fit for herself.

Selection of Co-Researchers

According to Colaizzi (1978, p. 58), the necessary and sufficient criteria for selecting co-researchers are experience with the investigated topic and articulateness. Thus two of my criteria were experience with breast cancer and mastectomy and the ability to articulate this experience in English. To these I added a third criterion: I wanted my co-researchers to have enough distance from their breast cancer/mastectomy experience to have a perspective on it. I thought that women who had had mastectomies for breast cancer two to five years earlier would be able to view their experience as a whole and talk about its meaning for them without forgetting significant details. I found my co-researchers through personal referrals from friends and associates. I was able to contact only five women who had had surgeries two to five years earlier. My sixth co-researcher had had a mastectomy ten years earlier. I decided to keep her in the study because her story
helped to illuminate the meaning of the breast cancer/mastectomy experience (See my discussion of my interviews with her in Chapter IV).

Demographic Information

I did not select my co-researchers on the basis of the following information. I include this information for readers who are interested in knowing the background of my co-researchers. I did not ask for background information until after the validation interviews were completed, as it was not part of the purpose of my study and I did not want to bias my results. Some facts emerged naturally as each woman told her story in her own way, mentioning details that were significant to her.

The ages of my co-researchers at the time of surgery were 61, 52, 44, 41, 39 and 36. Five were married. One was a widow. All had children. In one case, the children were adopted. All but one described themselves as Canadian. Ethnic backgrounds mentioned were German, Scottish, Irish and English. One woman, who had moved to Canada from Trinidad four years ago, described herself as a mixture of black, English, and Portuguese. Occupations varied. My oldest co-researcher is a retired administrator in the public service. One is a salesperson, another a partner in a family real-estate business. Three are homemakers. Of these, one is a former teacher, the other a former nurse. All but one of the women described their socioeconomic level as "middle." One woman said hers was "fairly affluent."
Five of the women had a strong support network at the time of surgery. Supports included family, close friends, neighbours, a church community, and volunteer visitors. One woman had no source of support at that time. Four of my co-researchers now do volunteer work with other cancer patients.

Three of the women experienced significant life changes one to three years prior to their surgery. These included moves, the illness and death of family members, a temporary separation from a spouse, and a second marriage. One woman lost her husband six years before her surgery and considered this event "recent." Two women said there were no other significant events in their lives around the time of their surgery.

**Phenomenological Interview**

I had two interviews with each woman. In my first set of interviews I wanted to hear each woman's account of her breast cancer/mastectomy experience in as much detail as possible. In my second set of interviews I brought the results of my analysis for validation by my co-researchers. All of the interviews took place within a period of five months. The interviews varied in length. I let each woman talk as long as she felt like talking. The first set of interviews were between two and four hours in length. The validation interviews were between one and four hours in length.

The interviews were unstructured. In the first interview I tried
to elicit the woman's story in as free, open and unbiased a way as possible. I began the interview by reading my preamble:

I am doing a study to understand the experience of mastectomy and to discover what it means to women who have had this surgery for breast cancer. I'd like you to tell me about your own experience of mastectomy in as much detail as you can, as though you were telling me a story with a beginning, a middle and an end. As you tell me your story, try to remember what you were thinking, feeling and doing at the time. Have you any questions?

As my co-researcher talked, I was fully present to her as a person. This is the stance that Colaizzi (1978), citing Sheridan (1975), calls "imaginative listening" (pp. 62-63). I reflected her thoughts and feelings and probed for meaning. I was careful not to impose ideas on her, but to stay with her experience and her meaning. I used her words as much as possible in my responses. I also asked some additional research questions as they seemed appropriate in the context. These questions were based on my own assumptions drawn from my own experience of breast cancer and mastectomy (See Chapter II). Some of these issues emerged spontaneously as the women told their stories, so that I did not have to ask all of the interview questions to any of the women.

The interview questions follow:

1. How did you view (think/feel about) your experience during this time? Afterwards?
2. What concerned you most at this time? What else was of concern to you?
3. What was your view of yourself? Of others? Of the world? If there has been a change in your views, how do you account for it?
4. Did you find yourself facing mortality? What was that like for you?

5. Did your sense of meaning in life change? How?

6. Did your priorities and values change? How?

7. Was your inner life important to you at the time of your experience? Can you tell me about it? Do you remember any significant dreams or fantasies you had at this time?

8. Have you been able to share your experience with others? How? Was this important to you?

9. What does healing mean to you? Would you say that you have healed? What helped you to heal? What made healing difficult?

10. Is there anything else you'd like to add?

**Procedure**

My initial contact with each co-researcher was by letter. The letter explained the purpose of my study and indicated that she would be asked to describe her experience and to share some of her thoughts, feelings and actions connected with it. A few days after I sent the letter I phoned the woman to arrange an interview in her home at a time convenient to her.

The interviews were tape-recorded. Before each interview began, I spent a little time establishing rapport with my co-researcher. I answered any questions she might have about my study. I asked her to sign a consent form. When she felt ready to begin, I turned on my
tape-recorder and read my preamble. I had my preamble and my interview questions written on two index cards so that I could refer to them easily and unobtrusively. As she told me her story, I listened attentively and asked my questions as they seemed appropriate. I tried not to impose these questions on her as I wanted her to tell her story in her own way.

After the interview I transcribed the tape, then I typed the handwritten transcript. I maintained confidentiality by using initials instead of names and by erasing each tape after my transcript was completed.

My analysis of the typed transcripts or protocols was done according to the method described by Colaizzi (1978, pp. 59-62). My exhaustive description of the breast cancer/mastectomy experience and my list of themes were taken back to my co-researchers for validation. I asked each woman whether my results fitted her experience, and I made any changes or additions that she wanted to make.

Analysis and Explication of Meaning

I followed Colaizzi's method of protocol analysis (1978, pp. 59-62). For the purpose of organization I used coloured index cards and labels, as I had so many statements from the transcripts.

1. I read and reread the typed transcripts to acquire a feeling for them, to make sense of them.
2. From each transcript I extracted significant statements. Statements were considered to be significant if they pertained directly to the breast cancer/mastectomy experience (Colaizzi, p. 59). Repetitions were eliminated. The statements were written on index cards. Each co-researcher was represented by cards of a certain colour.

3. I formulated the meaning of each significant statement. I did this by making explicit what was implied in the statement. This step involved creative insight, moving beyond the statement but staying true to it (Colaizzi, p. 59). I used the co-researcher's own words whenever possible. The meaning of some statements was already quite clear and explicit. For example, L. J. says "It came as quite a shock to me." She is describing her shock at the discovery of her breast lump, followed by the diagnosis of cancer. Other statements required a little more insight. For example, C. P. says "I'm the only daughter here ... so my Mom does lean heavily on me. I had to go to Dr. B. while this was happening to Mom ... I didn't realize I was that upset. I said 'I may end up in hospital at the same time Mom is. I can't even go and see my Mom. She needs me'." Here C. P. is feeling wrenched away from her responsibilities toward her mother. Her cancer experience is disrupting her life and its purposes. I wrote the words "Responsibility/Disruption" on a removable label, which I stuck
on C. P.'s card. This was to indicate the meaning of her statements. I filed cards according to their meaning-labels. Those with the same or similar labels were placed together and held with elastic bands. In filing the groups of cards I tried to maintain the order in which the statements were mentioned in the transcripts. As each woman told her story in her own way, I could not maintain an exact narrative order, but I tried to make it as accurate as I could.

4. I formulated themes or meanings common to all of the women. I did this by comparing the statements that I had filed together. These were statements by different co-researchers that seemed to have similar meanings. This was a further step of "explication" (Van Kaam, 1966, p. 305), bringing forth or making explicit what is implied in the data. For example, L. J. says, "This form is so heavy. You get tired with it, you want to take it off and just be natural. But somebody may pop in . . . Somebody may come up and embarrass you." T. L. says "I didn't even really want to go out with anybody. Even my girl friends . . . I just felt well, they were a whole person. And I wasn't." M. M. says "I was so disturbed by the fact that I didn't have any hair, and I didn't want anybody to think that the wig was my hair." E. M. says "I have a hangup about not showing my incision if I'm in public . . . I don't want people to look at me." C. P. says "I wouldn't want to answer my door
without my bra on under my housecoat . . . You don't want to impose that on someone else." Each of these women is describing her awareness of being different from others and her concern about their reactions to her. This was my Theme 16, Difference from Others. In Chapter IV I give some examples of the way I formulated more difficult themes like Disunity (See also my list of significant statements for each theme in Appendix A). After formulating each theme, I checked with each transcript to make sure that my description of this aspect of the experience was complete and accurate, neither departing from the women's experience nor leaving out anything essential. My description of each theme includes any individual variations. After I had formulated the themes, I listed the themes and their descriptions.

5. I organized all of the themes into clusters according to their meaning for my co-researchers. This was also the approximate order in which they were experienced by my co-researchers. This was yet a further step of explication. For example, the first four themes, Detachment, Shock, Unreality and Discrepancy/Confusion indicate a shakeup of the women's ordinary sense of reality following the discovery of the lump and the diagnosis of cancer. The next ten themes are concerned with facing the problem of cancer, the next three with awareness of change and resistance to change in self, and so on
(See Chapter IV). These clusters were again validated by reference to the original protocols.

6. I integrated my themes into an exhaustive description of the breast cancer/mastectomy experience. This description, following the organization of the clusters of themes, reveals the structure of the breast cancer/mastectomy experience as fully and clearly as possible (See Chapter IV).

7. I summarized my description to reveal the essential core of the breast cancer/mastectomy experience. This is the condensed structure of the experience. Here I describe the meaning of the breast cancer/mastectomy experience as succinctly and unequivocally as possible.

8. I went a step beyond Colaizzi's method in showing variations of the pattern in individual lives. With their permission, I wrote an account of the experiences of two women, T. L. and M. M., who seem on the surface to have had very different experiences. I showed how the structure of the breast cancer/mastectomy experience manifested itself in their lives (See Chapter IV).
CHAPTER IV

Results

Interviews

The Initial Interview

In my first set of interviews I wanted to hear and to record each woman's account of her breast cancer/mastectomy experience in as much detail as possible. In order to do this I had to establish rapport. I found rapport easy to establish. My co-researchers related to me as another woman who had had a mastectomy for breast cancer. My interest in the meaning of their experience was not something that I had to explain in much detail. It made immediate sense to them that someone who wanted to counsel women would want to understand the meaning of an experience that so many women had. Five of my co-researchers indicated that after receiving my letter they had been doing some thinking about the meaning of their experience for the purpose of the interview. But they also made clear that such reflection was an ongoing part of their ordinary lives; they were simply pulling things together for me.

I soon saw that this first interview was much more than a thoughtful account of an experience that had taken place in the past. As each woman talked, she relived her experience. This showed in tone of voice, gestures, tears, laughter and vivid verbal expressions. T. L., for example, expressed a lot of anger at her surgeon through her
colourful language: "Well, hell's bells, they could have carved my heart out and said 'We did it to save her life.' . . . I certainly don't need that old cockroach." I had the sense that these women were present to their experience as they talked about it, but that they were also able to see it with a clear perspective as a part of their lives.

I let each woman talk as long as she felt like talking. Thus the length of the interviews varied. Most were two to three hours in length. The longest interview, with C. P., was four hours long. It is the richest in detail, partly because C. began to keep a journal shortly after her surgery two years ago. When I arrived, C. showed me the stack of papers she had been rereading for the past few days in order to refresh her mind about her experience. Writing had helped her to understand the meaning of the experience for her: "It was helpful to me because my mind seemed so full of good thoughts. I felt I had an awful lot to be thankful for and what life is all about. If I don't write these things down while they're so intense I'm going to lose them. I called it 'My Test of Faith.'" C. said she never shared her journal with anyone, not even her husband. But she wanted to share her experience with me, partly to help others and partly for her own growth.

The journal itself was not the focus of our interview. We talked about it before the taping started and again toward the end of the taping. The rest of the time C. was reliving her experience very intensely. Her non-verbal expression was strong. Often she pounded the table so vehemently (for example, in talking about her refusal to believe that she had cancer) that I was concerned about the effect on
the tape. She also cried many times in the course of the interview. She felt comfortable about crying after I said "It's O.K. to cry." I soon realized that her tears were not just expressions of sadness. She also cried when relating aspects of her experience that were most powerful and meaningful to her, for example, her sense of God's presence giving her the strength she needed to get through her surgery. I saw that she was not in pain but very deeply moved. After the interview C. sent me a note saying that our talk had helped her to understand the depth of her emotions. I found this interesting as she had already done so much reflecting on the meaning of her experience. Sharing this meaning with another person seemed to add a new dimension of meaning for her.

The interview with E. M. was very different. It was the shortest interview, an hour in length. Unlike my other co-researchers, who had had their mastectomies two to five years ago, E. had her surgery ten years ago. She had difficulty remembering some of the details of her experience, but as we talked, some things came back to her that had been very important at the time. She suddenly and vividly remembered, for example, that she had had a volunteer visitor who had been helpful and inspiring. She is now a volunteer herself. She also remembered that she had been very insistent on seeing a volunteer despite her doctor's objections because she knew it was the right time for her to talk to someone. Before her surgery she had been concerned about the cancer spreading and had not wanted to talk about the breast loss. She seemed to relive another incident that suddenly came to her mind. Seeing her
scar for the first time was hard enough, but being the object of discussion for a group of medical students was just too much. She went home that day feeling very angry: "I hadn't sort of healed inside to be able to cope with that."

I found myself more tentative in questioning E. than the others because of the strong sense of privacy which she made explicit; she had been upset by others invading her privacy, and I was concerned not to do that. She would make a comment, then stop. She would answer questions briefly or let me know that my reflections had hit the mark, without further elaboration. I wanted to stay at a level where she felt comfortable, so I was reluctant to probe very much. Despite her reticence, rapport was good between us. When I asked her about her comfort in the interview, she expressed her sense of this rapport: "I think there's probably a closeness between people who . . . I have quite a few friends now who've had mastectomies. I think you're sort of . . . you're closer to them than you would be otherwise."

At first I was not sure that I should use E.'s story as part of this study because of her distance from her experience and because she said that the change in her sense of meaning in life had begun for her many years earlier, when her mother died of breast cancer. All of the others had talked about a change in meaning taking place through their own cancer experience. But I decided to use her story as I found her comments very helpful in understanding aspects of the experience that were common to all of the women, especially her description of coping by going within to find strength. There was much depth behind her few
words.

In this first set of interviews I focused on my co-researchers' experience, listening, reflecting thoughts and feelings, and probing for meaning. I talked very little about myself and my own cancer experience. I was totally present to them as they talked, and they seemed aware of this. My empathy showed at times in spontaneous tears and laughter, which seemed to increase their comfort and their trust. With one co-researcher my spontaneity astonished me when I thought about it later. This was T. L., who had felt mutilated by a radical mastectomy. She showed me her breast reconstruction, which she said had been a great boost to her morale. She expressed interest in my surgery, a modified radical, and in my scar, so I showed it to her on the spot. It seemed like a very natural thing to do at the time, and it certainly seemed to build trust and to help her to clarify her position: "You must understand that I didn't rebel against losing the breast. It was the mutilation ... If I'd had surgery done like that, I would have been in seventh heaven." Afterwards I was amazed at myself because of my own strong sense of privacy. Even my closest friends have never seen my scar.

I felt good about these interviews, not only because of the information I had gathered for my research, but also because of the relationships I had established with my co-researchers. I felt that I had entered each woman's home as a stranger with a tape-recorder and had been treated like a friend. I went away with her story inside me as well as on the tape. I knew that it would be an important part of my
Some of the women were more demonstrative than others and hugged me as I left, but in every case I had the sense of partaking in a relationship that was special and real for us both.

The Validation Interview

After I had found the themes and completed the exhaustive description of the breast cancer/mastectomy experience, I returned to my co-researchers for verification of these results. Before seeing each woman again, I reread the transcript of our first interview. I compared the transcript with my list of themes and noted any themes that she had not mentioned. I wanted to make sure that I asked her about them.

The second interview began with the reading of the exhaustive description. I read it to five of the women. L.J. wanted to read it herself. I asked each woman whether the description seemed real to her, whether it fitted her own experience, and whether there were any changes, additions or comments she wanted to make. Then I showed her the list of themes and asked for verification of each of them. I particularly asked about themes she had not mentioned in her transcript. As we talked, I noted anything they wanted to change in the description or in the themes.

My co-researchers were more than co-operative; they involved themselves in the work of validation with seriousness and commitment. Four of the validation interviews were between three and four hours in length. For these women, almost every theme set off a discussion of that aspect of the experience in depth. They seemed to be reliving
their experience once again. Two of the interviews were only an hour in
length; they were very tightly scheduled in the midst of busy lives.
But I still had the sense that these two co-researchers were actively
engaged in the work of validation. They were focusing on the work
itself rather than on re-exploring themselves.

The exhaustive description and the list of themes were validated by
all of my co-researchers, with a few changes and additions that I noted
and later incorporated. L. J. and T. L. pointed out that the clause
"who worries about checkups and a recurrence of cancer" in Theme 41 and
in the last paragraph of the description did not quite fit their
experience. L. J. said she is aware of the possibility of recurrence
even though she is not always worrying about it. T. L. said that she
does not worry about recurrence. "But the uncertainty is always there
in the back of your mind. Dormant maybe, but still there. The scar is
always needling you—a reminder of cancer." She asked me, "Don't you
feel that way?" I admitted that I did. Several co-researchers
mentioned the ongoing loneliness as well as uncertainty associated with
the possibility of recurrence. I changed Theme 41 in accordance with
these discussions.

C. P. talked about the gap between her awareness of her own growth
and the views of others who have not had cancer. "I feel I am a better
person, but I want to be careful about saying that to others. People
might not accept it. I try to be sensitive and available to them but
not push myself on them—not come on too strong." This was such an
important aspect of her experience that I added it to Theme 31. She
puts much effort into trying to be true to her own experience as well as sensitive to others, and this is sometimes very difficult to do.

E. M. was the only co-researcher who did not identify with a theme as described. This was Theme 36, which I had entitled "Rebirth/Renewal." The other five women were wholeheartedly unanimous in their acceptance of this theme. They all had the sense of having been reborn as a new person into a new life through their experience with breast cancer. E. M. described her own sense of change as a slow and gradual growth which began many years earlier when her mother died of breast cancer. A few years later she lost her father as well. "The only thing that could possibly be harder would be the terminal illness of one of my children." As a very young woman she learned to endure pain and loss and to find a strength within herself. She had this strength to draw on when her own cancer was discovered. Thus her sense of growth was a continued strengthening rather than a rebirth. In accordance with her comments, I changed the title of Theme 36 to Personal Renewal and incorporated her description of slow and steady growth. E. did not invalidate the theme of renewal, but she extended and softened its meaning.

To her surprise as well as mine, E. validated everything else but rebirth in the description and the list of themes. She said she had not expected to find so much that applied to her. When I asked her which aspects of the experience had come earlier for her, she mentioned Themes 18 to 20 and Themes 24 to 28. When she read Theme 18 she said "I guess disunity was what I was experiencing." As she says in her transcript, during the time of her mother's terminal illness "I almost went out of
my mind." She remembered having to accept her inability to control or change the situation, and she had to endure the pain of her loss. It took her several years to find a strength within herself. At the time of her own cancer experience she did not re-experience disunity. She was able to endure her vulnerability without loss of wholeness. She experienced a strengthening of the self she had already come to know and a reaffirmation of her meaning in life.

I was glad that I had decided to keep E. in my study. Her difference from the others seemed to illuminate the meaning of the breast cancer experience for all of them. As E. and I agreed, breast cancer is only one experience of many that women go through in the whole course of our lives. We were struck by the way her particular experience reflects Theme 39, Unity of Human Life. E. grew through her mother's cancer experience as her husband grew through hers. We talked of the complexity of human life. When I think about it now, this was quite a remarkable conversation to be wedged into the hour between E.'s swimming and the conference with her daughter's teacher. I greatly appreciated the effort that she made to clarify her experience for the purpose of this study.

This second interview with each woman was more of a genuine dialogue than the first interview had been. I was aware of sharing myself more and of being encouraged to do so. The women expressed interest in me, in my cancer experience, and in my work. In the first interview, the focus had been entirely on my co-researcher's unique experience. Now we were still thinking about that experience, but we were also thinking about breast cancer/mastectomy as an experience that
women share. We were trying to see the connection between the unique and the general experience.

I must admit that I approached these validation interviews with a certain amount of scepticism. Despite all the effort that I put into the analysis, I still had the bias that individual differences would wipe out the general description. How could I expect T. L., who felt mutilated by a radical mastectomy, and M. M., who had felt devastated by chemotherapy, to accept my rather bland description?

This bias of mine was broken down more with each interview that I had. Each of the five women who had had mastectomies two to five years ago said that the description was a very clear and accurate reflection of her own experience. "You've really captured it," T. A. said. "That's exactly the way it was for me, but I could not have said it nearly so well." She found "wounded" a particularly appropriate word. On reading Themes 15 to 18 she commented "It's true—the person who once was is gone forever, and that takes quite a while to accept. We mourn the person who once was, not just the breast." In our first interview T. A. had said she had felt that her own experience of breast cancer/mastectomy was rather an easy one, so that I had been concerned that she would find the themes of vulnerability and disunity too strong.

Since each of these five women identified so completely with the description, she found it remarkable that it also described the experience of others. Each of these co-researchers indicated that she felt fully understood and affirmed by the description. She said this in words and indicated it non-verbally as well. After the description had
been read I would see tears in my co-researcher's eyes, and after a bit of effort I gave up trying to hide my own tears. These interviews were heightened experiences for us both. As we dialogued, there was a shared energy, an intensity of thought and feeling focused on the description, which was so meaningful to us both. We were totally present to each other and to the description. I do not think that I have ever experienced such a powerful sense of presence with another person. Each woman indicated that it was very important for her to see her pattern of growth through suffering made explicit in the description and in the themes. Though she is living this meaning in her life, seeing it made explicit in words added a further dimension of meaning.

I particularly enjoyed the interview with M. M., who was astounded by the description. She found it to be a very powerful reflection of her own experience. She had allowed an hour in her busy life to validate the study, but she had not expected to be so affected by the results. "It's incredible. I never expected anything like that. When I first met you I thought you didn't really know what you were doing. I thought maybe you were floundering. I mean, you were having trouble getting subjects, and you were so well . . ."

"Low-key?" I asked. She nodded. I laughed. "I just listen and it seems to help people talk," I said.

"But this is just incredible," she said again.

I was delighted by this mutual affirmation, which shattered both of our biases at once. As I have mentioned, I had expected to have difficulty with M. It felt good to have my non-expert stance recognized
and validated, as it is so important to my research and my life. I also knew from our first interview how much M. values ordinariness and the contributions that ordinary people can make, and how important this is for her sense of herself. As she says of her model Terry Fox: "He was just a boy. And he was ill. And everybody is at heart a very ... I mean he was a very simple person ... Terry's parents were there. And I had a chance to go over and speak to them. And they are just very ordinary people—they really are."

Theme 41 seemed to arouse the most discussion. All of the women identified powerfully with the paradoxical quality of human existence. As C. P. put it, "You can't stay on the mountain all the time. Life is going into the valley, too." L. J. had been feeling down when I arrived. Her back had been hurting her for days and she was lonely for her family. Even though her cancer experience had confirmed the rightness of her new life in Canada, she finds it hard at times to maintain her sense of strength and conviction. The old guilt has not entirely disappeared.

T. L. talked about her double attitude towards her four years of suffering with the surgeon who made her feel like a piece of meat. On the one hand, she said, she feels angry at the waste. On the other, she knows that nothing has been lost or wasted as she has grown in spiritual strength. She said she would like to have had a confidence in her own authority (Theme 21) much sooner: "We trust authorities so much. We doubt our own ability to make a proper decision. But we learn through suffering to trust ourselves." She was very emphatic in her validation
Themes 19 and 20: "Endurance for me means facing whatever happens to me now. What this comes to is knowing yourself. Knowing yourself is a matter of turning yourself inside out and taking a good look."

Each woman indicated that she had gained from participating in the study. Part of the gain was personal, and part of it was a meaningful connection with others (Themes 29, 30 and 32), which includes a hope that this study will ultimately be helpful to other women and other cancer patients.

From Interviewing to Analysis: The Researcher's Experience

The first interviews with my co-researchers were so intense that I felt emotionally drained after each one. I found that I had to pace myself, giving myself recovery time between interviewing a woman and transcribing her tape. The transcription was also an intense experience for me. I frequently cried as I listened to the words on the tape. I felt deeply connected with each woman, and I also could not help reliving some of my own cancer experience. Midway through my interviews I had a cancer scare and went for a mammogram. The results were a relief. I knew I would need time between the interviewing and the analysis to gain distance and clarity.

Toward the end of my interviews I had a dream about recurrence, this time in my right hand, my writing hand. I saw this as connected with my fears about doing the analysis, which I regarded as left-brain work. I had a huge hurdle to overcome in my preconceptions about
phenomenological analysis. The only way I could overcome it was to experience the process for myself, but my preconception prevented me from trying. I knew what to do, but I could not really believe that I knew what to do. I believed that experts like Giorgi and Colaizzi knew, but not someone ordinary like me.

My supervisor, respectful of my creativity and accustomed to my risk-taking, could not understand what had got into me. "It's not something to worry about," he said. "It's like reading a novel. It should be fun, like a treasure hunt."

"That's all very well for you," I thought. "But not for me."

We had no meeting of minds that day. He was irritated by my nonsense, and I felt abandoned by an expert.

Another member of my thesis committee, whose specialty is counselling women, challenged me into a statement of confidence. "How are you going to get those themes?" she asked repeatedly until I answered "I have the transcripts and I have my mind. I think I can do it." This statement led me to the university bookstore to buy six sets of coloured cards, and that was as far as I got for a week.

The initial plunge into the transcripts was like plunging into the middle of the ocean without knowing how to swim and with no one around to rescue me. But before long I stopped holding my breath and started swimming. I was getting caught up in the process, which demanded effort and discipline, but which also felt natural and right. When my supervisor phoned to see how I was doing, I was happy to be able to tell him that I was beginning to find the buried treasure and to experience
the excitement that he had talked about earlier. It was my own journey of discovery, and I felt good about that.

As I read and reread the transcripts and recorded statements on cards, I still had a vivid sense of the reality and wholeness of each woman. But I no longer felt the intense emotional involvement that I had experienced earlier. I was able to see each woman's experience clearly, separate parts from the whole, and think about the meaning of these parts in relation to the whole. Then I was able to see aspects of the experience that were common to all or most of the women. These were the themes. As I moved back and forth between statements and themes, my stance was not one of detached objectivity. It was neither objective nor subjective. The process of analysis was far more than an intellectual exercise for me. It involved my whole mind, my intuition as well as my reason. I felt totally engaged in the process, as though I had poured myself into it. But it was a different kind of engagement from being present to each person during the interviews. During the interview, as I watched and listened to a woman relive her experience, I found myself flowing with her changing thoughts and feelings. During the analysis, there was not the same kind of flow. I experienced a clear stability within myself and a very focused awareness. Though I felt fully present to the story, my mind was concentrating on words and meanings in a precise and disciplined way.

As I worked on the analysis, I lost my awareness of everything else, including my sense of time. Each time I stopped work I would realize with a sense of shock that many hours had passed. I would get
up from my chair to discover how tired my body felt. I found it difficult to be present to anything else but the analysis until it was finished. There were many nights when my body needed rest but my mind refused to sleep. It was full of energy and determined to continue its search until all of the hidden treasure had been found.

Formulation of Themes

The 41 themes that I have listed are aspects of the breast cancer/mastectomy experience that were common to all of the women in the study. Each theme is an abstraction from the whole experience as expressed in the transcripts. It focuses sharply on a part of the experience. The description of each theme includes any individual variations.

I formulated each theme from statements made by the women, and I tried to stay as close as possible to their exact words in their transcripts. In some cases this was much easier to do than in others. For example, L. J. says of the beginning of her cancer experience "It seemed unnatural, unreal, as if it couldn't possibly be happening to me." T. L. says "For some reason I kept thinking no, it's not me--it's a nightmare. It can't be true. But it was true." C. P. says "You seem like you're role-playing in a movie. That's how I felt--it's not really you." From such statements I formulated my third theme, Unreality. In this case the meaning of the women's statements was clear and explicit. I did not have to use a great deal of insight to understand what was being described.
I found one of the most difficult themes to formulate was Number 18, Disunity. This was enormously frustrating to me because I knew how crucial this aspect of the experience was for each person who had talked about it. It was a very painful aspect of her experience and involved some kind of struggle, but in every case the struggle was different. Some women, for example, experienced a struggle between faith and despair, while others did not. Even the word "struggle" seemed too narrow and not subtle enough to encompass this aspect of the experience for everyone in the study. I read each transcript over and over, and again and again I read the statements that I had written on the coloured cards. Late one night, fortified by numerous cups of coffee, I sat staring at the cards. Suddenly I knew what these women were experiencing. Once I saw it, it was so simple and so clear. Each woman was experiencing a sense of disunity within herself and was pained by her loss of wholeness. Her sense of disunity was experienced as a struggle between aspects of herself, and these aspects were different for each person. L. J., for example, was torn between her religious belief on the one hand and her sense of her individuality and her love for her new husband on the other. She saw her breast cancer as punishment from God for her new life: "It was a mental struggle and a struggle with your faith and how you looked on that . . . I was carrying such a strong feeling of guilt . . . Maybe I couldn't be made whole because my sin was not forgiven."

T. L. describes her sense of disunity quite differently: "I remember thinking 'I can't do all the things I want to do.' . . . It was
hell all the time . . . You think you have the same power—like the same strength—but for some reason it just seems to cut your life in half. It's like two people. One person . . . I was strong emotionally in a sense but weak physically. But then when I became strong physically, I didn't feel as strong emotionally . . . . There were times when I thought I was going to go bananas because I couldn't cope with the feelings that I had."

M.M. experienced a humiliating opposition between her mind and her body, her will and her feelings, in the course of chemotherapy. "I didn't want to be sick in front of other patients that were getting treatments. I would just react. I knew it was in my head, but I couldn't stop. . . . I have to feel that I'm in control of what's happening as far as I'm concerned."

For T. A. the experience of disunity was much more subtle. She believed that she had been able to put the mastectomy behind her and get on with her life. She really believed that the breast loss did not matter to her. Gradually she became aware of the conflict deep within herself: "I was dieting and doing quite well when the doctor discovered the tumour . . . I was coming along quite nicely. . . . So after my mastectomy a little idea crept into my mind: 'What does it matter whether you're fat or not now? Because your body's been disfigured anyway. So why worry about your body? Let the weight come on again.' . . . I just threw the diet out the window and put all the weight back on again."

C. P., who came through surgery and chemotherapy without a great
deal of difficulty, was surprised by her sense of disunity following chemotherapy: "I guess I felt kind of let down after the treatments were finished, kind of a let-down feeling, and I didn't understand that. I thought that was stupid. It was over now and I should be getting on with my life. The thing is, I told myself when my treatments are finished I'm going to forget that any of this has happened to me. But I couldn't. And I think that's what made me so depressed. I couldn't put it all behind me. I mean, how do you?"

After formulating each theme, I checked with each transcript to make sure that my description was complete and accurate, neither departing from the woman's experience nor leaving out anything essential. During the second interviews my co-researchers validated each theme. I made any additions or changes that they wanted to make. Thus I now have the confidence that these themes are as true a reflection as I can give of significant aspects of the experience for all of the women in my study.

It may help other co-researchers to know that my analysis took place in stages. In the first stage of my analysis I formulated 70 themes. I wanted to be as precise as I could and not leave out anything significant. I found, however, that the description that I wrote on the basis of these 70 themes was not very satisfying. It was much too detailed, and it lacked the coherence and depth that I sensed in the transcripts themselves. I had put all the parts together, but the seams showed, and somehow a connecting spirit was missing. I spent two more weeks living with the transcripts. At night, when I was able to sleep,
I dreamed about them. What I needed to understand was the point of connection between suffering and growth for each woman. What was the turning point between disunity and the strong pattern of growth which she experienced? When I finally saw it, it was so simple that I was embarrassed. I had taken it for granted with my co-researchers, although I had certainly not done so in my own life. The place of connection was within the self. Each woman moved out of her disunity by accepting it, by accepting her inner contradictions and her lack of control. She began to endure her suffering instead of fighting or resisting it. And with this subtle but enormously important change in attitude, she began an inward journey of self-discovery. As C. P. puts it: "I mean, you've got that scar there. You're never going to forget what happened to you. You had cancer, you've got a reminder of it, so you're never going to get over it, but you're going to have to live with it."

M. M. is particularly explicit: "I think after this kind of experience you get really tuned into your own body and you become aware of really minute things. You focus on them so . . . This whole experience has made me much more aware of myself as a person. . . . When I was going through the whole process of treatment, my whole thought process was centered on myself. Then when I finished, I didn't want to go back where I was before--I don't think I really could have. But I think that I am now much more aware of myself, and I know that my husband particularly says that I am a different person."

During the second interviews I felt especially good when all of my
co-researchers validated Themes 19 and 20 as the beginning of their change and said that this was exactly the way it was for them.

With this insight about the inner journey, I found my themes flowing together into a unity. I also found that I had fewer themes. I realized that some that I had listed separately were really aspects of a single theme. For example, fear and uncertainty went together for each woman; feeling angry and alienated, feeling objectified and dehumanized were aspects of vulnerability, and so on. Thus I ended up with 41 themes, which included all of the aspects of the experience that I had originally described in 70. My exhaustive description, based on these 41 themes, was much more satisfying to me, as it had the unity and clarity that was lacking in the original description.

For me the process of formulating themes was one of deeper and deeper insight and pulling-together, always based on each individual's words as expressed in her transcripts.

Themes of the Experience

1. **Detachment**--Before the discovery of the lump and the diagnosis, she is aware of breast cancer as an objective problem outside of herself and her life; she sees it as something that happens to others.

2. **Shock**--She feels shocked, stunned, by the discovery of the lump, followed by the diagnosis of cancer.
3. **Unreality**—Her sense of reality is profoundly shaken. She feels like someone in a dream or movie; she cannot believe that breast cancer is actually happening to her.

4. **Discrepancy/Confusion**—She feels confused by discrepant messages from doctors and by the discrepancy between her lack of pain and the diagnosis. She does not feel like someone who has cancer. She does not want to believe she has cancer. She is willing to trust her doctors, but it is hard to know what to believe.

5. **Fear/Uncertainty**—She is afraid of the unknown. Her life has suddenly become uncertain and unpredictable. Her fear ranges from worry to terror. She is afraid of the cancer spreading, of a lengthy illness, of its effect on herself and her family.

6. **Mortality**—She faces the possibility of death. She thinks of the people she loves. She feels torn away from loved ones, for example, young children. Imagining their loss is very painful for her.

7. **Disruption of life purposes, responsibilities**—She is very much aware of life still to be lived, work still to be done, people needing to be taken care of. She feels wrenched away, temporarily or permanently, from her place in the world and her tasks.
8. **Aloneness/Loneliness**—She faces her experience alone, whether or not she is surrounded by caring people. She feels profoundly lonely at times.

9. **Sleeplessness**—At night while others sleep, her mind focuses on the cancer and all of its implications. During the day she is able to distract herself with busyness.

10. **Life review**—Her thoughts refuse to be ignored. She feels the need to think about her experience and to reflect on her life and its meaning. The specific form her thinking takes is very personal: for example, she questions the purpose of the cancer in the context of her life; she evaluates recent decisions and life changes; she thinks of all the things for which she is grateful; she imagines gifts she would like to leave her friends as mementos of her life; she makes plans for her children in case of a poor prognosis.

11. **Mastectomy as hope**—She sees the mastectomy as necessary to save her life. She is willing to sacrifice her breast in order to survive and fulfill her life purposes.

12. **Concern for others**—She protects loved ones as much as she can from her cancer experience. She feels more concern for them than for herself.
13. **Preparation**—She organizes her external life, then prepares herself for the ordeal of surgery. She strives to gain a perspective that will give her clarity and control, that will overcome the helplessness she feels as a passive body in the hands of experts. She tries to prepare herself mentally and spiritually by talking to experts about what to expect, reading inspirational books, going inward for strength, praying. The ritual of preparation enables her to feel calm and supported by a source of inner strength.

14. **Relief/Gratitude**—After the surgery she is relieved to be alive, to have more hope for life.

15. **Awareness of loss of part of body**—She is suddenly aware that part of her body is missing; in its place is a scar. Her sense of physical balance and unity is disturbed. She tries to restore it by wearing a prosthesis, which is something extrinsic to her. Gradually she becomes aware of the full extent of her loss and of its significance, which is deeply personal: for example, she feels pain at the sacrifice, but sees it as necessary and therefore good; she feels so mutilated by a radical mastectomy that survival does not seem worth the price; she finds her breast an easy sacrifice, then feels devastated by the loss of her hair. She becomes aware that her loss is more than physical because her body is part of herself.
16. **Difference from others**—She becomes aware of her difference from others and concerned about their reactions to her. Concerns range from keeping her body covered to fearing the loss of respect and affection from those she loves. She becomes aware of a difference between external and internal reality, her public and her private self.

17. **Vulnerability**—She feels surprisingly vulnerable, both physically and emotionally. She lacks her usual strength and energy and control over her body and feelings, and thus over her life as well. Vulnerability is felt in different ways. For example, she feels unable to perform the heavy physical tasks she is accustomed to doing; she is unable to stop vomiting after chemotherapy or even before, just anticipating her treatment; she puts on weight; she cries a lot or keeps her sadness bottled up; she feels angry and alienated; she loses her sense of joy and purpose in living. She feels different from her familiar ordinary self, and this difference disturbs her. She objectifies herself and scrutinizes herself on the basis of her personal standards. She feels exposed to herself in her weakness and deficiencies. Her self-exposure hurts; she feels wounded in body and spirit.

18. **Disunity**—She experiences opposition between aspects of herself—her mind and her body, her will and her feelings, her conscious attitude and her dreams, her faith and her despair. She
feels torn between her present experience and the old view of herself that she is reluctant to give up because it contains her sense of meaning and worth. She is pained by her sense of disunity, her loss of wholeness as a person. She struggles to regain control, but to no avail; her sense of power and unity are still missing. She feels unable to go forward in her life.

19. **Acceptance/Humility/Endurance**—She accepts the fact that she is wounded and unable to restore her unity. In accepting the limitations of her control, she learns humility. She immerses herself in her experience of vulnerability and contradiction, which is her reality right now. She endures her suffering rather than fighting or resisting it.

20. **Self-discovery**—She goes inward. She begins to understand her experience by living it from the inside. She attends to the changes in her body and in her feelings. She discovers the ebb and flow of her energy, the pattern of her thoughts. She acquires a knowledge of herself, of her individuality. It is a profound inner knowing that carries its own authority. She feels grounded in something deeper, wiser and more powerful than her previous sense of self.

21. **Freedom/Responsibility**—She takes a firm stand as to what is right for her, no matter what others say. She asserts her freedom and
takes responsibility for her own healing, her own life. Knowing illness, she knows how healing feels, and she learns to nurture herself in her own way. She learns to move away from situations that hinder her healing.

22. **Support from others**—She learns to seek and to receive the support she needs from others. She appreciates their understanding of her vulnerability and growing strength, their affirmation of her uniqueness.

23. **Models**—She finds inspiration in the lives of individuals who have faced cancer with courage and grace: members of her family, friends, people in books, Terry Fox. She envisions their wholeness and tries to emulate it in her own way.

24. **Reality is now**—She experiences time in a new way. Since she knows her life is finite and her future uncertain, she focuses on the present as her reality. She lives deeply and intensely in the moment. She enjoys and celebrates being alive now, alone and with those she loves. Time takes on a personal meaning. She begins to think of it not only as something to be measured by the clock or calendar, but as her time, time-to-be-lived and time-to-be-shared. She wants to make the most of her time.

25. **Priorities and values**—She clarifies her priorities and values so
that she can live wisely. She learns to expend her energy on what matters to her most.

26. **Strengthening of relationships**—She becomes aware of the importance of individuals, of relationships, to her life. From her inward journey she has gained a respect for the separateness of others, yet she also feels closer to them. Knowing her own vulnerability, she is aware of theirs. She finds herself looking beneath surface words and behavior to the caring in their hearts. She feels recognized and valued in her uniqueness. She experiences a new depth of understanding, a new mutuality, in relationships with those she loves.

27. **Authenticity**—She becomes aware of how much she values authenticity in herself and in others. She wants relationships in which she can be free to be herself.

28. **Courage**—She is becoming more aware of her courage. Having faced cancer and death and her inward journey, she feels that she can face anything else. She is less fearful of taking risks and being hurt because she knows she can survive and grow through pain.

29. **Sense of purpose**—She experiences a new sense of purpose, which extends beyond her immediate context. It is a deep commitment to ongoing human life. From her unique experience of suffering and
growth she wants to make a meaningful contribution and is aware that she is able to do so.

30. Reaching out—She reaches out for a new and broader context, where her experience will be of use. In giving encouragement to others, she finds her own life greatly enriched.

31. Model for others—She becomes aware of herself as a model for others, who see her as a strong survivor, a teacher/advisor, a provider of encouragement, inspiration and hope. This new sense of herself is humbling as well as strengthening to her. To help others, she knows that she must remain grounded in her inner wisdom and continue to grow. She tries to remain true to her own experience while being sensitive to the needs and feelings of others, including those who have not had cancer.

32. Sense of community—She feels a special closeness to others who are experiencing the impact of cancer on their lives. She has the sense of sharing a journey with them. Through her relationships with them she discovers a new sense of community, where the meaning of suffering extends beyond her individual life. It becomes a shared meaning.

33. Luckier than others—She is aware of being luckier than others—those who have lost limbs or who are dying of cancer. She
is pained at their suffering and death. She wonders why she should be the one to survive and heal. Her questioning makes her more firmly committed to her purpose in life.

34. Reaffirmation of life, faith—As she follows her chosen course, she has a sense of her life and faith being reaffirmed. She has a sense of felt rightness, of being on the right path in her life. Her choices and destiny are fusing and blending. She feels free and yet blessed.

35. Integration of the experience—She is aware of having integrated the experience into the whole flow and pattern of her life. It is part of her, but she has passed beyond it to a new place.

36. Personal renewal—She experiences a sense of personal renewal, either as a slow and steady growth or as a rebirth. In the latter case, she sees the cancer experience as having opened a door to a new life; she is a new person with a new strength of purpose and a second chance for a uniquely meaningful life.

37. New sense of reality—Her sense of herself and her world are expanding simultaneously. As she continues to open herself to new possibilities, her sense of reality becomes transformed. The world of others is no longer outside of her. The barriers between inside and outside are removed. Her self flows outward into life in an
active, creative way and connects with the creative life energies of others. The world becomes a connection between the creative, authentic selves of people. She experiences her life as very rich and full; she feels fulfilled as a person.

38. **Reality/Indestructibility of spirit**—She experiences her strength of spirit as real and enduring throughout all the changes she has undergone. When she looks back on her life, she knows that nothing has been lost or wasted, as her strength has grown through pain. She knows this is true of others as well, and she feels a strong spiritual connection with them.

39. **Unity of human life, human spirit**—She feels a deep sense of connection, not only with those around her, but with all of human life, past, present, and to come. She has learned from others and is teaching others the wisdom she has acquired. She knows they will use it and pass it on in their own way. She is aware of human lives and spirits touching and connecting and moving on through the generations. She experiences the indestructible power and unity of the human spirit.

40. **Acceptance of life and humanity**—She has a deep acceptance of life, of death, of what it means to be human. She knows that suffering and happiness are both part of life, and in choosing life, she chooses both. She accepts that some events are beyond her
control. She accepts other people the way they are. She accepts her destiny.

41. **Self as unity of opposites**—She knows that she is still an ordinary person who feels vulnerable at times, who experiences disunity, who feels lonely and uncertain when reminded of the possibility of recurrence. She accepts her ordinariness, her lack of perfection. She is becoming aware of herself as unity of opposites—body and spirit, power and frailty, mortality and immortality, uniqueness and human connection. She sees herself as a paradox because she is a human being.

**Clusters of Themes**

I organized the 41 themes into 6 clusters that would reveal the structure of the breast cancer/mastectomy experience as clearly as possible. The themes were organized according to their meaning for my co-researchers. I also tried to follow the order in which they were experienced by my co-researchers. But it is important to note that this time order is not invariable. Some themes may be experienced earlier or later in time; for example, L.J. experienced her greatest sense of vulnerability as well as disunity before her surgery took place. Other themes, for example, uncertainty, are ongoing throughout the experience.
Exhaustive Description of the Breast Cancer/Mastectomy Experience

The exhaustive description, which follows the clusters of themes, reveals the structure or pattern of the breast cancer/mastectomy experience as fully and clearly as possible. In writing the description, I followed the organization of the clusters of themes. I put all of the theme descriptions into a narrative that would capture the unity and flow of the experience. As I have stated above, the time order of the themes may vary. The exhaustive description omits the individual variations that are included in the descriptions of the separate themes, with one exception. After the validation interviews I added E. M.'s softening of the theme of personal renewal to the description. Thus the exhaustive description includes both slow and steady growth and rebirth as ways of experiencing renewal. I made this exception because the sense of rebirth was experienced so strongly by five of the six women in my study.

Condensed Description of the Breast Cancer/Mastectomy Experience

Following the exhaustive description is the condensed description of the breast cancer/mastectomy experience. This is a summary of the exhaustive description. It is intended to reveal the essential structure or pattern or meaning of the breast cancer/mastectomy experience in as succinct and unequivocal a way as possible.
Clusters of Themes

A. Shakeup of ordinary sense of reality
   1. Detachment
   2. Shock
   3. Unreality
   4. Discrepancy/Confusion

B. Facing the problem of cancer
   5. Fear/Uncertainty
   6. Mortality
   7. Disruption of life purposes, responsibilities
   8. Aloneness/Loneliness
   9. Sleeplessness
   10. Life Review
   11. Mastectomy as hope
   12. Concern for others
   13. Preparation
   14. Relief/Gratitude

C. Awareness of change and resistance to change in self (loss of wholeness)
   15. Awareness of loss of part of body
   16. Difference from others
   17. Vulnerability
   18. Disunity

D. Living with the experience
   19. Acceptance/Humility/Endurance
   20. Self-discovery

E. Awareness of growth in self
   21. Freedom/responsibility
   22. Support from others
   23. Models
   24. Reality is now
   25. Priorities and values
   26. Strengthening of relationships
   27. Authenticity
   28. Courage
   29. Sense of purpose
   30. Reaching out
   31. Model for others
   32. Sense of community
   33. Luckier than others
Exhaustive Description of Breast Cancer/Mastectomy Experience

Before her own experience begins, she is aware of breast cancer as an objective problem, something that happens to others. The discovery of the lump, followed by the diagnosis of cancer, shatters the security of her ordinary everyday existence in the world. She feels stunned, shocked at such an event occurring out of the blue. Her sense of reality is profoundly shaken. She feels like an observer watching herself act in a dream or film about breast cancer. She thinks "This can't possibly be happening to me; this isn't really me."

Discrepant messages confuse her. It is hard to reconcile her lack of pain with the diagnosis. She does not feel like a cancer patient. She does not want to believe she has cancer, but she is willing to trust her doctor. As she moves through her daily life, her thoughts and feelings about breast cancer and its implications keep breaking through her sense of unreality.

Facing the reality of her experience begins with facing her fear of cancer. She is afraid of the unknown. Her life has suddenly become
uncertain and unpredictable. She wonders whether the cancer has spread, how long she will live, how much pain she will suffer, whether the self she knows will be destroyed. She faces her morality and inevitably, she thinks of the people she loves. The thought of leaving them is devastating. She imagines their loss and wonders what will become of them. She feels wrenched away from her place in the world and her purposes, from the relationships and responsibilities that give meaning to her life.

With this disruption she begins to experience her ultimate aloneness as a creature in the universe. Her experience is a profoundly lonely one, whether or not she is surrounded by caring people. During the day she tries to lose herself in busyness, to push her thoughts about cancer and its implications to the back of her mind. But her thoughts refuse to be ignored. In the quiet of the night they clamor for attention. While others sleep she lies awake reflecting on her life and its meaning. She evaluates her past and imagines her future, and she always ends in the same place: the mastectomy gives hope for life, for more life. She is willing to sacrifice her breast in order to survive and complete her life tasks.

Once her decision is made, she prepares her life for illness. She organizes and delegates her tasks to others. She protects loved ones as much as she can from her cancer experience. Then she prepares herself. She strives to gain a perspective that will give her clarity and control, that will overcome the helplessness she feels as a passive body in the hands of experts. By mental and spiritual preparation she finds the strength she needs to get through the ordeal of surgery.
Afterwards she feels relief and gratitude to find herself alive, with more hope for life than she had before. But she also discovers that her ordeal is not yet over; it continues from day to day. She is suddenly aware that part of her body is missing. In its place is a scar. Her sense of physical balance and unity is disturbed; she tries to replace it by wearing a prosthesis, which is something extrinsic to her. Gradually she becomes aware of the full extent of her loss and of its personal significance to her. She discovers that her loss is more than physical because her body is part of herself. She experiences her difference from others and is concerned about their reactions to her. She becomes aware of a difference between external and internal reality, her public and her private self.

She feels surprisingly vulnerable, both physically and emotionally. She lacks her usual strength and energy and control over her body and feelings, and thus over her life as well. She feels sensitive and fragile, different not only from others but also from her familiar ordinary self. This difference disturbs her; she feels that it should not be, that there is no necessity for it. She objectifies herself, holding herself up to the scrutiny of her personal standards. She feels stripped bare, exposed in her weakness and deficiencies. This self-exposure hurts; she feels wounded in body and spirit.

She becomes aware of a sense of disunity, which she experiences as an opposition between aspects of herself—her mind and her body, her will and her feelings, her conscious attitude and her dreams, her faith and her despair. She feels pained by her loss of
wholeness. She feels torn between her present experience and the old view of herself that she is reluctant to give up because it contains her sense of meaning and worth. She struggles to regain control, but her sense of power and unity are still missing.

She longs for a restoration of wholeness. She tries to understand what is happening to her, but to no avail. She tries to move out of her position, but the way is not clear. There are no rules to guide her. When she tries to move forward or backward, she remains stuck in the same place. At last she accepts that she is wounded. In accepting the limitations of her control, she learns humility, which she substitutes for shame. She immerses herself in her experience, which is her reality right now. She allows herself to be vulnerability and contradiction. She endures her suffering rather than fighting or resisting it.

In accepting and enduring, she discovers the solitary path of an inward journey. She begins to understand her experience by living it fully from the inside. She attends to the changes in her body and in her feelings. She discovers the ebb and flow of her energy, the pattern of her thoughts. Out of her loneliness and pain she acquires a knowledge of herself, of her individuality. It is a profound inner knowing that carries its own authority. She feels grounded in something deeper, wiser and more powerful than her previous sense of self.

This sense of inner authority enables her to take a firm stand as to what is right for her, no matter what others say. She asserts her freedom and takes responsibility for her own healing, her own life.
Knowing illness, she knows how healing feels, and she learns to nurture herself in her own way. She learns to move away from situations that hinder her healing. She learns to seek and to receive the support she needs from others. She appreciates their understanding of her vulnerability and growing strength, their affirmation of her uniqueness. She finds inspiration in the lives of individuals who have faced cancer with courage and grace. She envisions their wholeness and tries to emulate it in her own way.

She experiences time in a new way; she no longer takes it for granted. Since she knows her life is finite and her future uncertain, she focuses on the present as her reality. She lives deeply and intensely in the moment. She enjoys and celebrates being alive now, alone and with those she loves. Time begins to take on a personal meaning for her. She begins to think of it not only as something to be measured by the clock or calendar, but as her time, time-to-be-lived and time-to-be-shared. She wants to make the most of her time.

With her new sense of authority, she clarifies her priorities and values so that she can live wisely. She learns to expend her energy on what matters to her most. She becomes aware of the importance of individuals, of relationships, to her life. From her inward journey she has gained a respect for the separateness of others, yet she also feels closer to them. Knowing her own vulnerability, she is aware of theirs. She finds herself looking beneath surface words and actions to the unspoken caring in their hearts. She feels recognized and valued in her uniqueness. She experiences a new depth of understanding, a new
mutuality, in the relationships with those she loves. She realizes how much she values authenticity in herself and in others. She wants relationships in which she can be free to be herself and where she can meet others in their reality.

She is becoming more and more aware of her courage. Having faced cancer and death and her inward journey, she feels that she can face anything else. She is less fearful of taking risks and being hurt because she knows that she can survive and grow through the pain. From her awareness of her own growth comes a new sense of purpose, which extends beyond her immediate context. It is a deep commitment to ongoing human life. She wants to make a contribution and knows that she is able to do so from her unique experience of suffering and growth. She reaches out for a new and broader context, where her experience will be of use. In giving encouragement to others, she finds her own life greatly enriched. She becomes aware of herself as a model for others, who see her as a strong survivor, a teacher/advisor, a provider of encouragement, inspiration and hope. This new sense of herself is humbling as well as strengthening to her. In order to help others, she knows that she must remain grounded in her inner wisdom and continue to grow. She tries to remain true to her own experience while being sensitive to the needs and feelings of others, including those who have not had cancer.

She feels a special closeness to others who are living with cancer. She has the sense of sharing a journey with them. Through her relationships with them she discovers a new sense of community, where the meaning of suffering extends beyond her individual life. It becomes
a shared meaning. She feels luckier than others and feels pained by their suffering and death. She wonders why she should be the one to survive and heal. Her questioning makes even more firmly committed to her purpose in life. As she follows her chosen course, she has a sense of her life and faith being reaffirmed. She has a sense of felt rightness, of being on the right path in her life. Her choices and destiny are fusing and blending; she feels free and yet blessed.

She is aware now that she has integrated her cancer experience into the whole flow and pattern of her life. It is part of her, but she has passed beyond it to a new place. She experiences a sense of personal renewal, either as a slow and steady growth or as a rebirth. In the latter case, she sees the cancer experience as having opened a door to a new life; she is a new person with a new strength of purpose and a second chance for a uniquely meaningful life. As she continues to open herself to new possibilities, her sense of reality becomes transformed. The world of others is no longer outside of her. The barriers between inside and outside are removed. Her self flows outward into life in an active, creative way and connects with the creative life energies of others. The world becomes a connection between the creative, authentic selves of people. She experiences her life as very rich and full; she feels fulfilled as a person.

She experiences her strength of spirit as real and enduring throughout all the changes she has undergone. When she looks back on her life, she knows that nothing has been lost or wasted, as her strength of spirit has grown through pain. She knows that this is true
of others as well, and she feels a strong spiritual connection with them. She feels a deep sense of connection, not only with those around her, but with all of human life, past, present, and to come. She has gained from the wisdom of others and is teaching others her own hard-earned wisdom; she knows that they will use it and pass it on in their own way. She is aware of human lives and spirits touching and connecting and moving on through the generations. She experiences the indestructible power and unity of the human spirit.

From her new perspective she has gained a deep acceptance of life, of death, of what it means to be human. She knows that suffering and happiness are both part of life, and in choosing life, she chooses both. She accepts that some events are beyond her control. She accepts other people the way they are. She accepts her destiny.

And yet she is very much aware that she is still an ordinary person, who feels vulnerable at times, who experiences disunity, who feels lonely and uncertain when reminded of the possibility of recurrence. She accepts her own ordinariness, her lack of perfection. She is becoming more and more aware of herself as a unity of opposites—body and spirit, power and frailty, mortality and immortality, uniqueness and human connection. She sees herself as a paradox because she is a human being, and she is finally beginning to understand what that means.
Before her own experience begins, she is aware of breast cancer as an objective problem, something that happens to others. She feels shocked by the discovery of the lump, followed by the diagnosis of cancer. Her sense of reality is profoundly shaken. Discrepant messages confuse her; it is hard for her to know what to believe.

Facing the reality of her experience begins with facing her fear of cancer, which is a fear of the unknown. She faces her mortality and inevitably, she thinks of the people she loves. She feels wrenched away from her place in the world and her purposes, from the relationships and responsibilities that gives meaning to her life. With this disruption she begins to experience her ultimate aloneness as a creature in the universe. At night, while others sleep, she reflects on her life and its meaning. She sees the mastectomy as giving her hope for life, for more life; she is willing to sacrifice her breast in order to survive and complete her life tasks.

Once her decision is made, she prepares her life for illness and prepares herself mentally and spiritually for the ordeal of surgery. She protects loved ones as much as she can from her cancer experience. After surgery she feels relief and gratitude to find herself alive, with more hope for life than she had before. But she also discovers that her ordeal continues from day to day. She is suddenly aware that a part of her body is missing. Her sense of physical balance and unity is disturbed. She experiences her difference from others and is concerned
about their reactions to her. She feels surprisingly vulnerable, both physically and emotionally, different from her familiar ordinary self. This difference disturbs her. She feels exposed to herself in her weakness and deficiencies. She becomes aware of a sense of disunity, which she experiences as opposition between aspects of herself. She feels pained by her loss of wholeness. She struggles to regain control, but her sense of power and unity are still missing.

At last she accepts the limitations of her control and learns humility. She endures her suffering rather than fighting or resisting it. In accepting and enduring, she discovers the solitary path of an inward journey. She begins to understand her experience by living it fully from the inside. She acquires a knowledge of herself, of her individuality; it is a profound inner knowing that carries its own authority.

This sense of inner authority enables her to take a firm stand as to what is right for her, to take responsibility for her own healing, her own life. She learns to seek and to receive the support she needs from others. She finds inspiration in the lives of others who have faced cancer with courage and grace.

She experiences time in a new way; she no longer takes it for granted. She lives deeply and intensely in the moment. She clarifies her priorities and values so that she can live wisely. She becomes aware of the importance of individuals, of relationships, to her life. She experiences a new depth of understanding, a new mutuality, in the relationships with those she loves. She realizes how much she values
authenticity in herself and in others. She becomes more aware of her courage, her ability to take risks and grow through pain. From this awareness comes a new sense of purpose, a deep commitment to ongoing human life. She reaches out for a new and broader context, where her experience will be of use. She becomes aware of herself as a model for others, who see her as a strong survivor, a teacher/advisor, a provider of encouragement, inspiration and hope. She feels a special closeness to others who are living with cancer and discovers a new sense of community with them. She feels luckier than others and wonders why she should be the one to survive and heal. Her questioning makes her more firmly committed to her purpose in life. As she follows her chosen course, she has a sense of her life and faith being reaffirmed.

She is aware now that she has integrated her cancer experience into the whole flow and pattern of her life. She experiences a sense of personal renewal. As she continues to open herself to new possibilities, her sense of reality becomes transformed. The world of others is no longer outside of her; the world becomes a connection between the creative, authentic selves of people. She experiences her strength of spirit as real and enduring throughout all the changes she has undergone. She feels a deep sense of connection, not only with those around her, but with all human life, past, present and to come. She experiences the indestructible power and unity of the human spirit. From her new perspective she has gained a deep acceptance of life, of death, of what it means to be human. And yet she is aware that she is still an ordinary person, who feels vulnerable at times, who experiences
disunity, who feels lonely and uncertain when reminded of the possibility of recurrence. She sees herself as a paradox because she is a human being.

Portrayal of Individuality

"The structure of a phenomenon is . . . the commonality running through the many diverse appearances of the phenomenon" (Valle & King, 1978, pp. 16-17). Valle and King use the example of a melody in music to illustrate structure. If any note changes, the entire melody changes. But if all of the notes are played an octave higher or lower or on different instruments, the melody is still recognizable.

What I discovered in my analysis was the structure of the breast cancer/mastectomy experience, which was validated by my co-researchers. I would like to illustrate the way that this structure reveals itself in the lives of two of my co-researchers, who have given me permission to do so. They seem like very different people, and on the surface their experiences seem very different from each other. Yet each of them found the exhaustive description a powerful, true and complete reflection of her breast cancer/mastectomy experience.

T. L.

T. L. was 52 when her cancer was discovered. She was supporting herself and her 16-year-old daughter by her work as a salesperson. The death of her husband six years earlier had been very hard, both for her and her child. The marriage had been a close and happy one, and her
husband had been a warm and loving father.

One day, while bathing, T. felt a lump in her breast, but then it seemed to disappear. She thought no more about it. Cancer was not a problem she identified with. Weeks later, her family doctor found the lump. He sent her to the cancer specialist who had operated on him for stomach cancer two years earlier. Since the lump was very small and mobile, neither doctor expected it to be malignant. The diagnosis was a shock to her. She faced the possibility of dying and leaving her daughter alone in the world. "I can remember thinking 'My God, what am I going to do? What is this child going to do?' Because I still had a lot of raising to do."

T. felt very much alone. Not wanting to worry her daughter, she kept her feelings to herself. She protected the rest of her family, who lived at a distance; she did not tell her mother about her cancer till two years later. She was afraid to risk rejection from friends. A proud and independent person, T. was determined to bear her own burdens, with no help from anyone. T. had little communication with her doctors. Neither of them explained anything to her or told her what to expect from surgery. She did not know that she had any options. She was presented with what seemed to be a life-and-death situation. She was worried about the cancer spreading. In reviewing her life, she realized that what she wanted more than anything else was a chance to see her daughter through her teens. The mastectomy, she thought, would buy her the time she needed. Since she trusted her family doctor, she was willing to trust the surgeon that he recommended. Before surgery
she prayed for more life, but she was also willing to accept death if she had to.

T. felt rushed through surgery, and this increased her fear of the cancer. After surgery she was relieved to be alive, but the discovery of her physical loss was a shattering experience for her. As she made very clear to me, it was not the loss of the breast that bothered her, but the sense of mutilation from her radical mastectomy. "I can remember . . . the horrible feeling that I had—because I was down to the bone, I was so badly mutilated." She kept expecting to wake up from a nightmare, but the situation was all too real. T. felt very different from other women. She tried wearing a prosthesis, but it did not help much; it was very uncomfortable and it did not fit properly. She had to cover her body with high-necked clothes, and this bothered her: "I looked like an old woman. Because who would want to see a scar that was away up here? It was like a scald, and with all the skin shrivelled up."

T. soon felt that her loss was much more than physical. "I didn't feel like a whole human being." She avoided her friends. "I just felt, well, they were a whole person. And I wasn't." In our interview T. talked about mourning her loss. By mourning she meant deep feelings of sadness that she kept locked inside. She felt that part of herself was missing. Even after her breast reconstruction this feeling remained. "How can you explain something like this? As someone once said to me, 'You're born with all your parts and all of a sudden it's not there.'"
T. felt enormously vulnerable after her surgery. Her loss of physical strength was hard for her to accept because of her high standards and her independence. "It was terrible. I couldn't wash walls. I couldn't do my housework properly. Because this arm was just like lead." Five weeks after her surgery she returned to work. Three months later she was packing to move. It was then that the loneliness hit her, and the despair: "It was hell all the time." She would wake after a few hours sleep and pace the floor, thinking "What the hell am I doing here? Why all this? What have you got to live for? There's nothing left." Even though she knew that her child needed her, she felt that her meaning in life was gone.

T.'s despair was connected with her sense of disunity. She had lost control of her body, of her feelings, of herself, of her life: "You think you have the same power . . . but for some reason it just seems to cut your life in half. It's like two people. One person . . . I was strong emotionally in a sense but weak physically. But then when I became strong physically, I didn't feel as strong emotionally. . . . Then the bitterness set in. . . . There were times when I thought I was going to go bananas because I couldn't cope with the feelings that I had."

Her sense of vulnerability was increased and prolonged by her experience with her surgeon. She felt objectified and dehumanized by him. She went for very frequent checkups, once a month for the first year, once every two months for the second, then once every three months: "And I'd walk in there and he'd just rub his hand over this surgery and he'd say 'Beautiful! Beautiful!' Eh, talk about adding
insult to injury! That's all he did. . . . He was so proud of that surgery." T. experienced a lot of anger at her surgeon, whom she saw as a butcher: "I was just another slab of meat." She kept asking him why he had done the radical, but he gave no explanation that satisfied her; he would simply tell her that he could not take any chances. Her mistrust was so great that she wondered whether she had really had cancer, or whether the mutilation had been for nothing. She wanted breast reconstruction, and her own doctor had told her she could have it done after three years. But after two years he died of cancer. This was another loss that was hard for her. The surgeon was opposed to her having reconstruction and refused to recommend anyone; the reason he gave was that plastic surgeons were only interested in money. Despite her rage at her surgeon and her lack of trust in his competence, T. stayed with him for four years.

During this time she accepted and endured her vulnerability and her loss of wholeness. Through her suffering she came to know herself from the inside. She began to realize that her visits to her surgeon were hindering her from healing: "Every time I saw him it was like being hit between the eyes . . . and I found that that kept my anger surfacing all the time. And it wasn't good for me." From her self-awareness came a sense of inner authority. She took her stand very firmly: "I'm going to get it done whether he wants to or not. It's my life. It's my body."

T. found herself a woman doctor, who recommended a plastic surgeon. She is more than satisfied with her reconstruction, which has been a tremendous boost to her morale. She had it done a year before
our interview. She feels much more at ease with others now. She says that her attitude to life changed after she stopped seeing her surgeon: "Now I don't feel so badly. I'm beginning to realize 'Okay, so it's an experience.'" When I asked her whether she has healed, she replied "I've healed, but it's left a lot of scars. It's left a lot of scars. It's not just a physical scar as far as I'm concerned. It's an emotional scar. And a lot of it could have been avoided."

She is very emphatic and articulate about her growth through suffering: "You know there's an old saying, 'With every loss you gain strength.' And that's the truth... It seems to build a stronger character... It's an inner strength."

Her particular learning from the experience has been a trust in her own authority, her right and her ability to make decisions for herself: "It hasn't been wasted. What they've done to me and the way I can make up my mind now." Her attitude to doctors has become that of a consumer: "You can get another opinion. It's like taking your car in and they give you an estimate on that. If you don't like it you take it to somebody else. It's the same thing."

Authenticity has become very important to her. She sees honesty with herself as the key to her spiritual survival. She is aware of being a model for her daughter, whom she is teaching to be honest with herself and to trust her own authority. The cancer experience has strengthened their relationship: "We've learned to respect each other for the person we are... there's a very deep love, but it's not a smothering love." Her daughter, who became aware that T. was hiding her
feelings about her cancer experience, has been encouraging her to be more open in expressing her feelings: "If you want to cry, Mom, cry—it's not because you're weak." Through her experience T. has learned a new view of strength that includes vulnerability. This enables her to reach out to others and to seek support when she needs it: "I'm able to unload now . . . I'm able to pick up the phone and talk to them. But right up until I had this surgery done I couldn't do it." She is more aware of her courage than she used to be, and thus is more willing to take risks: "I feel that I could face anything. And yet I know that I'm just as vulnerable as anybody else. I hurt just as deeply and I will hurt again and again and again. Because you can't build a suit of armour around you if you're a human being."

T. has experienced a sense of personal renewal, which she describes as a rebirth. Through her cancer experience she has learned to live in the present and to celebrate life. Her priorities are very clear. Her sense of reality has become transformed; she no longer feels alienated from others, but deeply connected with them. She enjoys being with her friends, but she also likes her own company; she is able to be alone without feeling lonely. She feels that her life is being reaffirmed: "I find that my life is very full. I don't think you need a man in your life to enrich your life. . . . I've got my job, I've got my daughter. My health is good. As long as I can work I'm happy. I really am happy. . . . I don't think I can ask for anything more. I really don't."
T. is aware of being luckier than others. She gives a lot of support to people she knows who are cancer patients, and she is aware of being a model for them as well as for others who have not had cancer. Although she did not have a model at the time of her surgery, a few years later Terry Fox became important to her. She saw him as creating a context in which cancer patients could be seen as having dignity and worth. T. feels a strong sense of community with other cancer patients, particularly with other women who have had mastectomies. She was eager to be in this study because of her desire to use her experience to help others.

T. is profoundly aware of the paradoxes of human life, and of herself as a paradoxical creature. Despite her deep acceptance of suffering and her awareness of her spiritual growth, she is still angry about the unnecessary suffering that women go through at the hands of doctors, particularly surgeons. She sees herself as one of a community of such women, and she would like to do something to help: "I don't know what the answer is. I just know that they hurt us very very deeply when they do these things to us." During our second interview she talked about her hope that doctors will come to see women as conscious individuals and embodied spiritual beings rather than as "pieces of meat." She would like them to be more respectful and more caring in their treatment of breast cancer patients. She would like women to have a confidence in their own authority that she did not have until after four years of suffering.

T. has a deep sense of the unity of the human life, the human spirit. She does not see death as an end to life. It is another form
of rebirth: "We have something to do here. We've accomplished that. It's like going from one room into another room—it's only a door that opens." Right now she feels a strong commitment to life: "My work isn't finished here. I still have a lot to do before I'm ready to go." Her work includes her relationships with others, and teaching others what she has learned through her cancer experience.

M. M.

M. M. was 36 when her cancer was discovered. She was married, with two children, 6 and 9. She had been a nurse and knew about breast cancer, but it was not a problem she thought about very much, especially in relation to herself. She discovered the lump during one of her irregular self-examinations. It was a very small lump, and she did not expect it to be malignant. Her family doctor and the surgeon he sent her to were both very reassuring: "It didn't seem as though it was going to be anything at all." Thus the diagnosis came as a complete shock to her: "Not only was it malignant, but she didn't even know if it was operable or not. I was totally devastated." All at once M. was overwhelmed by her fear of cancer, her fear of death, and her fear for her children. Imagining their loss, she cried in the surgeon's office.

After many tests, M. was told that her cancer was operable, and her hope for life returned. "I was delighted... I was just delighted that it was operable. So I didn't ever get upset about having a mastectomy." She had a lot of support from others. She arranged for
her mother to look after her children while she was in the hospital, and she made out a schedule for friends to bring meals to her family. M.'s way of preparing herself for surgery (and later, for treatment) was to get as much information as she could from experts and experienced people about what to expect. It was very important to her to understand what was happening to her. Knowledge and understanding gave her a sense of control: "As long as I knew what was going to happen, I could cope... I have to feel that I'm in control of what's happening as far as I'm concerned."

Although M. was surrounded by caring people and very busy during this time, she felt very much alone, especially at night. Her sleeping pattern began to change radically. She had always been a sound sleeper, but now she lay awake at night reviewing her life. The mastectomy gave her hope, but dying was still a possibility. What did she have to show for 36 years of life? She had her children. She began to see them as the most important gift she would be leaving to the world. She had relationships with friends. If she were to die, she wanted to be able to leave a special gift for each friend as a memento of her life. She imagined each gift and was determined to find it as soon as she was able to do so.

After her surgery, a modified radical, M. was glad to be alive. She did not experience any particular discomfort from the surgery. She became aware of her breast loss but was not disturbed by it. She was able to put her loss of physical unity into perspective: "I would not ever choose to have a mastectomy. But I don't think it's that
devastating. . . . I would rather have two breasts than one . . . I've never thought breasts were particularly attractive. It's never been part of my self-image. So I always thought it would be nice to be small-breasted and then you'd look better in these little bikinis. . . . If I had to lose a leg, that's something that would really interfere with your lifestyle and it would be really obvious to other people . . . so I didn't really feel that the fact that I had to lose one breast was a major loss."

The most difficult part of M.'s experience was yet to come. After surgery she was told that she was still at high risk, since one node was positive. At the Cancer Clinic she had to choose between radiation and a new program of radiation and chemotherapy. She found the choice very difficult because of her lack of knowledge of what to expect. She was glad when a woman doctor, who was also a mother, said that in M.'s situation she would choose to have chemotherapy. At that time the program of treatment was twice as long as it is now. It consisted of three months of chemotherapy, followed by three weeks of radiation, then another nine months of chemotherapy. M. experienced enormous physical vulnerability during the course of chemotherapy: "Chemotherapy for me was just awful. I had a violent reaction as far as nausea is concerned. . . . What I experienced was about 22 hours of vomiting every 10 or 15 minutes." She worried about the effect that her illness would have on her children as well as on other cancer patients. What bothered her more than the nausea was her sense of loss of control over her body and the disunity she was experiencing between her body and her mind.
This was not only frightening; it was also profoundly humiliating for her: "It got harder and harder to go for treatments. And of course it got to the point where I would just drive into the parking lot and I would be retching. . . . I didn't want to be sick in front of other patients that were getting treatments. I would just react. I knew it was in my head, but I couldn't stop."

The worst part of the treatment for M. was her hair loss. When she had been on the program three months, she lost all of her hair. This was a devastating experience for her. She saw it as a loss of an important part of herself and of her wholeness as a person. She felt very different from others: "I hated wearing a wig. . . . I was so disturbed by the fact that I didn't have any hair, and I didn't want anybody to think that the wig was my hair." She covered her head with a scarf. She began to feel alienated from others. She found herself wanting to shock people by telling them she had no hair because of her cancer treatment: "I guess part of it was getting back—that this had happened to me and I wasn't prepared for it."

M. also put on 18 pounds during chemotherapy. She was aware of becoming very different from the self she knew, both externally and internally: "I think my self-image was so distorted. And it didn't really relate to the mastectomy at all." M's hair grew back and fell out again three times. She describes herself kneeling over the bathtub and watching it go down the drain, all of it at once. This was the second time. She tried to keep herself from giving into despair. Faith in the treatment was important to her. She had given up the sense of
control over her body for the sake of saving her life. But the third time her hair fell out, M. found herself wondering "If this is doing this to my head, what's it doing to the rest of my body?" With only two treatments left, M. decided to stop chemotherapy. "I just couldn't cope with it any more."

No one tried to talk M. out of her decision. She took full responsibility for it, and she has never had any regrets. When she stopped chemotherapy she began to take responsibility for her own life and health. Her hair grew back. By exercise and diet she lost the extra 18 pounds and felt much better about herself. She also discovered that she enjoyed exercising for its own sake. She had never exercised before, but now regular exercise became an important part of her life.

M.'s very strong sense of personal authority came from the self-knowledge she had acquired from her endurance of suffering during chemotherapy. She came to know her own body, her own feelings, her own mind very well: "This whole experience has made me much more aware of myself as a person. I think that I value myself more than I did before. Before, I don't think that I ever really gave myself much thought. . . . I was so busy thinking about the family and what we were doing that I didn't take much time for myself. And then while I was going through the whole process of treatment, my whole thought process was centered on myself. Then when I finished, I didn't want to go back where I was before--I don't think I really could have. But I think I am now much more aware of myself and I know that my husband particularly says that I am a different person."
One of her models was a volunteer visitor whom she liked enormously. Another was Terry Fox, whom she saw as symbolizing the courage of the ordinary cancer patient. Terry's statement that nothing that he accomplished was as difficult as enduring chemotherapy was very meaningful for M., whose own sense of courage grew out of her chemotherapy experience: "After being on chemo I felt there was nothing I couldn't do. It was that difficult for me to continue on the program that I sort of think if there's anything I want to do—I mean, it's possible—I can do it." After a recurrence of cancer in her lungs, M. began focusing on running. Last year she ran in the Terry Fox Marathon. This year she is involved in organizing it.

From facing her mortality, M. experienced a radical change in her view of time: "I think I'm far more concerned about today and doing things today. . . . I can't waste time. . . . I have a critical path that I'm following almost every day all of the things that I want to do." She is aware that she has changed her priorities a lot. Authentic relationships are very important to her. She no longer feels guilty about letting her housework go in order to spend time with friends. She appreciates her health and enjoys and celebrates life with her husband and her children.

M.'s sense of purpose grew out of her experience of suffering. She felt that a special kind of counselling was needed at the Cancer Clinic and that she would be able to provide it from her nursing background and her experience as a cancer patient. Her empathy for the feelings of other patients would enable her to make their experiences more
tolerable. She could help to give them hope: "If I can tell someone when they're lying, for example, under the cobalt machine and the nurse goes out and closes the door and it sounds like you're in a meat locker ... if I can tell them I was frightened—they can think 'Well, M. felt that way, too. ... She's okay.'" On Fridays she volunteers at the Cancer Clinic, offering information, liaison with doctors and a great deal of moral support. She gets a lot of satisfaction from reaching out to others in this way. She is aware of being a model for them. But counselling is sometimes difficult for her because she becomes so close to the patients. It is painful for her to feel luckier than others. The death of a young friend from cancer was particularly hard for her to accept. She feels guilty about being a survivor: "I feel guilty because I want more as far as life is concerned and experiences, and I want to see my children grow up. And I think to myself 'What right do I have to want more when T. doesn't have that any more?"' M. has the sense that she needs to earn her right to be alive and well. As she works with other cancer patients she has the sense of her life being reaffirmed. "I realize how lucky I am and I think that's really important. I think most people don't have the opportunity to appreciate the fact that they're well."

She has integrated the cancer experience: "It is a part of my life. It's like anything else, it's just a part of my experience." Renewal for her was a sense of being reborn into a new and creative life: "I was just in my own little circle doing my own little things and I was happy with what I was doing. ... I want to do everything. I
have a very, very full calendar."

M. still thinks deeply about life, particularly at night. Her difficulty sleeping has continued for the past five years. She thinks of her place in the universe and her connections with ongoing human life. She would like her children to benefit from her learning—to enjoy their lives in the present and to feel a sense of their worth as individuals and human beings. In time they will make their own contributions.

M. hates cancer. Of her young friend T., she says "She was just devastated and devoured by this horrible disease." She sees her own experience with breast cancer and its recurrence as strengthening her spirit and enriching her life: "The whole experience actually has been a positive one." She is becoming aware of the paradoxical attitudes within herself. For example, she accepts the uncertainty of life: "I think there's no point in worrying about what lies ahead. I think we just have to deal with now." And yet she continues to worry about recurrence: "You never get used to waiting for the results of things. There's always a chance, you know. Especially with breast cancer. . . . I know you can have a recurrence any time. There's none of this five-year cure thing. . . . So you know, you're sort of always . . . you're living with it."
CHAPTER V

Discussion

In my analysis of the interviews with my six co-researchers, I formulated 41 themes or aspects of the breast cancer/mastectomy experience that were common to all of the women. On the basis of these themes, I wrote a description of the essential structure or pattern of the experience. My co-researchers validated this structure and each of the themes.

Limitations of the Study

In this study I have not discovered objective facts that can be observed and tested in a controlled experiment. I have reconstructed a pattern of experience shared by six women who have had mastectomies for breast cancer and who have recovered or healed. It is a pattern of spiritual growth through suffering; for all of the women in my study, this is what healing means.

I do not claim that this pattern is true for all people or even for all women who have had mastectomies for breast cancer. For example, many mastectomy patients have not yet experienced recovery. I am simply presenting as fully and clearly as I can the pattern or meaning of the breast cancer/mastectomy experience for these six women who have healed. This meaning, reconstructed from their own statements about their individual experiences, has been fully discussed and negotiated
with each of them. I see my research as laying a foundation for further study in this area. I hope that my results will initiate a dialogue with other researchers about the breast cancer/mastectomy experience. Hopefully, others will carry my work further by exploring each of the separate themes in detail and in depth. Other studies of the experience may challenge mine. In other cultures, for example, researchers may discover different themes.

**Dialogue with Myself**

At the beginning of my investigation, I wrote the story of my own breast cancer/mastectomy experience and drew out my assumptions. I assumed that the breast cancer/mastectomy patient would face her mortality and be concerned about the meaning of her illness and the meaning of her life. I assumed that her sense of meaning in life would change through her experience; that her priorities and values would change; and that her sense of reality would undergo a profound change, spiritual in nature. I assumed that healing involved the whole person, not just the body; that it was fundamentally connected to a change in her sense of meaning in life, and that an important aspect of healing would be a meaningful connection with others who were undergoing similar changes.

As I examine my themes, I see that all of these assumptions were directly met. A more specific assumption, that adjusting to the expectations of others would hinder healing, was indirectly met in Themes 17, 18, 20 and 21. Acquiring a sense of inner authority was
a basic step toward healing for all six women. Each gave an example of a situation in which she asserted her own sense of felt rightness against other people's views of what was good for her in order to feel less vulnerable and more whole. For T. L., this meant leaving the surgeon who treated her like a "slab of meat." For M. M., it meant leaving chemotherapy with only two sessions remaining. For C. P., it meant complaining about an insensitive volunteer; for E. M., it meant refusing to talk about her mastectomy until she felt ready to do so, despite social pressure from others; for T. A. and L. J., it meant countering other people's ignorance with their own knowledge of the breast cancer experience.

My assumptions that were directly met were very general. They enabled me to ask questions that allowed each woman to explore aspects of her experience that had to do with meaning and healing, with change that mattered to her. What each woman told me went far beyond my original assumptions. I could never have anticipated the detail and clarity of the pattern of growth that is unique to each woman, yet true for them all. As I look at it now, I realize with amazement that it is true for me, too. But I had not known this pattern from my own experience. It was something that I had to discover in the process of dialoguing and analysis.

What astonishes me most about this pattern that I have discovered is its marvellous symmetry. It is full of parallels and contrasts throughout. Almost every aspect of suffering for these six women is balanced by something gained or learned through the suffering. Some examples follow in Table 1:
Table 1

Correspondence Between Suffering and Gains Through the Experience

<table>
<thead>
<tr>
<th>Suffering</th>
<th>Gains or Learning Through Suffering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Her sense of reality is shaken up (Theme 3).</td>
<td>She discovers a new sense of reality (Theme 37).</td>
</tr>
<tr>
<td>She faces her fear (Theme 5).</td>
<td>She acquires courage (Theme 28).</td>
</tr>
<tr>
<td>She faces mortality (Theme 6).</td>
<td>She celebrates life now (Theme 24).</td>
</tr>
<tr>
<td></td>
<td>She experiences renewal (Theme 36).</td>
</tr>
<tr>
<td></td>
<td>She discovers the indestructibility of her spirit (Theme 38) and of the human spirit (Theme 39).</td>
</tr>
<tr>
<td>Her life purposes are disrupted (Theme 7).</td>
<td>She discovers a new sense of purpose (Theme 29) and her life is reaffirmed (Theme 34).</td>
</tr>
<tr>
<td>She feels alone (Theme 8) and different from others (Theme 16).</td>
<td>She discovers a new sense of community with cancer patients (Theme 32) and with all humanity (Theme 39).</td>
</tr>
<tr>
<td>She becomes aware of a loss of part of herself (Theme 15).</td>
<td>She discovers her individuality (Theme 20).</td>
</tr>
<tr>
<td>She loses control over herself and her life (Themes 17 and 18).</td>
<td>She gains a sense of inner authority (Theme 20). She asserts her freedom and takes responsibility for herself and her life (Theme 21).</td>
</tr>
<tr>
<td>She experiences disunity (Theme 18).</td>
<td>She comes to know herself as a unity of opposites (Theme 41).</td>
</tr>
</tbody>
</table>
As I continue to examine this pattern, I find myself filled with wonder, which deepens into awe at the mystery of this experience of healing. The story begins with a breaking down of connections between the known self and the known world. The self takes on qualities that have been previously rejected or ignored. The woman feels like an outsider in the universe; she experiences chaos within herself and loss of meaning. At the center of her experience is the acceptance of chaos and disharmony. She feels humble in relation to a power she cannot explain or control, and she endures her suffering. In so doing, she discovers a source of wisdom and power within herself. She begins to reconnect with life in a new way. She discovers a new sense of reality, which involves her uniqueness and her connection with all of humanity, regardless of time and space. At first this journey was not something that she wanted to undertake, but resisting it kept her from healing. Once she embarks on this journey, it becomes the meaning of her life. This meaning comes directly out of her suffering; she moves through endurance of pain to a transformation of reality.

I am shaken by this pattern. For a long time I have had a preconception about life and art. I have believed that life was messy and formless and that art imposed a pattern on life. As I reflect on the pattern of the breast cancer/mastectomy experience, I am reminded of some of the great works of literature that I used to teach. "Can this really be life?" I ask. This pattern that I have discovered has the unity and symmetry of a Shakespearean play. Yet none of my co-researchers is an artist; none of them could consciously impose such
a form on her experience. Also, this pattern is the same for them all.

"What does this mean?" I ask. Somehow, it seems that each woman in my study is living out a story that is flowing out from creative depths within herself. As she grows through her breast cancer/mastectomy experience, she becomes more and more aware of her story, which is uniquely true for her; yet it also seems to be a profoundly human story. Perhaps the journey of the human spirit has a pattern which great artists are able to discover and emulate in their works; I can only speculate about this. But I know for certain that there are six women living out one particular story of growth through suffering.

The detailed symmetry of this story seems to indicate that there is a wisdom at the heart of human suffering, a wisdom that can only be discovered in the process of enduring the pain. This view is very different from a mechanistic approach to healing, which sees physiological processes as blind and dumb and pain as something to be eliminated for the sake of efficient functioning. The results of my study indicate that there is much more to illness than meaningless suffering and much more to health than efficient functioning. An experience of life-threatening illness led my six co-researchers toward a life of profound meaning for themselves and helpfulness to others. Thus it seems that illness and healing have a mysterious connection.

As I look at the strong themes of growth, I am intrigued by their quality of mystery, and I wish that I could explore them further. I would like to know in much more detail what it means to a person to discover a new sense of reality, what it means to have a sense that
one's life is being reaffirmed. I would like to think of other explorations being launched into the lives of breast cancer patients as embodied spiritual beings. From such research journeys would come a deepening understanding of what it means to heal, of what it means to grow, of what it means to be human. Such understanding would seem to be essential for anyone who works with people.

Theoretical Implications

As I reread my review of the literature in Chapter II, I see that no other views of the breast cancer/mastectomy experience are as clear and complete as the pattern that I have discovered in my study. Some approaches are more compatible with my results than others, but even these are far too narrow; they deal only with isolated aspects of the experience.

Some approaches are entirely incompatible: the traditional medical approach, for example, which isolates body from spirit and sees illness and healing in purely physical terms; the rehabilitation approach, which views recovery as a return to normal life before the surgery; the psychiatric approach, which attempts to overcome the suffering caused by stress; the psychosocial approach, which regards recovery as a successful solution to psychological and social problems; the psychoanalytic approach, which separates cancer from mastectomy and sees a woman's meaning as given, not something to be explored; and the adjustment view (Ray, 1977) underlying most of the above approaches,
which regards illness as pathology and health as similarity to others. All of these views make a woman's individual experiences irrelevant. In opposition to Lasser's (1972) view of recovery, none of my co-researchers could put her breast cancer/mastectomy experience behind her. All of them (including four volunteers) grew through changing, not through remaining the same women they always were. Ervin's (1973) view of mastectomy as meaningless tragedy is hardly compatible with my results. He sees most women as stuck in disunity and incapable of renewal.

The stage theories are not compatible with my results. My themes are not stages, but aspects of an experience that flow together into a unity. In contrast with them, stages give a very external, chopped-up and partial view of what people experience. Even apparent similarities are not very similar. For example, what Kubler-Ross (1970) calls "denial" sounds similar to Theme 3. However, "unreality" describes what a person experiences; "denial" interprets that experience from the position of an outside observer. Themes 19, 40 and 41 are different from Kubler-Ross's final stage of "acceptance." My co-researchers begin to grow by accepting their vulnerability and disunity; they learn to accept the complexity of life and the complexity of themselves as human beings. I did not find evidence of bargaining in my study. Anger and depression were mentioned only by some women as examples of vulnerability.

The stage theorists stress the importance of full expression of feelings such as sadness and anger, but much more was involved in my
co-researchers' growth toward wholeness. Gullo, Cherico and Shadick (1974) use words like "renewal" and "integration" to mean little more than adjustment. Their final stage of "integration" takes place within six months after surgery. For my co-researchers, such a time limit would cut off most of their growth. Like the mastectomy patient in their study, my co-researchers could be described as "death-transcenders" because spirit has a reality for them; however, it would not be accurate to say that they were avoiding the pain of their mortality through intellectualization. Their awareness of their strength of spirit came from their endurance of suffering (Theme 38).

Klein (1971) appears to accept a stage theory of grieving and to apply it to the breast loss. Full mourning for the breast loss is one of three separate tasks a mastectomy patient must perform in order to grow toward integration. Klein's time limit for growth is even more severe. She sees mastectomy as a crisis which can be resolved in four to six weeks. Klein isolates aspects of the experience and separates them from meaning. For my co-researchers, growth involved more than feeling sad or angry about their breast loss, feeling good about themselves and coming to terms with the possibility of recurrence.

Peters-Golden (1982) recognizes the breast cancer patient's feeling of loneliness and difference from others (Themes 8 and 16) as well as Themes 5 and 6. Quint (1963) recognizes some of the earlier aspects of the experience, especially Themes 5, 6, 8, 10, 15, 16, and 17. She sees mastectomy as a possible turning-point in a woman's life, but she does not explore this change.
Taylor (1983) found that the search for meaning was an important aspect of the breast cancer experience, but she sees the value of the search as helping the patient live more effectively in the "real world." Her approach to meaning is an external one. She sees meaning as based on illusions, which are useful if they help the patient make a cognitive adaptation or readjustment to "normality." If I were to take such an approach to the women in my study, I would say that they think they have experienced personal renewal and discovered a new sense of reality; these illusions have helped them to recover from their cancer experience and to become more sociable people. For Taylor, search for meaning is one of three themes of the breast cancer experience. The results of my study do not support her themes of mastery and self-enhancement. My co-researchers gave up trying to master or control their experience (Theme 19). The sense of inner authority they gained is very different from mastery. Knowing "what feels right for me now" is not the same as saying "I can control cancer" or "I can control my life." Though my co-researchers do feel good about themselves most of the time, this is a side effect of the self-awareness they have gained through suffering, rather than a theme in itself. As human beings, they do not always feel good about themselves (Theme 41). I would say that 40 of my 41 themes involve a search for meaning (all except detachment). The search becomes very focused with Theme 20, but earlier themes also reflect the search. Some, for example, Theme 10, are more explicit than others in this regard.

Cassell's view of the experience of illness is compatible with
Themes 5, 7, 8, 16, 17 and 18, and his view of healing is generally compatible with some aspects of the later themes, especially Themes 36 and 39. Shands (1966) and Comaroff (1982) describe a few aspects of the experience of illness in a way that is compatible with my results. Shands focuses on the shakeup of reality and disruption of life at the beginning of the cancer experience, while Comaroff focuses on the experience of contradiction or disunity. Comaroff and Maguire's (1981) description of the search for meaning as an attempt to overcome uncertainty and contradiction is compatible with my study in a very general way.

Frankl's view of growth through suffering is highly compatible with my results, particularly my themes 18, 19, 21, 29, and 40. Theme 29 is especially striking in its similarity to Frankl's view of meaning as a purpose or task in life. May's view of illness and healing is also compatible, especially with my themes 20, 21, 24, 27, 28 and 39. LeShan's view of learning through the conscious endurance of suffering is compatible with my study, particularly Theme 19.

My study does not support LeShan's view of the basic despair of the cancer patient, but I did not set out to study my co-researchers' experience before the impact of diagnosis. My results support his view of the discovery of meaning through the discovery of one's unique self. Themes 10, 21, 24, 25, 28 and 29 seem compatible with the Simontons' view (1980). Their view of a causal relationship between attitudes to life and cancer is not supported in my study, but I was not seeking to study causes.
These four approaches—Frankl's, May's, LeShan's and the Simontons'—are compatible with my results in a general and partial way. Hillman's (1978) presentation of the Jungian view of the death experience as nourishing to the soul, leading the person to renewal and transformation, is certainly compatible with my study, especially Themes 34 to 41.

The theory that is most compatible with my results is the Jungian view of healing described by Sanford (1977). The healing journey of individuation as a movement toward wholeness and uniqueness, a search for and discovery of the meaning of one's life, fits my co-researchers' experience. In accordance with the Jungian view, their growth began deep within themselves, and in the course of their growth they learned to relate to their inner as well as to their outer worlds. They accepted a previously disowned aspect of themselves and gained a sense of their inner authority. Their growth involved pain and suffering, the death of an old state of consciousness so that a new one could be born. They are learning to reconcile the opposites within themselves and are growing as individuals as well as human beings. Though they are becoming more complete, they are not perfect. They are increasingly aware of the story of their lives, which has a mysterious unity and which is more than a personal story. Their illness led them toward individuation as it showed them their need for healing. Part of their meaning is their sense of themselves as wounded healers.

Though my results are highly compatible with Jungian theory, my description is not theoretical. My co-researchers did not speak in
Jungian terms. They spoke of their own experience with breast cancer in their own words, and the unity and concreteness of the description emerged from their expression of their experience. Their unique and common experience goes beyond all theories, including Jung's. It is their own lived reality.

**Implications for Counselling**

What I have described as the pattern of the breast cancer/mastectomy experience is a process of growth toward wholeness. This growth begins with the shock of diagnosis and moves through disruption, loss, pain and chaos toward a new sense of self in relation to the universe. It involves a profound change in the person through the discovery of the meaning of her life as an individual and as a human being. This meaning is spiritual, and it is discovered through the endurance of suffering. As I have shown in Table 1, there are remarkable correspondences between specific ordeals for the person and specific gains through the experience.

What are the practical implications of this pattern? How can it be useful in counselling breast cancer/mastectomy patients? First, the pattern provides an overall perspective on the breast cancer/mastectomy experience. From this perspective, illness and recovery are interwoven into a whole journey of discovery of the self and the meaning of life. In the light of the whole, each aspect of the experience has a meaning for the person, even if it feels to her at the time like nothing but pain and chaos.
Thus the pattern also provides an orientation for counselling. It indicates the direction that healing or growth will take, as well as directions that will hinder healing. For example, a patient will not grow by trying to put her experience behind her and return to her old sense of self. She will not grow by trying to eliminate aspects of her experience that are opposed to her sense of meaning and worth. She will not grow by trying to avoid the pain of her experience. She will grow by accepting, enduring and trying to understand the profound change that is taking place within herself. She will grow toward an awareness of herself as a unity of opposites and an understanding of the paradoxical quality of human life.

In the light of the pattern, specific aspects of suffering can be seen as important parts of the whole journey. A counsellor who is aware of the symmetry of the pattern will know the corresponding gains that can emerge from the endurance of each specific ordeal. For example, a woman who feels different from others after her surgery can grow toward a new sense of community with other cancer patients and ultimately, with all of humanity. With such knowledge, a counsellor can make choices that can help her to grow and avoid choices that will hinder her growth. For example, a counsellor will not try to cure her sense of difference from others as though it were a symptom of a disease; nor try to find a specific solution for a specific problem of feeling different from others; nor try to readjust her to normality; nor reflect blindly into her feelings of embarrassment about her breast loss. Instead, the counsellor will see the woman's sense of difference from others as an
important part of her experience, to be accepted, endured, explored and understood. She is different from others. It is important for her to understand her uniqueness. Through understanding and living out her own unique purpose in life, she will come to understand her humanity.

Each aspect of suffering presents a counsellor with similar choices. For example, a woman's sense of loss of control over herself and her life can be viewed as a symptom to be cured, a problem to be solved, an adjustment to be made, or as another part of her journey, which can lead her toward a sense of her inner authority and an awareness of her freedom and her responsibility for her life. Thus a counsellor who is attuned to the pattern of the breast cancer/mastectomy experience can be much more sensitive to the meaning of each woman's experience. Such a counsellor can become a companion and guide on her journey of self-exploration and discovery. With each ordeal that she faces, a woman's own life story will become clearer to her.

This kind of counselling will require some depth of training. It will also require much sensitivity, maturity and depth of understanding of life on the part of the counsellor. The counselling relationship can be expected to continue for some time, as the woman's journey of discovery is complex and her goal is profound.

Implications for Future Research

How can counsellors help others if they do not understand what it means for people to suffer and heal? In my study I have laid a
foundation for understanding one particular area of human suffering and healing. Perhaps I have discovered a universal pattern, but I do not know this. As I have indicated at the beginning of this chapter, more research is needed in the area of the breast cancer experience, research of the kind that I have done. Other aspects of the cancer experience or of women's experience need to be explored in a similar way. There are many areas of human suffering to be explored. In each of these areas there are people who can teach counsellors about their experience of healing. Co-researchers may be people who have lost parts of their bodies, perhaps through accidents; they may have lost their minds or souls, for a time; they may have attempted suicide and regained a sense of meaning in life. There are many human stories that cry out to be heard by researchers who will listen to them deeply and try to understand their meaning; and in the process of attempting to understand, will check and recheck and check again to make sure that their final description fits the experience of the experts themselves.

Summary and Conclusions

The purpose of this existential-phenomenological study was to understand the meaning of the breast cancer/mastectomy experience. I was looking for the common structure or pattern underlying the unique experiences of six women, who were my co-researchers. It seemed important to do this study because the literature on breast cancer and mastectomy either ignored the meaning of the experience for women or approached it in an external and superficial way.
Since I had had a mastectomy for breast cancer myself, I drew out my own assumptions based on my own experience. I designed interview questions on the basis of these assumptions. My co-researchers were women who had had mastectomies for breast cancer at least two years earlier; this gave them a time perspective on their experience. Five of my co-researchers had had mastectomies between two and five years earlier; the sixth had had her mastectomy ten years earlier. In my first set of interviews I asked each woman to tell me about her breast cancer/mastectomy experience in as much detail as possible, as though she were telling me a story with a beginning, a middle and an end. I asked her to try to remember what she was thinking, feeling and doing at the time. As she talked, I was totally present to her, reflecting her thoughts and feelings and probing for the meaning of her experience. I asked my interview questions when they seemed appropriate in the context. The interviews were tape-recorded and transcribed. I maintained confidentiality by erasing the tapes and using initials instead of names in the transcripts.

My analysis was done according to Colaizzi's method (1978). I extracted significant statements from the transcripts, formulated meanings and themes, and wrote an exhaustive description and a condensed description of the breast cancer/mastectomy experience, based on the themes. I found 41 themes or aspects of this experience common to all of the women in the study. In my second set of interviews my co-researchers validated each theme and the exhaustive description of the experience. I made any changes or additions that they suggested.
What I have described in this study is a pattern of spiritual growth through suffering, a pattern remarkable in its detail and its symmetry. It is much more complete and profound than any view of the breast cancer/mastectomy experience that I have read in the literature. It is compatible with the Jungian journey of individuation described by Sanford (1977). It seems important for counsellors to approach mastectomy patients as spiritual beings in the process of undergoing a profound change in their lives, a change which leads through suffering toward uniqueness and human wholeness. More good counselling is needed in this area, as is more research of the kind that I have done. Other areas of human suffering and healing need to be explored in a similar way.
REFERENCES


Giorgi, A. (1975). An application of phenomenological method in 
psychology. In A. Giorgi, G. T. Fischer, & E. L. Murray (Eds.), 
Duquesne studies in phenomenological psychology (Vol. 2, pp. 82-103). 
Pittsburgh: Duquesne University Press.

(Eds.), Current medical diagnosis and treatment (pp. 429-446). Los 
Altos, CA: Lange Medical Publications.

and response styles in life-threatening illness: A focus on the cancer 
patient. In B. Schoenberg, A. C. Carr, A. H. Kutscher, D. Peretz, & 
I. K. Goldberg (Eds.), Anticipatory grief (pp. 53-78). New York: 
Columbia University Press.

breast cancer. In E. F. Lewison & A. C. W. Montague (Eds.), Diagnosis 
and treatment of breast cancer: International clinical forum (pp. 
127-129). Baltimore: Williams & Wilkins.

past decade (first of two parts). The New England Journal of 
Medicine, 302, 17-30.

Hillman, J. (1978). Suicide and the soul. Irvin, TX: Spring 
Publications.


Paperbacks.


APPENDIX A

SIGNIFICANT STATEMENTS
<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Somehow I never imagined or ever gave it a thought that one day I would fall victim to this.</td>
<td>I didn't even know I had a lump; it was my doctor who found it.... And yet I can't say that I didn't. One day I was sitting in the tub and I thought, &quot;Oh! What's that?&quot; And then I thought, &quot;Oh nothing.&quot; Because I didn't feel it any more.</td>
<td>I found a very small lump. I had done irregular breast examinations hit and miss whenever I thought about it, and I knew that if I found a little lump I should do something about it.</td>
<td>I was actually taught proper breast self-examination but I didn't practise it.... I thought I would probably have breast cancer one day, but not till I was older. Because my mother was 61. And I thought when I get 10 years older, then I'll really settle down and do it. But I didn't really think too much about it.</td>
<td>I've been aware of breast cancer and the need to check myself for quite a number of years, although I certainly didn't do it on a regular basis. I would do it hit and miss.</td>
<td>Detachment</td>
<td></td>
</tr>
<tr>
<td>2. It came as such a shock to me ... to have it happen to you out of the clear blue sky.</td>
<td>I think at the time when they first tell you it's cancer, I think that's the shocker.</td>
<td>Actually that's one thing I did go through--this sort of shock ... part of it was getting back--that this had happened to me and I wasn't prepared for it.</td>
<td>You hear of it happening to other people, but it's a totally different thing when it's happening to you.... I just sat there stunned.</td>
<td>I think that was quite a shock at that point.</td>
<td>Shock</td>
<td></td>
</tr>
<tr>
<td>3. It seemed unnatural, unreal, as if it couldn't possibly be happening to me.</td>
<td>For some reason I kept thinking &quot;No, it's not me--it's a nightmare. It can't be true.&quot; But it was true.</td>
<td>I would dream that hadn't happened. ... And I'd think &quot;Oh, that was just one of your bad dreams.&quot; And I'd think &quot;No, it wasn't. It was real.&quot;</td>
<td>And I thought &quot;I don't really believe this.&quot; You seem like you're role-playing in a movie--it's not really you. That's how I felt.</td>
<td></td>
<td>Unreality</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. I had always thought the very word &quot;cancer&quot; connoted pain. . . But in my instance there was no pain. I even wondered could those surgeons and specialists be wrong? . . . Maybe my lab report was mixed with someone else's.</td>
<td>Way in the back of my mind there's a question: &quot;Was it cancer?&quot; I'm still wondering. Was it cancer that I had? Or did they just make a mistake?</td>
<td>He was very reassuring. It was a very small lump. . . She again was very reassuring. It didn't seem as though it was going to be anything at all. . . Not only was it malignant, but she didn't even know if it was operable or not. I was totally devastated.</td>
<td>That was a difficult time. Because I thought &quot;Here I'm told I have a breast tumour. I don't know why my doctor left it up to me to phone the surgeon.&quot; . . . I felt I was spending a lot of time trying to find this surgeon. And yet from his demeanor I really did feel that it was probably breast cancer.</td>
<td>I did not think I had cancer because I felt great. . . He said &quot;Don't be upset. I really don't think it's malignant.&quot; . . . Then he said &quot;I'm afraid I've got bad news for you.&quot; He explained all the different options. I just sat there. I don't know if my mouth was open or not. But I just sat there stunned. I really did not know what to say. . . I just looked at him and said &quot;Is this what you expected all along and just didn't tell me?&quot;</td>
<td>I was feeling very well, so I couldn't visualize that I would be on death's doorstep. And I hadn't lost weight or anything. . . He said it was fine, there was nothing wrong. . . He told me that the pathologist had rechecked it . . . and I'd have to have the breast removed. I think that was quite a shock at that point.</td>
<td>Discrepancy/Confusion</td>
</tr>
<tr>
<td>5. I was scared, of course, scared of what the outcome would have been. I don't know why it's so fearful or why it makes you so terrified.</td>
<td>Going through breast surgery is a very traumatic thing. And I don't think it's the breast surgery itself. It's the uncertainty of how much cancer you've got and how much it has spread.</td>
<td>The unfortunate thing was that it was the kind of tumour that seeds itself in different parts of the body . . . I thought &quot;Oh my God.&quot; The only way I remember feeling was living in terror for my children . . . my heart was racing . . . It was terror—a very strong nervous reaction.</td>
<td>I guess I was scared . . . I was afraid of what it might do to me. I thought &quot;If this is going to spread, I would like it to spread fast.&quot; I wouldn't want to suffer a long time . . . because I don't know what I wouldn't be like.</td>
<td>I was worried, of course. . . I was just concerned that the cancer hadn't spread. . . Well, it was in situ, so I did have time. At least the biopsy of that area was that area was in situ. . . Well, you never know whether there was going to be another area.</td>
<td>Fear/Uncertainty</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. When I heard it was cancer, right away I thought &quot;Well, death is around the corner.&quot; ... I wanted to take all the money that I had and see all my children and tell them goodbye.</td>
<td>I was raising my daughter and all I could think about was her. She had just lost her dad and there was a possibility of losing me. That was hard. Extremely hard.</td>
<td>And of course my first thought was about my children, because at that time they were 6 and 9.</td>
<td>... living in terror for my children and wondering what was to become of them ... the fact that I might be facing death or a prolonged death was the part that really upset me.</td>
<td>I'm not afraid of death ... if I die I will be with the Lord. ... And I thought &quot;That's selfish. What about the kids and my husband?&quot;</td>
<td>I suppose I did think of dying. ... I suppose I thought especially of H., as she was only 2.</td>
<td>Mortality</td>
</tr>
<tr>
<td>7. I have just started this new life two years and I am stricken with this disease.</td>
<td>I can remember thinking &quot;My God, what am I going to do? What is this child going to do?&quot; Because I still had a lot of raising to do.</td>
<td>The other doctor was a little closer to my age and had children. I said &quot;What would you do if you were me?&quot;</td>
<td>My real concern was my children. My daughter was 8 and the boys were 10 and 11. And my husband had two heart attacks, so I was very worried for him.</td>
<td>I'm the only daughter here so my mom does lean heavily on me. I was concerned about her ... I said &quot;I may end up in hospital at the same time Mom is. I can't even go and see my mom. She needs me.&quot;</td>
<td>I was very busy then, too, because my children were 7 and 6 and 2.</td>
<td>Disruption of life purposes, responsibilities</td>
</tr>
<tr>
<td>8. I wouldn't like to face that surgery again ... the mental struggle, what goes on in your mind. The physical facing of it like getting into the hospital and having innumerable tests and the wheeling into the operation room.</td>
<td>I can remember feeling so alone ... I wasn't letting anybody see how badly I felt. ... I don't burden anybody with my problems.</td>
<td>The nurse goes out and closes the door and it sounds like you're in a meat locker and you think &quot;My God, what am I doing here and everybody else is outside?&quot;</td>
<td>My husband was quite good, but he doesn't really talk much about anything. When he came home when the doctor had found the tumour ... he didn't say anything. He said &quot;I think I'll lie down for a few minutes.&quot; ... That's just the way he is. He didn't really want to talk about it.</td>
<td>My husband went to work that day like any other day ... I didn't want to act like a baby. ... Dr. B. forgot to come see me.</td>
<td>At that time I didn't really know anyone who'd had a mastectomy. Sometimes people feel awkward if you talk about it to someone who hadn't had it.</td>
<td>Aloneness/Loneliness</td>
</tr>
</tbody>
</table>
9. I used to find myself getting up in the middle of the night and searching for this lump. It's not during the day when you're so busy. ... It's at night when you turn off the light and the house is quiet and all these things go through your mind. My sleep pattern has changed in the last five years. I don't sleep well, and I used to ... since the beginning ... I think about a lot of things at night. I thought about who I was gonna leave what to and all those kinds of things.

10. I had made a change in my life two years before my surgery ... I left my home and I came to Canada to live with this gentleman with whom I had found a new life—happiness—something that must have eluded me all my life. ... I have just started this new life two years and I am stricken with this disease. Bingo. More guilt! You feel now, now you're really being punished for your sin. I had a real need to leave things to my friends ... I know at first I was very unhappy that I didn't have anything to leave—little mementos for each of them. I have since started collecting jewelry and things and so now I have something for all of them. And I have everything specified. ... That was really important to me. I was thinking of all the things I had that I was grateful for. And basically, I was worried about the children and trying to make plans in the event that the pathology wasn't good.

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. I used to find myself getting up in the middle of the night and searching for this lump.</td>
<td>It's not during the day when you're so busy. ... It's at night when you turn off the light and the house is quiet and all these things go through your mind.</td>
<td>My sleep pattern has changed in the last five years. I don't sleep well, and I used to ... since the beginning ... I think about a lot of things at night. I thought about who I was gonna leave what to and all those kinds of things.</td>
<td>I know that I had trouble sleeping at night, but that I could put it out of my mind during the day. I really could.</td>
<td></td>
<td>Sleeplessness</td>
<td></td>
</tr>
<tr>
<td>10. I had made a change in my life two years before my surgery ... I left my home and I came to Canada to live with this gentleman with whom I had found a new life—happiness—something that must have eluded me all my life. ... I have just started this new life two years and I am stricken with this disease. Bingo. More guilt! You feel now, now you're really being punished for your sin.</td>
<td>I had a real need to leave things to my friends ... I know at first I was very unhappy that I didn't have anything to leave—little mementos for each of them. I have since started collecting jewelry and things and so now I have something for all of them. And I have everything specified. ... That was really important to me.</td>
<td>I was thinking of all the things I had that I was grateful for. And basically, I was worried about the children and trying to make plans in the event that the pathology wasn't good.</td>
<td></td>
<td></td>
<td>Life Review</td>
<td></td>
</tr>
<tr>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
<td>Theme</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>----------------------</td>
</tr>
<tr>
<td>11. There was a better chance of life.</td>
<td>All I kept thinking was something had to be done because I still had some work to do with her. . . . They made it so urgent. My life was hanging in the balance.</td>
<td>I was delighted ... I was just delighted that it was operable. So I didn't ever get upset about having a mastectomy.</td>
<td>To me, it's not a sexual thing; to me, it's a life-saving thing. The meaning is that you surgically had a breast removed to save your life.</td>
<td></td>
<td></td>
<td>Mastectomy as hope</td>
</tr>
<tr>
<td>12. Strangely enough, he had had a similar experience with his first wife. I felt very disturbed for him ... I was more sorry for him than for myself. It must have been hard, eh? And he must have had a lot of anguish or worry as to if I would make it. She didn't... To tell my kids ... that broke my heart. I said no telling till it's all over ... they're only going to worry.</td>
<td>I didn't want my daughter to see how badly I felt... I didn't want to burden my daughter. My mother came and looked after me. The children were here, of course, and I was mostly concerned that they weren't going to be upset about the whole thing.</td>
<td>It's negative from the point of view that your family goes through all the problems and worry of your being put in this situation... I knew the children do worry.</td>
<td>I didn't want to act like a baby. I didn't want to handle it poorly. Whatever it was going to be, I didn't want to respond in a way that would cause him embarrassment or my family embarrassment. I wanted to be able to do well.</td>
<td></td>
<td></td>
<td>Concern for others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. You find yourself praying. You pray not for yourself as much as for the surgeon and the nurses—that there will be no slip-up and no mistakes made. All sorts of things go through your mind. You wonder if the surgeon had a good night's sleep, if he's refreshed or if he's tired or if he had a drink too many last night. ... He had a lot of prayers over his head from me.</td>
<td>I very quickly made arrangements for my mom to come down to look after the kids and told all my friends what was happening. ... I had a little schedule made out of who was to bring dinner on what night for my family.</td>
<td>I did a fair bit of inspirational reading. I found that quite helpful ... I felt very strongly the comfort of religion. When I went up to the operating room I had rather a strange experience: I felt cradled by arms. ... I just felt in the arms of the Lord; and for someone who isn't religious this was a very moving experience. And all of a sudden I felt very calm.</td>
<td>I was also involved in things like choir and Sunday School and Bible class. ... I had my lesson in everything done. ... And so when I went down I thought &quot;O.K., if God is holding my right hand.&quot; His presence was very real to me. ... I knew he was there. I thought &quot;He's with me. He's holding my hand. He's helping me.&quot; And I was quiet. I wasn't uptight. I was peaceful. Unbelievably.</td>
<td>I didn't go in immediately. It might have been almost a month before I went in. ... But I think it was good for me because I don't like to rush in and do things, and I had time to get used to the idea of it in a certain way—sort of a slow way— ... I had a friend—that was her way—she drew in to get a strength, really ... I had a lot of help, too. Dr. C. talked to me about it and was very helpful.</td>
<td>Preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>My good friend was with me and we cried and cried. ... And I leaped out of bed and I jumped on them all and I grabbed all of them like this.</td>
<td>I was overwhelmed with gratitude. I was in a situation where I needed help, and I couldn't do anything for myself.</td>
<td>I was so thankful that the cancer hadn't spread.</td>
<td>Relief/Gratitude</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
<td>Theme</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>15. I kind of suppose the realization that this part of your body is now missing—that's hard. . . It's just the inconvenience of not having your breast... you get up in the morning and just want to run downstairs as is. This form is so heavy. You get tired with it, you want to take it off and just be natural... It is a bit of a nuisance.</td>
<td>I can remember when I came to, the horrible feeling that I had because I was down to the bone, I was so badly mutilated... He may have saved my life in one way, but he destroyed part of me in another... I didn't feel like a whole human being. . . Vanity doesn't enter into it at all. Because I'm reconstructed. But I still feel that part of me is missing.</td>
<td>I would rather have two breasts than one... I didn't really feel the fact that I had to lose one breast was a major loss... By the time I had been on the program three months I lost all of my hair. Totally. That was devastating... I think my self-image was so distorted. And it didn't really relate to the mastectomy at all.</td>
<td>I felt when the breast was gone, it doesn't matter, it's all right... The cosmetic aspect may have bothered me slightly, but not a great deal. I didn't mind looking lopsided... For about the first year I would dream that it hadn't happened, and I'd wake up going like this and finding it was flat... I wasn't maybe facing up to the fact that I was concerned about the cosmetic aspect. . . I find the prosthesis terribly uncomfortable. It's a nuisance, the whole thing.</td>
<td>At first... you're very conscious of it. You just notice other people's breasts. I did. And I said I didn't want them teasing me... &quot;If you had your leg cut off or any part of your body cut off, it would not be a joke to you.&quot;... You've got that scar there. You're never going to forget what happened to you.</td>
<td>I thought I'd prepared myself for the operation—for the loss of the breast. But I didn't look at my incision while they were changing dressings. I just thought I wasn't ready for that. When they finally removed them, that was my bad day.</td>
<td>Awareness of loss of part of body</td>
<td></td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td><strong>L.J.</strong></td>
<td><strong>T.L.</strong></td>
<td><strong>M.M.</strong></td>
<td><strong>T.A.</strong></td>
<td><strong>C.P.</strong></td>
<td><strong>E.M.</strong></td>
<td><strong>Difference from others</strong></td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>16. You get up in the morning and you just want to run downstairs as is. . . . But somebody may pop in. . . . Somebody may come up and embarrass you.</td>
<td>I didn't even really want to go out with anybody. Even my girlfriends . . . I just felt well, they were a whole person. And I wasn't . . . I think in a sense I was afraid to lose her respect—that she would think I wasn't a total woman. I kept thinking &quot;Does she still feel the same way about me because I'm like this now?&quot;</td>
<td>I was so disturbed by the fact that I didn't have any hair, and I didn't want anybody to think that the wig was my hair . . . I hated wearing a wig, so I used to wear a scarf on my hair and glasses. You know, stick sunglasses on top of my head. And a lot of eye makeup. And big earrings.</td>
<td>After my mastectomy a little idea crept into my mind: &quot;What does it matter if you're fat or not now? Because your body's been disfigured anyway.&quot; I . . . began not to care about my appearance.</td>
<td>I wouldn't want to answer my door without my bra under my housecoat. . . . You don't want to impose that on someone else . . . I was scared they wouldn't want me to hug them. And I thought &quot;Well, that would kill me.&quot;</td>
<td>I have a hangup about not showing my incision if I'm in public. . . . I don't want people to look at me.</td>
<td>Difference from others</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>H.M.</th>
<th>L.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I felt angry. Angry at I don't know who. But why me, Lord? You know, why should this happen to me? ... God dwelling in you can bring about healing. I believe in that, too. ... And I was failing because the lump wasn't going. ... Your life then which is sinful so that you cannot expect these miraculous cures. ... I was carrying such a strong feeling of guilt about my own life. ... I cried a lot. A lot—a lot. ... It was hard to take ... that I was being punished.</td>
<td>I wasn't letting anybody see how badly I felt. ... The only time I broke down was when I was alone. ... All my feelings were inside. ... This is such a shock to a person that they feel that they themselves have changed. Had changed completely. ... You go in there every second month and all that anger rolls up again. ... I was just another slab of meat ... I couldn't do my housework properly because this arm was just like lead. ... That's when it really hit me—having to do the packing and I didn't have the strength—and it was just a complete turmoil. And nothing seemed to work out. And that's when I'd think &quot;What the hell am I doing here?&quot; ... Then the bitterness set it.</td>
<td>Chemotherapy for me was just awful. I had a violent reaction as far as nausea is concerned. ... It got harder and harder to go for treatments ... I would just drive into the parking lot and I would be retching. ... I lost all of my hair. Totally. That was devastating. ... Of course I gained 18 pounds. I think my self-image was so distorted. ... Out of the blue I would tell somebody—I mean, no reason—I'd tell somebody that I'd had cancer ... just to get their reaction. ... I guess part of it was getting back—that this had happened to me and I wasn't prepared for it. ... They were shocked and they didn't know what to say.</td>
<td>It's just debilitating. It takes a long time to get over. I find my hair falls out after an anesthetic—in great bunches--and I don't feel up to it for months afterwards.</td>
<td>For a while there my memory—I don't know whether it was the anesthetic or the chemotherapy—it weakens you. I didn't feel strong. ... I was not dependable, and it wasn't my fault. I didn't know whether they could count on me or not, that that's a horrible feeling. ... After my chemotherapy I went through a time of feeling I could care less to get up in the morning. ... I cried easily. I didn't have much energy. Kind of a let-down feeling and I didn't understand that. It was over now and I should be getting on with my life.</td>
<td>I remember in the hospital being absolutely furious. ... Dr. M. had ... this particular obnoxious intern. And the day I had my bandages off—actually he took them off. He came in with a very good-looking female student and he was obviously trying to impress her. And he came in and took these bandages off and was talking to her about it and so on. ... And I was very surprised at my doctor doing this. He was quite a sensitive man. Then he came in with—it must have been five students. And discussed my operation. ... So that really annoyed me ... and I hadn't sort of healed inside to be able to cope with that. And that really upset me.</td>
<td>Vulnerability</td>
</tr>
<tr>
<td>Theme</td>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Disunity</td>
<td>It was a mental struggle and a struggle with your faith and how you look on that... I was carrying such a strong feeling of guilt... Maybe I couldn't be made whole because my sin was not forgiven.</td>
<td>You think you have the same power—like the same strength—but for some reason it just seems to cut your life in half. It's like two people. One person... I was strong emotionally in a sense, but weak physically. But then when I became strong physically, I didn't feel as strong emotionally. ... There were times when I thought I was going to go bananas because I couldn't cope with the feelings that I had.</td>
<td>I didn't want to be sick in front of other patients that were getting treatments. I would just react. I knew it was in my head, but I couldn't stop... I have to feel that I'm in control of what's happening to me as far as I'm concerned.</td>
<td>I was dieting and doing quite well when the doctor discovered the tumor. I was coming along quite nicely... so after my mastectomy a little idea crept into my mind: &quot;What does it matter whether you're fat or not now? Because your body's been disfigured anyway, so why worry about your body? Let the weight come on again.&quot; ... I just threw the diet out the window and put all the weight back on again.</td>
<td>I told myself when treatments are finished I'm going to forget that any of this has happened to me. But I couldn't and I think that's what made me so depressed. I couldn't put it all behind me. I mean, how do you?... Other dreams... about going through a communist lineup being naked... I didn't think it bothered me. I woke up that day and I thought &quot;Yeah, I guess it does bother me.&quot;</td>
<td></td>
</tr>
<tr>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
<td>Theme</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>19.  At the same time you are aware of your limitations ... so that you cannot expect these miraculous cures. So ... I accepted the fact that well, this is happening to me. ... I have paid by having this terrible scourge afflicted on you.</td>
<td>I couldn't cope with the feelings that I had. ... It was hell all the time. And I was back at work 5 weeks after I had the surgery. And that was very, very hard on me. But I would do it again. Right back to work.</td>
<td>The third time it fell out I just couldn't cope with it any more. ... I actually made the decision quite quickly. &quot;Well, I just can't handle any more. This is all I can cope with.&quot; ... I sort of felt I would do as much as I could now. I couldn't control what would happen in the future, so I would just deal with now.</td>
<td>So the physical aspect was affecting me as much as I was trying to deny it. ... He has his heart problem and I have this problem and we each have our own problems, so our job is to survive and look after the children. Life must go on.</td>
<td>And that's what I have learned—that there are some things in life that are beyond my control and I cannot change them. If I don't accept them, I'm the loser. ... I couldn't put it all behind me. I mean, how do you? You've got that scar there. You're never going to forget what happened to you. You had cancer, you've got a reminder of it, so you're never going to get over it but you're going to have to live with it.</td>
<td>My mother had a long and a very painful illness. She died when I was 19. I almost went out of my mind. I think somehow you develop that, just for preservation. I don't worry about things that I can't change. And I only worry for so long. And then if I can't change it, that's it. I'm finished.</td>
<td>Acceptance/ Humility/ Endurance</td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. To go through an experience like that as against maybe any other kind of surgery, as a woman, I believe I have emerged a better person with a better appreciation of life. . . . Somehow this was a test that I passed. . . . I feel that it must have been right, regardless of what others think.</td>
<td>Every time I saw him it was like being hit between the eyes. . . and I found that kept my anger surfacing all the time. And it wasn't good for me. . . . When he'd say &quot;beautiful&quot; I could just feel my temper surface . . . you seem to gain strength. . . . It's an inner strength.</td>
<td>I think after this kind of experience you get really tuned into your own body and you become aware of really minute things. You focus on them so. . . . This whole experience has made me more aware of myself as a person. . . . While I was going through the whole process of treatment, my whole thought process was centered on myself. Then, when I finished, I didn't want to go back where I was before--I don't think I really could have. . . . My husband particularly says that I am a different person.</td>
<td>I have more confidence in myself to be who I am. We're all unique individuals and I'm O.K. . . . I felt good about myself because I thought &quot;I am important.&quot; . . . I'm more important than I realized and I have things to contribute. . . . Not so much that I can cope, but that I have faith that God can cope for me. . . . God is bigger than I know, and I can plug into His power.</td>
<td>Maybe I'm just a private person. . . . I have to do it (cope) in a certain way—sort of a slow way. . . . Other people draw in, and I think I'm that sort of person. I had a friend—that was her way—she drew in to get a strength, really.</td>
<td>Self-discovery</td>
<td></td>
</tr>
</tbody>
</table>

259
### Table 2 continued

<table>
<thead>
<tr>
<th>Theme</th>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Freedom/Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. It must have been right. It was not something I had to do. This was a choice I made. ... After this experience ... I think it has helped a lot.</td>
<td>I think my attitude changed after I quite seeing my surgeon. ... I said &quot;I'm going to get it done whether he wants to or not. It's my life. It's my body.&quot; ... It made me feel a heck of a lot better ... it's good for your morale, extremely good for your morale. Because what they did—to me, it was very degrading.</td>
<td>When I made the decision that I was going to stop, it was only just 2 more treatments that I was supposed to have. ... This was my decision ... I have never had any regrets. ... I started going to exercise classes. ... I really enjoyed the exercising and I felt much better about myself ... I appreciate the fact that I'm well and I enjoy feeling well.</td>
<td>I decided to try to get the weight off again. I joined Weight Watchers in the fall, and I lost 15 pounds. ... I've rid myself of that attitude that it doesn't matter how I look.</td>
<td>I feel like I'm more free to be myself. I don't worry so much about what other people think I should do. ... I felt that I was very calm and very relaxed and I could laugh more so than I did before.</td>
<td>I remember having to ask ... to have one of these volunteers come in. ... I remember having to ask Dr. M. I asked him several times. He said &quot;It's too early. You haven't got your bandages off.&quot; But because I persisted, then he did. I swim quite a bit. I swim in the summer and in the winter regularly.</td>
<td>Freedom/Responsibility</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. My daughters-in-law have been so good. They were there all the time... We talked a lot. They watched me cry. I was... given all the encouragement necessary.</td>
<td>I'm able to unload now... I'm able to pick up the phone and talk to them. But right up until I had this surgery done I couldn't do it.</td>
<td>My husband was wonderful. We used to go out for dinner, take the children out for dinner if I was too tired.</td>
<td>I came to realize... he's not capable of giving me anything emotionally. I must accept that... that I have to find it outside him. I certainly appreciated my friends... when they rally around you it's very comforting, very reassuring.</td>
<td>I phoned my doctor. He was just super. He gave me the support when I needed it. Just walking away from there that day, I felt so good. He (B.) could not have been more supportive and understanding. We appreciate each other for the persons that we are. He's glad to have me alive.</td>
<td>I had a lot of help. My husband was very supportive. Friends were very good. They called all the time... I remember having to ask... to have one of these volunteers come in. She was such a lovely person. I really enjoyed her. She really made me feel very good.</td>
<td>Support from others</td>
</tr>
</tbody>
</table>

23. Then I heard how very young women also had it. And this boosted me up a bit. I've lived my life almost... what helped me with that movie was that she was a young woman. Right? That made me feel good. If a young woman can cope with the physical aspect... why shouldn't I cope? So that was good therapy. I admired her. | It's why Terry Fox ran the marathon of Hope... What Terry did was very visible, and it gave everybody a chance to identify and become aware of the need. And he said nothing that he's done... was anywhere near the strain that he had to go through to have the treatment. He was just a boy. And he was ill... he was a very simple person. | My mother had her mastectomy 17 years ago. She had a radical but she's been exceptionally healthy since then. I think that was the most helpful thing to me. Ever since then she's been so active... we were sort of prepared that her life was over... and yet, 17 years since then, she's just been a dynamo, with all the things she's done. | I was not afraid of the cancer so much because my girlfriend was a super model for me in dealing with her cancer. | My mother had a long and very painful illness. She died when I was 19... And she was very good. And that of course helps. Perhaps if she'd been terribly, terribly upset and hadn't been such a strong person herself, perhaps I would have had a different reaction. But she was. | Models |
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>N.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24. I think for me it was a strengthening of my feeling that life was short... life really is short and I must make the most of it—not only in enjoyment, but in helping others.</strong> I said &quot;Don't you come till I'm well enough and we can have a nice holiday together.&quot; So she came last year. I took her to Hawaii and we had a nice holiday.</td>
<td>My life is very full. I don't think you need a man in your life to enrich your life... I really am happy.</td>
<td>I think I'm far more concerned about today and doing things today... I can't waste time. Time really is important. And I have a critical path that I'm following almost every day all of the things that I want to do... My husband took me on a very nice holiday... and it's the first time we've ever had a holiday without the kids. That was really fun.</td>
<td>We rented a little boat—and we went around B. Island in it.</td>
<td></td>
<td>I get a bit fed up because it's so last minutey... But then I enjoy it after I'm gone... I do enjoy going.</td>
<td><strong>Reality is now</strong></td>
</tr>
<tr>
<td><strong>25. I suppose your whole outlook on life and everything gets changed... They've (values have) been intensified—made stronger.</strong></td>
<td>I've got my job, I've got my daughter, my health is good. As long as I can work I'm happy... I don't think I can ask for anything more.</td>
<td>Because you don't have the time to do everything and you just have to decide what the priorities are for your time.</td>
<td>I think you start to think about what's important and what isn't... We're a very acquisitive society and those things don't mean very much. Really, only your health matters.</td>
<td>I think you look at things differently—what is important and what isn't... I found that in evaluating my life, I felt I was doing the things that were important; the things I was doing were the things I wanted to do.</td>
<td><strong>Priorities and values</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>26.</td>
<td>The support and the understanding that I had from my husband was remarkable... I think I had no fear of rejection or that things would have been different as a result of it. If anything, it helped strengthen it.</td>
<td>We've learned to respect each other for the person we are. She'll say to me &quot;If you want to cry, Mom, cry—it's not because you're weak.&quot; And I think for years I always had the feeling that if I cried in front of her it was a sign of weakness. ... We've learned to respect each other's feelings.</td>
<td>Before this whole thing happened, I was the martyr mother... So then all of a sudden we reversed things—what I was doing and how I was feeling was the thing that was most important. ... I'm much more aware of how important my kids are to me ... I want them to be happy and to feel good about themselves and what they're doing... I enjoy my friends... before I... would feel guilty that I had a pile of laundry at home. ... Now I don't feel guilty.</td>
<td>Really, in the long run, maybe it brought us closer, because we each had a life-threatening experience and we each know what it's like... I think I may have felt prior to my mastectomy that people's actions reflected the way they felt, and I learned from it that they don't; people hide their feelings very well. ... It didn't mean they didn't feel a great deal of sympathy and that they didn't feel as fond.</td>
<td>You realize how much your family does mean to you. ... As far as sexual relationships go, it's better than it ever was. Because we realize that what we mean to each other is not just physical—it goes a lot deeper than that. We appreciate each other for the persons that we are. He's glad to have me alive. We communicate better. ... We talk about way more than we did. Like feelings.</td>
<td>Strengthening of relationships</td>
</tr>
<tr>
<td></td>
<td>L.J.</td>
<td>T.L.</td>
<td>M.H.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>27.</td>
<td>There are times when I look at myself and I think &quot;How come you've survived all this?&quot; I always say, &quot;O.K., if you've got something to face, face it squarely. Be honest with yourself.&quot; ... And I'm teaching my daughter to be honest with herself. And once you've accomplished that, you can do an awful lot.</td>
<td>This whole experience has made me much more aware of myself as a person. ... I feel the only way I can be valuable is if I'm honest with them.</td>
<td>I think relationships in life are very important—honest ones.</td>
<td>And don't pretend to be a friend of mine now, just because I've got cancer. Leave the people that are close to me—let me have time with them. ... I'm more free to be myself. I have more confidence in myself to be who I am.</td>
<td></td>
<td>Authenticity</td>
</tr>
<tr>
<td>28. And you find yourself not being afraid of dying ... I used to be a little scared about it when I saw my own children growing. But I'm not scared of it again at all.</td>
<td>I feel that I could face anything.</td>
<td>After being on chemo I felt there was nothing I couldn't do. It was that difficult for me to continue on the program that I sort of think if there's anything I want to do, it's possible—I can do it.</td>
<td>So many people have said to me that they would not be able to take it if they found a lump in their other breast. ... And then I've seen it happen to those women and they take it very well. ... I think that I would.</td>
<td>I'm a lot braver than I thought I was.</td>
<td></td>
<td>Courage</td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. This trauma over mastectomy has made me conscious of the fact that life really is short and I must make the most of it ... in helping others, in trying to reach out.</td>
<td>I've tried to explain to her we are on this earth only so long, and when our work is done we go home. ... My work isn't finished here. I still have a lot to do yet before I'm ready to go.</td>
<td>After I'd been through the program and with my nursing background, I felt there was an area where I could do something and not just anybody could. I wanted to help, and I had a need to think that I was doing something to help.</td>
<td>I guess having a real sense of purpose is probably the main thing to recovering well.</td>
<td>What helped me the most, I think, was I was needed. I thought I would like to do something, but I didn't know what I wanted to do. ... I was doing lots for my family but I wanted to do something for somebody else.</td>
<td>Sense of purpose</td>
<td></td>
</tr>
<tr>
<td>30. ... in trying to reach out.</td>
<td>If I go down there and just one person needed me that day, I think it was worth my while. ... I get a lot from them, too. ... I can appreciate what they're going through and I know that they're glad that I was there. They don't have to say &quot;I'm glad you were here.&quot;</td>
<td>We're all really here to help each other. I guess maybe this has come clearer to me, too. Instead of being terribly involved in my own life, I think that really, if you want to be enriched in life, you have to reach out. You have to reach far and you have to reach out.</td>
<td>I felt like I would come away from the visits encouraged. ... I really feel I can give women a lot of encouragement because I came through it very well. And they thank you so much for coming and all you do is listen to them and encourage them.</td>
<td>Most people are so appreciative that I do enjoy going.</td>
<td>Reaching out</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.H.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>I've tried to explain to her we are on this earth only so long, and when our work is done we go home. ... I'm being honest with myself and I'm teaching my daughter to be honest with herself.</td>
<td>If I can tell them I was frightened ... they can think &quot;Well, M. felt that way, too. ... She's O.K.&quot; ... If they ask me something I answer them honestly but not brutally honestly. I don't tell the patients I've had a recurrence unless somebody has a recurrence.</td>
<td>I don't mind talking about it. ... I hope when my daughter gets older I can talk to her and her friends. ... I'd like to be able to show them that it isn't the end of the world, that there's no need to be terrified even if you happen to find a lump.</td>
<td>I feel people listen more carefully to what you say because you've been through something. ... I think they respect you more. ... Even the friends that you have, they just seem to marvel at you. One girl said &quot;If I would need some advice, I would come to you.&quot; I feel like I really am not a person of authority. But obviously she has observed me and felt that she would come to me.</td>
<td></td>
<td>Model for others</td>
</tr>
<tr>
<td>32. And not just thinking of yourself as an underpeoples, you know. If this only happened to you, it happens to others.</td>
<td>I've had several people say to me how I feel is how they feel. We are mutilated. ... I don't know what the answer is. I just know that they hurt us very very deeply when they do these things to us.</td>
<td>I get very close to the patients. I identify with them. ... Sometimes I get a little bit too close. ... I get a lot from them, too. Just the fact that you get very close to somebody is such an emotionally--charged experience.</td>
<td>When I went to train as a visitor I do remember really enjoying that session. ... There were so many of us all in the same boat that it was a really nice feeling to be with people who could share your experience.</td>
<td>I think there's probably a closeness between people who ... I have quite a few friends now who've had mastectomies. I think you're sort of closer to them than you would have been otherwise. There's just a specialness about those people and you're concerned that they're well.</td>
<td></td>
<td>Sense of community</td>
</tr>
<tr>
<td>Theme</td>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>33. I've lived my life almost. Lots of people die before 60. But there are women in their 20's. And I said &quot;Good grief!&quot; And I was told that I was luckier than most because I had no followup treatment.</td>
<td>I know a couple of young people who have had legs amputated. They do a lot, but something like that really interferes with your lifestyle. . . . It was really difficult for me to watch her . . . she was just devastated and devoured by this horrible disease. . . . I feel guilty that I am well. I feel guilty because I want more . . . as far as life is concerned and experiences. And I think &quot;What right do I have to want more when T. doesn't have that any more?&quot;</td>
<td>I hadn't realized how fortunate I was when I talked to women who were training and to hear their experiences with chemo and radiation . . . . I felt so grateful that I had been spared that. . . . Maybe I have a &quot;Why me?&quot; aspect. My &quot;Why me&quot; is &quot;Why me to come out of it so well?&quot; I was very fortunate.</td>
<td>I would say my side effects were quite light. . . . I didn't feel I had been cheated by having this cancer because that is not the worst thing that can happen to you. Other people have a lot worse problems.</td>
<td>My mother didn't have a chance, really. I kept telling myself that she didn't have a chance, and I had. It was too advanced by the time it was discovered. . . . I was told . . . that it was in situ. . . . That's quite different from someone who . . . just thought that they had invasive cancer. . . . I probably wouldn't have faced it nearly so well.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. I feel that it must have been right, regardless of what others might think. ... It was not something I had to do. This was a choice I made. ... You realize or you're given some sense of feeling that what is to be will be. What's in the cards for you will be.</td>
<td>I was very lucky. ... I find that my life is very full. ... I really am happy. I don't think I can ask for anything more.</td>
<td>I really realize how lucky I am, and I think that's really important ... I appreciate the fact that I'm well.</td>
<td>It's positive in that you reaffirm your life. ... I just feel terribly blessed.</td>
<td>I feel I've had a really good life. I found that in evaluating my life, I felt I was doing the things that were important. ... And just showing me that all along what I've believed is what it's all about. ... My faith was reaffirmed and all the things I was involved in.</td>
<td>Reaffirmation of life, faith</td>
<td></td>
</tr>
<tr>
<td>35. So that doesn't bother me so much now as it did at the time. ... The whole experience and having come through it. Somehow this was a test that I passed.</td>
<td>Now I don't feel so badly. I'm beginning to realize &quot;Okay, so it's an experience.&quot;</td>
<td>It's a part of my life. It's like anything else, it's just a part of my experience.</td>
<td>I was thinking... &quot;Now was it a positive experience or was it a negative one?&quot; In my mind I ran up this little list and it balanced out. ... When you do look at it, it sort of balances out. Maybe on the whole that you do gain is empathy is helpful.</td>
<td>I came through it very well. ... I called it my Test of Faith.</td>
<td>Integration of the experience</td>
<td></td>
</tr>
</tbody>
</table>

268
<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.H.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. I believe I have emerged a better person with a better appreciation of life... It was a strengthening of my feeling that life was short and therefore I had a right... to seek a new life in a new country under different circumstances.</td>
<td>Before, I don't think I ever really gave myself much thought... I didn't take much time for myself. But I think I am now much more aware of myself and I know that my husband particularly says that I am a different person.</td>
<td>I'd like to be able to show them that it isn't the end of the world, that there's no need to be terribly frightened even if you happen to find a lump. It doesn't have to be the end--it can be the beginning, too.</td>
<td>I felt this whole experience must open up some kind of a new door for me. ... I feel like I'm more free to be myself... I have more confidence in myself to be who I am... I have things to contribute.</td>
<td>Personal renewal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. And I now understand what life could be like.</td>
<td>I feel that I could face anything... you can't build a suit of armour around you if you're a human being... my life is very full... I really am happy... I feel good. You know, you can be alone, but you don't have to be lonely.</td>
<td>Before... I was just in my own little circle doing my own little things and I was happy with what I was doing. So I never questioned what I was doing... The things is, I want to do everything. I have a very, very full calendar.</td>
<td>If you want to be enriched in life, you have to reach out... you go part of the way and everybody else comes toward you... I really enjoy volunteering--I get far more out of it than I put in.</td>
<td>I have a need for involvement in my life that gives me more fulfillment in my life than if I was out working and just earning a paycheck. My relationship with God is the most important thing... and relationships with people are pretty important... What I believed I know is true.</td>
<td>New sense of reality</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.M.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. You will learn something from the experience.</td>
<td>... What's important about life is not the suffering so much as what you make of it. Everyone has to suffer, eh?</td>
<td>You seem to gain strength. It seems to build a stronger character, I think. Nothing is lost, really. ... It's an inner strength. ... You gain strength through every loss, through every hurt. ... It hasn't been wasted. What they've done to me and the way I can make up my mind now. I can stop and think and make a proper decision.</td>
<td>After being on chemo I felt there was nothing I couldn't do. ... The whole experience actually has been a positive one. ... If I can turn what I consider a negative experience into a positive one, then that's really what's most important. ... Terry was just a boy ... and everybody is at heart a very—I mean he was a very simple person.</td>
<td>It was a positive experience from the point of view that you probably have an avenue for more empathy opened up to you. When you meet people who have cancer or who have breast surgery ... you can be more understanding.</td>
<td>... God is bigger than I know and I can plug into His power ... it's a real thing. This is why I figured &quot;O.K., here God is going to help me through it ... I don't have to be destroyed by circumstances.&quot; ... I felt a very Presence of God. Nobody could tell me that God is not real. Nobody could tell me that.</td>
<td>Reality/Indestructibility of spirit</td>
</tr>
</tbody>
</table>
Table 2 continued

<table>
<thead>
<tr>
<th>L.J.</th>
<th>T.L.</th>
<th>M.H.</th>
<th>T.A.</th>
<th>C.P.</th>
<th>E.M.</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. The support and the understanding I had from my husband was remarkable. He had the experience before and so maybe was a stronger person for that experience.</td>
<td>I’ve tried to explain to her we are on this earth only so long, and when our work is done we go home. It’s like going from one room into another room—it’s only a door that opens. My work isn’t finished here. . . . Nothing is lost, really. With every loss you gain strength. . . . And I think my daughter is learning that very quickly.</td>
<td>When I thought that I was going to die, I became very aware . . . that the most important thing that I had to leave were my children. That was what was going to show that I had been here . . . I want them to be happy and to feel good about themselves and what they’re doing.</td>
<td>Maybe someday who knows? We can help each other. For all I know maybe this will inspire one of my boys to go out and find the cure for cancer . . . you know, every experience to a child means something. This may be a very enriching experience for them. They may not take life for granted the way some children do. . . . A lot of this has come from my husband’s heart attacks, too. It’s hard to draw the line as to where the way I feel about life has come from.</td>
<td>They have been really supportive kids. I’m really proud of them, and I think they’ll be better men for it.</td>
<td>My mother . . . died when I was 19. When you lose your parents when you’re very young, you realize how tenuous life is, that it’s very short really. But I think from my husband’s point of view it made quite a change. . . . He hadn’t lost anyone at that point . . . to realize what was really important in life—more time with the children and with me.</td>
<td>Unity of human life, human spirit</td>
</tr>
<tr>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
<td>Theme</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>40. It must have been right... You realize... that what is to be will be... It happens to others... Everyone has to suffer, eh? In some form or another we have to suffer, I guess.</td>
<td>To me it's (death's) not the end, it's only a beginning. We have something to do here. We've accomplished that. ... Nothing is lost, really.</td>
<td>I still think there's no point in worrying about what lies ahead. I think we just have to deal with now. ... I couldn't control what was going to happen in the future, so I just deal with now.</td>
<td>I always thought that families should behave in a certain way, and then I got over that. I mean, you take people the way they are.</td>
<td>I feel I've had a really good life. You can't expect going through all of life without having some difficult things happen to you... There are some things in life that are beyond my control and I cannot change them. If I don't accept them, I'm the loser... I would like to change him, but I cannot... He is his own person. I have to let him be who he is.</td>
<td>I don't worry about things I can't change, somehow. And I only worry for so long. And then if I can't change, that's it. I'm finished... I think I'm probably a bit more tolerant of people who don't cope as well.</td>
<td>Acceptance of life and humanity</td>
</tr>
<tr>
<td>L.J.</td>
<td>T.L.</td>
<td>M.M.</td>
<td>T.A.</td>
<td>C.P.</td>
<td>E.M.</td>
<td>Theme</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>41. And you find yourself not being afraid of dying. . . . I'm not scared of it again at all. . . . I have, I believe, really mentally resolved that should it recur, like in the other breast, I won't go through a mastectomy again . . . the wheeling into that operation room to me is the most horrible part . . . that you may not return. I think that feeling is very strong.</td>
<td>It's an inner strength. And you feel that nothing else can ever come along and hurt you again. I feel that I could face anything. And yet I know that I am just as vulnerable as anybody else. I hurt just as deeply and I will hurt again and again and again. Because you can't build a suit of armour around you if you're a human being.</td>
<td>You never get used to waiting for the results of things. There's always a chance, you know. Especially with breast cancer. . . . I know you can have a recurrence anytime. There's none of this five-year cure thing. . . . So you know, you're sort of always . . . you're living with it.</td>
<td>I just felt in the arms of the Lord. . . . And then when I woke up I remembered that sensation and I had the feeling that it doesn't matter . . . when the breast was gone it doesn't matter, it's all right. . . . I've rid myself of that attitude that it doesn't matter how I look.</td>
<td>I can plug into His power. . . . It's exciting to be able to let Him do for me what I cannot do for myself. . . . I don't know what I would be like if a recurrence. . . . I wouldn't want to have it diagnosed a second time—the cancer. . . . I know I've been afraid. When I go down there for a checkup I know there'll be some apprehension there.</td>
<td>Self as unity of opposites</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

PROTOCOLS
L. I had never known anyone in my country, you know, that had had this operation. Never. When I had heard about mastectomy and knew what one was it came as such a shock to me. It really took me by surprise.

S. Was this your own surgery or before that?

L. My own surgery I'm referring to. But when this counsellor came to me in hospital it was the first time that I'd ever spoken to someone who had had the experience. Everyone dreads just the word cancer. Somehow I never imagined or ever gave it a thought that one day I would fall victim to this. Because all my family, my previous ancestors had never had this, and while you heard about the disease, somehow you felt it was either hereditary or family grouping. It would never occur in your family. And then to have it happen to you out of a clear blue sky. It was more than a shock. I had always thought the very word "cancer" connoted pain—you know, there was pain with cancer. You heard stories of people dying with so much pain and they had to have medication and things like that. But in my instance there was no pain.

S. In your experience?

L. Yes. There was no pain. There was just the discovery of this lump and then the medical followup to have it revealed that you have to have surgery. It seemed unnatural, unreal, as if it couldn't possibly be happening to me. That was my reaction to it. I was scared, of course, (laughs), scared of what the outcome would have been. If I heard somehow of having a breast removed—I don't know why it's so fearful or why it makes you so terrified. Now it's all over and done with I realize there wasn't much to fear, really.

S. But at the time it was really scary for you.

L. Yeah. You also feel angry. I felt angry. Angry at I don't know who. But why me, Lord? You know, why should this happen to me?

S. So you went through all these feelings at the time.

L. Yeah. I used to find myself getting up in the middle of the night and searching for this lump. And finding—I can't find it! And I said, "Oh, a miracle has happened. It's gone!"

S. Was this before you had spoken to your doctor?

L. Yes, before. Maybe 3 or 4 weeks before I could get the courage to go to the doctor. I felt somehow it would go away. It was unreal. I would pray about it because in my prayers, you see, healing can take place from within. I'm a staunch supporter and reader of UNITY magazine.
S. This is from your religious faith?

L. No, I'm a Presbyterian by religion. But for many years I've been reading the UNITY magazines. And there's a magazine that comes out monthly called The Daily Word. And it has prayers for day by day. I found these daily UNITY readings gave me a lot of sustenance spiritually to go through life day by day. They stressed healing which comes from within—from within your own being. God dwelling in you can bring about healing.

S. Is this what you see as healing—what healing means to you?

L. Yes. I believe in that, too. So this was the first opportunity to put this as it were to the test. And I was failing because the lump wasn't going. (Pause). So I finally made a decision after a little pressuring from those around: "You have to go see a doctor—you have to go see a doctor!" I went. So I wouldn't say my faith was shaken. I just felt, well, I don't have enough faith to bring about that miraculous healing that UNITY tells you is yours provided you have the faith.

S. So this was something you were hoping very much to have happen.

L. Yes. If I could just be faithful enough maybe it would come about. At the same time you are aware of your limitations in your faith and your limitations that you are not worthy to be treated that way because of your sins. Your life then which is sinful so that you cannot expect these miraculous cures and that this is something which must be reserved for the holier than thous, you know? And I'm not in that class. (Laughs). So . . . I accepted the fact that well, this is happening to me.

S. It sounds as though this was a struggle for you at the time.

L. It was. It was. It was a mental struggle and a struggle with your faith and how you looked on that. . . . Maybe it was because I was carrying such a strong feeling of guilt about my own life. I do not know how much you know about my own personal life. . . .

S. Very little.

L. I had made a change in my life two years before my surgery. I had left my home and my husband and my children. They were all grown up but I left my home and I came to Canada to live with this gentleman with whom I had found a new life—happiness—something that must have eluded me all my life and which I just found. It was not an easy decision for me to take at my age. Right?

S. It must have been a really hard decision.

L. But I pondered over it for so many—maybe two or three years before I took that decision. I have just started this new life two years and I am stricken with this disease. Bingo. More guilt! You feel now, now you're really being punished for your sin.
S. And this was part of what you were thinking about at the time?

L. Yes. Oh, yes! It hung very heavily on me. I have changed that way of thinking now. (Pause). I've come to terms with it to see now, well, that is not how you are punished for your sins. Being brought up in a Protestant and a Presbyterian religion, in all the miracles you read--"Go, your sins are forgiven." And the person was made whole and things like that. Maybe I couldn't be made whole because my sin was not forgiven. You see?

S. This is what you were concerned about and struggling with?

L. Yes. Yes. That was one side. That was maybe the emotional side of the whole mastectomy experience. That doesn't bother me as much now but it did at the time. (Pause). So if you're being punished for your sins you have to accept the punishment. Right? Maybe I'm forgiven now? (Laughs). I don't know. But I think the illness . . . made me feel more . . . guilty, or more aware of the biblical interpretation of sin and about breaking the commandments and things like that, and maybe this was how I had to pay for it. If that is the case, I have paid, and therefore I have every right to feel as though I'm forgiven because you pay for your sins and then you're forgiven.

S. You feel that you have paid and it's different for you now.

L. Yes. Every now and again it gets to you, the whole mastectomy experience really gets to you. I had surgery before. I had a hysterectomy. It was not the same.

S. This was back home?

L. Yes. I was a much younger woman. It wasn't the same as this experience at all. This was something greatly different. But I could never really decide if it would have been as shattering guilt-wise if I had been in my previous lifestyle as against my present.

S. Just having made the change in your life, within that context . . .

L. That's right. You understand what I mean. Maybe if I had been holy, a long-married-mother-sufferer walking the straight and narrow, would it have been different from what it was, because I left the straight and narrow and took up a new lifestyle which would be frowned upon by the Christian society. All right? So you have to make a decision—either to heck with the Christian outlook—you only have one life to live and I'm going to live it my way now and grab a little happiness before it's all over. If as a result of doing that I've been severely punished, I have to be punished and pay for that sin, I have paid for it by having this terrible scourge afflicted on you.
S. It sounds to me like an enormously difficult spiritual struggle you were going through during this time.


S. I'm wondering if you could tell me a little bit about how this has changed for you? You were saying before that you don't see it quite the same way as you did at the time. And I'm wondering if you could tell me a little bit about that.

L. Yes. Well, I suppose everyone would wonder how will this thing affect my present life. I had this thing off. I suppose it was not a problem because I felt once I got it over with I could regain my health. It didn't seem a question of regaining health because I never felt ill.

S. Not ill physically?

L. No. This was kind of surprising. I even wondered at times could those surgeons and specialists be wrong?

S. Maybe it wasn't cancer at all?

L. Yes! Because there was such a complete absence of any sort of ailment and I couldn't relate this to a dreaded thing like cancer. I mean if you have appendicitis you think I have a pain in my right side and that's the reason. There was no physical pain of any kind. No feeling of illness like you're tired or you're sleepy or you're always screaming for food or you have morning sickness, which would indicate that you're pregnant. There was no indication of illness. So this was puzzling. And how do you challenge the opinions and what you're being told by your surgeon? You've had a test and the test shows malignant and you have to have surgery. So this was a little difficult time to get over, eh? But I came out so quickly from it. The post-operative period was the worst—waiting for the incision to heal. That was painful. But it healed up and that pain was gone.

S. That was the hardest time for you physically.

L. Physically, the days following the surgery. Yes. I kind of suppose the realization that this part of your body is now missing—that's hard.

S. So this is when the breast loss hit you.

L. Yes. Yes. Physical pain was worse then. But not so much mental pain as before. All the mental struggle was before the actual decision that the surgery would be necessary.

S. Before you went to the doctor.

L. Yes. Because after visiting the doctor everything moved very fast.
S. You were just caught up with it?

L. Yes. Everything moved very fast. The tests—the first test—and then just a couple of days to wait for a bed. And that was it. (Laughs). Yes. Surprising the various thoughts that come into your mind while you're lying there. (Pause). But I wasn't really disturbed as to how it would affect my life or my relationship with my present husband. Because strangely enough, he had had a similar experience with his first wife.

S. She had had cancer?

L. And she died in the hospital almost in the very room that I was in.

S. Oh, my. . . . How was that for you?

L. I felt very disturbed for him. I wondered how tough it must be for him to be coming visiting me in exactly the same circumstances he had experienced just 6 or 7 years before. I was more sorry for him than I was for myself. It must have been hard, eh? And he must have had a lot of anguish or worry as to if I would make it. She didn't. She survived a little while and then she had to be taken back and that was it. Well, when I came around to speaking to the surgeon and asked him about my chances, he said you have about 1 in 500 (I'm not too sure) of a recurrence within a year. I said those odds don't look very great to me, you know? That bothered me for a little while. I said, oh well, if I have to be the one in the 500 I will not escape, so there is no point worrying over it. Right? So after the first year went—I made two years—it makes you feel as if you're living on borrowed time. (Laughs).

S. So it's been two years for you now?

L. Two years, yeah, and without any problems.

S. You've had a checkup just recently?

L. Every three months. Now they've put me on six months. So I don't have to go back until next year. So it's been pretty good. And I was told that I was luckier than most because I had no followup treatment.

S. No radiation or chemotherapy? Just the mastectomy?

L. Nothing. That's all.

S. Was it a modified radical?

L. Yes. Yes. I think that's what they call it. They removed some nodes with the testing. And they were all okay. So it's been okay. Quite good. (Laughs). I still think sometimes they made a mistake. (Laughs). Maybe my lab report was mixed up with someone
else's. Because of the entire absence of any kind of illness which mentally I had always associated with cancer.

S. So except for the pain you had right after the operation, you really didn't experience that much physical trauma.

L. No, no. Well, there still are little aftershoots of pain that I get—like tingling in the arm—and sometimes all along the scar tissue and in your armpit as though you have a rash—you want to scratch. It's way inside. I was told these might be just the nerve-endings, and in time it will go away. So there's no need to bother about that. I think that gives you a little reminder sometimes that something went wrong there. But apart from that there's no problem whatsoever. This is great. Because I've had arthritis as long as I can remember, and if that is cancer I think arthritis is a more dreaded disease. It gets me mad, too, because you're not hearing of any research—they don't make a big issue of it as they do with the cancer. But to me, suffering from arthritis is so much worse, and people have arthritis for so many years. You just live in pain from day to day. That has me mad. But you just have to take painkiller medications and get by.

S. So the experience with the mastectomy wasn't so much the physical as the other struggle you were talking about.

L. Yes. Yes. I suppose your whole outlook on life and everything gets changed. Because to go through an experience like that as against maybe any other kind of surgery, as a woman, I believe I have emerged a better person with a better appreciation of life.

S. Could you tell me a little about that?

L. I think for me it was a strengthening of my feeling that life was short and therefore I had a right to take the decision that I had taken—to seek a new life in a new country under different circumstances to what I had experienced. And having this trauma over mastectomy placed on my shoulders so soon after, I think, has made me conscious of the fact that life really is short, and I must make the most of it and get more out of it somehow—not only in enjoyment but in helping others, in trying to reach out, especially to one's own children. And I now understand what life could be like.

S. It seems as though in some ways your values have changed or clarified?

L. Yes, definitely. Definitely. They've been intensified—made stronger. And you find yourself not being afraid of dying. I always said when I was growing up and I was a young woman, that I never felt that I would live to be very old. I don't know why. And when my mother died still as a young woman—she never saw her children mature—I think that feeling was even greater. I used to
feel a little scared about it when I saw my own children growing. But I'm not scared of it again at all.

S. You've been able to let go of that fear?

L. Yeah. But what I feel scared of with the cancer is that should it recur and what sort of pain it would be because of my association of pain with cancer. You see?

S. This is something that is still kind of a question.

L. Yes. Because I have, I believe, really mentally resolved that should it recur, like in the other breast, I won't go through a mastectomy again.

S. You wouldn't go through another one?

L. I really don't think I want that experience again. As a matter of fact, I didn't want it when it happened. One of my first reactions when I heard it was cancer, right away I thought, well, death is around the corner. It was the end. I never knew people who had recovered from it. Cancer meant death. Well, if it's the time now I just want to do it. Things just ran through my brain what I wanted to do before I went. I think that would probably happen if I had to face it again. I would not subject myself to any attempt to cure or stave off the end. Just do what I felt I would like to do, and then just accept it. I wouldn't like to face that surgery again.

S. Well, having to go through that surgery again. . . . I'm wondering what that means for you--the terrible part. What would be the thing that would keep you back from that?

L. Well, I guess it must be everything--the mental struggle, what goes on in your mind. The physical facing of it--like getting into the hospital and having these innumerable tests and the wheeling into that operation room to me is the worst possible--when they come for you--for me that's the most horrible part.

S. What are the feelings connected with that?

L. That you may not return. I think that feeling is very strong. You find yourself praying. You pray not for yourself as much as for the surgeon and the nurses—that there will be no slip-up and no mistakes made. All sorts of things go through your mind. You wonder if the surgeon had a good night's sleep, if he's refreshed or he's tired or if he had a drink too many last night. It's amazing what goes through your mind, eh? Not so much about yourself--will I see tomorrow? That's what I used to be praying for--for that surgeon. He had a lot of prayers over his head from me. The nurses—I prayed for them, too.
S. You were praying for everybody, pretty well.

L. I always seem to be praying for other people. At night in bed here in R. we hear the planes. Almost every night about half eleven the plane flies by because that's when I'm just settling down to sleep after the eleven o'clock news. And I find myself praying for that pilot and wondering who he is and what his wife or his mother must be thinking with him up in the air this hour of the night with so many passengers' lives in his hands. Those are the sort of things I pray for. Not for myself. (laughs).

S. It sounds as though you have a real strong sense of connection with other people and other people's lives.

L. Sure, scattered all over the world—a series of lives—so small and insignificant we all are.

S. Is this realization connected for you with the mastectomy?

L. No. I think I've always been a caring person. But I never thought of myself as being a very lucky person. (laughs). You know how you refer to some people as being lucky? I never considered myself as being too lucky. I said, Shame on you, there's so much suffering and so many problems other people have, you ought to say that you're lucky.

S. Was this during the time of your surgery and your recovery that you were saying this to yourself?

L. No. That was just general.

S. I guess . . . you were saying before about healing—what healing meant to you. Do you see yourself now as having healed in the way you were talking about?

L. Oh, yes. (Pause).

S. I'm wondering what has helped you most—what has helped you to heal.

L. I think the whole experience and having come through it. Somehow this was a test that I passed. That when my guilt has been healed . . . I feel that it must have been right, regardless of what others might think. It must have been right.

S. When you say it must have been right, this is the whole experience, everything? And also the choice you made to come here?

L. Yes. It was not something I had to do. This was a choice I made with the heavy sense of guilt that hung over me. After this experience. . . . I think it has helped a lot.
S. You see your suffering as having had a meaning for you?

L. Oh, yes. You realize or you're given some sense of feeling that what is to be will be. What's in the cards for you will be.

S. There's a lot of acceptance now?

L. Yes. And not just thinking of yourself as an underpeoples, you know. If this only happened to you. It happens to others. You will learn something from the experience.

S. Was there anything that would have helped you during this time of your struggle and of recovery, that would have made it more helpful?

L. No, I don't think I could have desired anything more. The support and the understanding that I had from my husband was remarkable. He had the experience before and so maybe he was a stronger person for that experience. I think I had no fear of rejection or that things would have been different as a result of it.

S. This was not really a major concern for you or a concern at all, that the relationship would change, and that was really important for you.

L. If anything, it helped strengthen it. And it really helped me to get through because I was never allowed to brood over my condition—never. Never left alone, given all the encouragement necessary. Because it was through his encouragement that I had seen the surgeon. He helped me to decide because I was very doubtful to start to go through with it. This was only for a short while. The support that I got here—it was pointed out to me how necessary it was and the alternative to not doing it could have been . . . well, would have been . . . surely the end, when the surgery could have checked it. That was brought home very strongly. When I say that I've made up my mind that I'm not doing that again . . . it's with some reservation . . . (Smiles).

S. Yes, I'm just wondering . . .

L. Maybe if it did happen I would find the same sort of encouragement and maybe I would succumb again.

S. To go through it again.

L. Yes. But right now my feeling is that I won't.

S. It's still very hard to think of it . . . having just got through.

L. Yes. Yes.
S. At the time of your experience, it sounds as though you spent a lot of time with yourself thinking. I'm wondering if you had any fantasies—or dreams—that were important for you?

L. Your thoughts seemed to be continuous, eh? It occupied your full time. You couldn't think of anything else. Just the natural outlook seemed to surround everyone that I was connected with that this is a fatal disease. Naturally, you're thinking this is the end. Right? My first reaction really was not to have the surgery. I wanted to take all the money that I had and go and see all my children and tell them goodbye. I just wanted to see all of them once more. I was told nobody knows how long it will take to kill you. It may spread all over your body and have years of suffering. I heard all sorts of stories. Right? So that was one quick fantasy, one quick reaction that was quickly squelched. It was stressed that you don't have to lay down and accept it. They offer these alternatives and it's not a question of destruction of your body physically. There are all these forms and no one will know and you know? So. Well, these were things I was hearing for the first time. Then I heard how very young women also had it. And this boosted me up a bit because I felt, well here I was, I was 60 years old and if this is happening to me at 60—I've lived my life almost. Lots of people die long before 60. But there are women in their twenties . . . and I said, Good grief!

S. Is there anything else you'd like to share?

L. You find yourself wondering about causes of cancer—what could have caused this. I never had any knowledge of it in my family. After my surgery—I can't remember how long after—I was just reading through a Reader's Digest one day. You know, they have one section called The Medicine Column or something like that. And I read where the Medical Council of Canada or something had issued a warning to one woman who had had access to some drug in the 50's—a high incidence of breast cancer was being discovered. And immediately the name of a drug that I'd had with my babies came to my mind. And all my children were born in the 50's—from 1953 to 1959 I had 7 pregnancies. That's a lot. I remember taking this drug in each of my pregnancies to dry up my milk. I was given this drug for that purpose. I reported this to the Cancer people—the Cancer Society or whatever it is—who gave me their questionnaires with all my diet and my likes and dislikes from the time I was a child and whatnot. And I've written this down to give them this information with the hope that it will assist in research along that line. Because this thing that I read in the Reader's Digest is not from some authenticated medical journal. I just read this through and they said how the daughters or the girl-children that were born during those years are susceptible to getting the cancer. The male offspring have had lowered sperm content and things like that. So right away I sent it to my daughters and asked them to go to their gynecologists and tell them what it is and ask what they should do. I would hate to think this thing that
I have introduced into a strain that would go through my daughters and sons.

S. So that's an added concern on top of all the others.

L. Yes. This has me a little bothered now—no, not bothered, but I don't know where to get information—where I can find out if this thing is genuinely true, if new research is being done on it, if they're following this up. Because, like me, there are 100s, maybe millions who had this drug and it's showing up now. And to see that right here now in this year in the Reader's Digest was the same year in which my cancer was discovered. It must have some bearing, you know? But how do I learn anything more about this? I said, Oh, forget it, I can't do anything. If it is to happen and if it has been passed on, it's there already. And if my two daughters do have cancer, I don't wish it on them, I wish it would never happen to them, and I wish if it has to happen to them that I'm out of the picture before I learn about it, because I wouldn't like to be present in my 70s or 80s and see my daughters going through the same thing that I have been through. For the boys—I have three boys—I don't know what has been passed on to them. But it is accidental that they are only now discovering that this drug is cancer-causing. Everything you hear today is cancer-causing. Everything. You go out—the very fumes of a motorcar are cancer-causing. You go in the work force—everything is cancer-causing. You don't know where to turn. I thought I'd mention that to you for what it's worth. The drug is called Stilbrestrol—that's the drug I took. It wasn't given that exact name in the Reader's Digest, but it had the same compounds. Apparently they've had different derivatives of that drug.

S. So the concern about cancer—it's not just your own life but your children and just on and on—what's happening to the people I love?

L. Yes. Oh, yes. If through no fault of my own I was given this drug and what have I done to them as a result? It makes you feel guilty. And my real concern is not what it's doing to them but what is being done about research toward correcting this? Not only for their sake but for all the other women who were given this drug during their pregnancies? It's scary. It may very well turn out maybe not in my kids but maybe in their kids that it will be passed on. And this is how I suppose the disease continues from one generation to the next. But still they may find a cure for it all. (Silence).

Apart from that, it's just the inconvenience of not having your breast. You learn to live with it, but it is inconvenient. You get up in the morning and you just want to run downstairs as is. This form is so heavy. You get tired with it, you want to take it off and just be natural. But somebody may pop in. If you're not expecting anyone you'll say I'll go downstairs and sit around and watch a TV show without this thing. Someone may come up and
embarrass you. There's the inconvenience of being by the seaside and getting into the water—that doesn't bother me now. What the heck—nobody's looking at that gray-haired old lady going into the water. But . . . it is a bit of a nuisance. The one great part is there's no pain. As I said, the arthritis is worse. (Laughs).

My greatest difficulty, too, was also telling the children. To tell my kids what had happened to me—that broke my heart. I had to write them. I didn't tell them before—I waited till after the surgery. I have an old aunt—the only living relative on my mother's side—and she was furious when she heard I'd had the surgery. She said, "If I were there they'd never have done it to you. I would never have allowed it." I laughed, you know.

S. What did you answer her?

L. I said, "Oh Nancy, if experts . . ." She said, "Oh, experts, what! You're not meant to have any part of your body removed." She went on and on. Well, she's 91 now. And she's never had a surgery of any kind.

S. It seemed awful to her, but for you there were other concerns that were much more important?

L. Oh, yeah. (Laughs). It was stressed to me then that it was one way or another, right? If I had persisted in my denial of it I would have been gone by now . . . there was a better chance of life. (Pause). What's important about life is not the suffering so much as what you make of it. Everyone has to suffer, eh? In some form or another we have to suffer, I guess. (Laughs).

(Short pause while tape is turned off. It is turned on in the middle of a sentence in which L. is talking about the TV film First, You Cry, in which Betty Rollin is played by Mary Tyler Moore.)

L. . . . I found her attitude quite good—almost like my attitude. "What the heck, it's just a breast," she said. And she got into her clothes and went on to her business. But what helped me with that movie was that she was a young woman. Right? That made me feel good. If a young woman can cope with the physical aspect of it, having her whole life ahead of her, why shouldn't I cope because more than half or three-quarters of my life has gone? So that was good therapy. I admired her.

S. Was there anything else like that for you that you were able to connect with or that you found helpful?

L. I knew J's wife had died with it, but it was not something we talked about. He had never spoken about her experiences or how she had faced up to it.
S. Would it have been helpful for you, do you think, to share your experiences with somebody who'd had a mastectomy earlier on?

L. No, I never felt it was necessary. I just had the immediate folk around me at the time. J's two daughters-in-law—my daughters-in-law now—have been so good.

S. You were able to talk freely with them?

L. Yes. They were there all the time. They were there and we talked a lot. They watched me cry. They encouraged me not to cry because at first there was a lot of crying. I cried a lot. A lot—a lot. I wonder why I cried so much. It was hard to take. (Laughs). It was hard.

I think, looking back on it, it might have been... it was... because of this old-fashioned religious upbringing I'd had in the sense of feeling guilty about leaving my home and coming into this life and living in sin as it's referred to (Laughs) that I was being punished. And I cried a lot.

S. Did the crying help?

L. Yeah, it must have. It must have. Well, you always feel a little more relieved after a cry whatever caused the crying. It must have helped. And then the absence of the immediate family was jolting, too. At times like this you do want your family near to you. I knew how upset they would have been, so I said no telling till it's all over. One of my daughters-in-law said they should be told. I said why? They're only going to worry. I can't tell my daughter—she's going to be up all night. They'll be making long-distance phone calls. They'll be told she's in surgery or she's just come out or you know. It didn't seem necessary for me and I refused to allow any of them to be told. The week after I wrote them. The 7 or 8 days the letters took to get to E. and T. and M.—soon the flowers started arriving. I had a whole room full of flowers. The house was full when I got out of the hospital.

My sister who lived in M., she came. She arrived the afternoon before I was due to have the surgery. I wanted her not to come. Because her husband was a doctor I called her. She's about the only person I called because I wanted to speak to him—someone that I knew who was a doctor and I can talk to. He said, Oh no, L., you cannot keep it to yourself. He was one of those who persuaded me to go to the doctor, too. He said you have to go to your doctor. He was in touch and knew I'd decided to have the surgery, so my sister said she'd come out to be with me. She came and spent two weeks. So that helped a bit. She kept J. company and came to the hospital every day with him. That helped.

My daughter, she's a nurse in E., she wanted to fly out. "Whatever for?" I said. "Don't you come till I'm well enough and we can
have a nice holiday together." So she came last year—one year after the operation and went to Hawaii. I took her to Hawaii and we had a nice holiday. It's so much better than coming when you can't do anything at all.

When I came out of hospital in September when my sister was still with me, my other sister phoned from T. that her daughter was getting married quite unexpectedly. She had been abroad studying. She did her final exams in June. She came to T. to take up her work. This guy she was friendly with was posted to W.I. and they decided to get married. When my sister told us over the phone, we said Oh, we're coming to the wedding. My other sister and myself decided right there and then that we would go to T. The wedding was in November. My operation was September 15. We went down together. I made the wedding cake and M. iced it. We packed it and took it all that long plane journey because T. was experiencing all sorts of things—the government down there had the country in a mess. So I said, "Don't you worry about the cake, we'll bring it!" So that's when my auntie was so adamant. (Laughs). I think she felt I recovered too quickly and that they had made a mistake. (Laughs). (Pause).

Before we had the biopsy to determine whether it's malignant or not, we both just had these lumps, this other woman and myself, and we had the X-rays. And she said to the guy, "I hope they don't make any mistakes with these envelopes." So he said, "Yes, I'll put the papers from this one in here and I'm going to switch the papers from this one in there." So we went back to our rooms. So the next day I'm lying in bed and no information. Nobody's coming to say anything. So I got up and I took a walk and I came to her room to see if she had any information. She was dressed, ready to go home. I knew she was all right. So she had a magazine. She said, "There's a nice article on breast cancer. You can have it because I don't need it any more." Her lump was benign. The first afternoon after the surgery I had an arrangement of flowers and a card from this lady. I said, "I. B.—I don't know anyone by this name." The nurse said, "Wasn't that the lady who had the examination with you (or whatever she called it) yesterday?" "Yes, that's her!" And she sent me an arrangement of flowers. She must have phoned the hospital to find out when was my surgery, which was a week after, I think. I went home and I had to be recalled when they had a bed available. (Pause). (Laughs). Well, if they did make a mistake, I hope I never hear! (Tape ends here.)
T.L.

T. It's five years since it happened. I didn't even know I had a lump; it was my doctor who found it—it was that small to start with. And he sent me to a cancer specialist and they did an X-ray. They found I did definitely have a lump but it was moving—it was mobile, so they didn't expect it to be malignant. Then I went to the hospital and I had the biopsy. I had 3 biopsies from 3 different areas. There was only one biopsy that proved positive. Then they did the radical. I had the biopsy on the Monday. On the Tuesday they told me I was definitely a cancer patient. They didn't tell me how far it was or anything else—just "Yes, you have cancer."

S. Do you remember how you felt about that?

T. I was devastated. I was raising my daughter and all I could think of was her. She was only sixteen. All I kept thinking was something had to be done because I still had some work to do with her and I can remember feeling so alone and knowing that she had just lost her dad and there was a possibility of losing me. That was hard. Extremely hard.

S. Your husband had died very recently before that?

T. My daughter was ten when he died. He died one day before her tenth birthday. I can remember thinking "My God, what am I going to do? What is this child going to do?" Because I still had a lot of raising to do. So then I asked my own doctor what they were going to do and he said they were going to remove the breast, which would be on a Wednesday. On Tuesday I went down for the body scan—a complete body scan. I think they had enough evidence there that should have told them I did not need a radical. But they did the radical. And I can remember when I came to, the horrible feeling that I had—because I was down to the bone, I was so badly mutilated. I didn't have that much of a chance. They didn't say "You have a choice."

S. You really didn't have a chance to discuss this with your doctor?

T. No. Because it was just bang, bang, bang and it was over and done with, which I think was very, very bad. I think they should have discussed it with me. And I thought, "Well, if they're going through this that quickly then it must be very bad." I had days when I just lay there and thought about this. For some reason I kept thinking "No, it's not me—it's a nightmare. It can't be true." But it was true. The care that I got in hospital was very good. Then I had a counsellor—a woman who'd had a mastectomy. She came to see me.

S. A volunteer?
T. Yes. And we talked about it. But I wasn't letting anybody see how badly I felt.

S. You were hiding your feelings?

T. Very much so. I was hiding my feelings and I don't think it's right. But I didn't have that much of a chance to really think the whole thing through. I think if I'd had someone come in and say to me "You have a choice and it's not that serious that we can't wait two or three days or a week and think about it." Then of course I was sent home.

S. Can I just ask you a little bit more about the hiding your feelings part? What was on your mind when you were doing that?

T. I think perhaps . . . hoping that it was a dream, a nightmare. And I didn't want my daughter to see how badly I felt. I think I did the same thing when my husband died: I am the strong one. I didn't want to burden my daughter. It's very hard on a person. Extremely hard. And I think that is perhaps the reason that I was hiding this. The only time I broke down was when I was alone. She never saw what I was going through except one day when I said to her "I have nothing left to live for." She's brought this up quite a few times. She said to me: "I know what you were going through."

S. Was it like a feeling of despair?

T. Yeah. I think that's what it is. Actually I think what we go through is like a death. We go through a mourning period. We mourn. I have a sister . . . she's had a mastectomy done, but it's not cancer. She's had an open sore and it wouldn't heal. And she's going through the very same thing I went through. My mother phoned me and she said, "I wish you would write to her or call her and try to ease her mind." She's going through a mourning period the same as I did. Apparently she cries all the time. I didn't. All my feelings were inside. But apparently she does a lot of crying. I think a lot of people go through this. If they got counselling before they go through this surgery, they would be a lot better off. To me, I didn't feel like a whole human being. I just felt like . . . I don't know . . . I can't put it into words. I didn't even really want to go out with anybody. Even my girlfriends. I didn't want to go out with them. I just felt, well, they were a whole person. And I wasn't.

S. Your sense of yourself changed quite a bit?

T. Oh, yes. It does. That's the dangerous part. If a person can adopt a different attitude about themselves—that nothing has changed except their body parts—but you remain the same person. But I think this is such a shock to a person that they feel that they themselves have changed.
S. This was the sense you had after your surgery—that the person that you knew as you had changed?

T. Yes. Had changed completely. Yet we shouldn't feel that way. Like I said . . . if proper counselling came along at that time . . .

S. Did you have anyone to talk to about this?

T. No. As a matter of fact, I went into the hospital to have the surgery done and I told my daughter . . . I have a nephew living in Chilliwack . . . and I said, "I don't want the kids to know till after we find out how bad it is." She didn't call him till after the surgery was over and done with and I knew what I was facing. My family didn't know about it. I didn't tell them until March.

S. November till March?

T. That's right. I did not want to worry them. I wrote to my oldest brother and said, "Should anything happen, then you will know and then you can tell the family. But until that time don't say anything." And I went home. I guess it would be two years later I visited my mother and I said, "I have something to tell you." And she said, "What is it?" And I said, "I had cancer." That's when I told my mother. I was surprised at her reaction. Very, very surprised. She said to me, "Are you all right?" And I said, "So far I'm fine." That's when I showed her the surgery I'd had done. But she didn't know anything about it. I held it back from her for two years. So, like I say, I don't burden anybody with my problems. Never have and never will. And where I should have been sharing this with my family, I could not do it.

S. When you say you should have been, do you feel it might have been better for you if you had?

T. I think so. I think it's easier if you share your problem with someone else. Especially your health. But I always feel that . . . I think that at that time . . . I had been rejected so badly when my husband died by my married friends that I felt again I would be rejected. They kept pushing me away. They couldn't be bothered. And I think the fear of rejection again was what held me back. Because it's trouble as far as other people are concerned. They don't know how to face another person. And I think it's time that people realize everybody needs someone. No man is an island unto himself.

S. It sounds like a tremendously lonely experience that you had.

T. Oh yes. Very harsh. A very, very difficult time. My daughter was the only one who could really understand what I was going through. It's just recently that she's been able to really express herself about how much she feared for me because I wasn't opening up.
S. So you are able to talk about it and share now?

T. Oh yes. Definitely. Even my family and the kids in Chilliwack. But as a matter of fact I got a bawling-out from them. They said, "You should never keep things to yourself because it's not right." They want to be able to share whatever problems I have. But I'm that type of person—when I have problems I don't go near anybody. Very independent. But they made me promise that I would never do it again.

S. And you feel okay about that?

T. Yes. I feel that they care enough. And even my own family—they're letting me know that this was not the right thing to do.

S. So there's a lot of caring for you and you're able to . . .

T. Yeah. Very much so. I'm able to unload now. I'm not talking about just small problems but something that really bothers me. I'm able to pick up the phone and talk to them. But right up until I had this surgery done I just couldn't do it. And if I was to face that again . . . I don't know if I could phone them and tell them that I'm in trouble. It's strange, but that is exactly. . . . They're way back East and I'm here and you stop and think about all the things that go through their minds. I don't know if I'd be able to do it.

S. There's still a sense that maybe you want to carry . . .

T. Yeah, my own burdens. But I don't know. But there must be some way that a person can be reached when they're facing this sort of thing. Like I say, it's education more than anything else. To me, I feel it would make a vast difference in our own attitude—in the patient's attitude—on how well they can manage. If they were told what they were going to be going through, how they're going to feel, and nowadays there's so much more that can be done for a cancer patient. But everything is so hush-hush when you go through something like this. There's no communication between the doctors and the patient.

S. You found it hard to talk to your doctor?

T. Yes. Because, well, with me it was done so quickly. I think they should have been able to sit down and talk to me—what was going to happen, why they were doing it. See, to this day, I cannot forgive them for what they did, for the radical. This is what is bothering me is why they went to the extent that they did.

S. It seems to you an extreme surgery for the cancer that you had?
T. To me there's no reason for it. No reason at all. Not for the radical. If I tried to talk about it to my doctor he'd say "Don't talk to me about it, go to Dr. F. I don't want to hear about it. He's the one who did your surgery, he's your specialist, you go to him." I'd say "I can't talk to him." Every time I spoke to him I became very angry.

S. There was a lot of feeling of anger.

T. Oh, yes. Very much so. Because every time I went into his office we tangled.

S. This was the surgeon?

T. This was the specialist, the surgeon. We had a fight every time I went in there. Because I wanted him to explain why he did it and he would not. He'd say "I couldn't take any chances." I'd say, "What chances would you be taking?" When I saw the report and there was only the one tiny little lump under here. There was none in the lymph nodes, none up here. Just that one small area was involved. And I cannot to this day understand why he mutilated me the way he did.

S. And so there's still a lot of anger for you?

T. Very much. I think he's a butcher.

S. Your feeling is that you were butchered?

T. Yeah. And this is where my anger is. But a person does go through a mourning period, I don't care what anyone says. You can lose . . . you can have your appendix out, you can have a hysterectomy, you can have your uterus removed, and you do not go through the same mourning period as you do for a breast.

S. The breast is special?

T. Yeah. Or I think myself anybody who has an amputation goes through the same mourning period.

S. When you say mourning, these were feelings of sadness that you had?

T. Yeah. That's the way I feel. And I feel everybody does that. And I think the breast is more so, especially to a woman. And I can't say that I'm vain because I'm not. Vanity doesn't enter into it at all. Because I'm reconstructed. But I still feel that part of me is missing.

S. Even after your reconstruction, you still have a sense of loss?

T. Oh yes. Definitely. How can you explain something like this? As someone said to me, "You're born with your parts and all of a
sudden it's not there." I mean, my clothes look just as good on me as they did before. And here's another thing that sort of degrades you in a sense. If you go into the shop where they have these prostheses that you insert into a bra. And they say, "Oh, you look fantastic." But you take your bra off and this damn thing that sits there and it's so heavy. And it just... with me it didn't fit me. Well, I had nothing. It was just bones. Well, this thing, it just sat there, and if I happened to bend over, this thing would flop. So I mean... all right, these prostheses that are made, I think they're called Nearly Me... they're fine for a person that has a muscle. But when it comes to a radical, they're for the birds. Because I had to put cotton wool in there so it wouldn't move away. And it was irritating my ribs. Because all you could see... it was like a very bad burn and you could see my ribs. There was nothing on the ribs but... they took a piece... I had a skin graft taken from here and put up here. And that's all that was between that prosthesis and my ribs.

S. So it was very sensitive.

T. Extremely sensitive. No strength in this arm because I had no muscles here and I didn't realize... you stop and think how much you use your muscles. And this is a very important muscle. I couldn't vacuum. I had to use my left hand all the time to wash windows. It was terrible. I couldn't wash walls, I couldn't do my housework properly. Because this arm was just like lead. After using it for awhile I couldn't stir a cake because this arm would get so tired.

S. Did that change for you?

T. It is now because they took part of my back muscle and put it in here.

S. So that's another surgery.

T. Yeah. I'll close the drapes and I'll show you.

S. You've had a lot of surgeries on top of the mastectomy and in connection with the mastectomy.

T. Yeah, a tremendous amount. I'll just show you... and it wasn't very funny. It was not funny, believe me. Mind you, if I knew of anybody else who had to have it done, I'd say, "Yes, by all means, get it done. Because to me, it's worth it."

S. What, the mastectomy?

T. Mmmhm. This is the surgery that they've done there. I'll show you my back.

S. Oh, my. Yes, it's right around your back.
T. So like I say, what we go through certainly isn't any fun.

S. Your reconstruction job looks really good.

T. It's beautiful. Mind you, he want me to go back in. He's going to take and put a nipple on this. See this? He wants to pair that off so it will be more natural.

S. When did you have the reconstruction done?

T. It was a year in September. And to me it's well worth it.

S. Four years after your mastectomy?

T. Yeah. And then the surgeon didn't want me to have it done.

S. This is the same surgeon?

T. No! Heaven forbid! (Laughter). I wouldn't go near him any more. No. I had Dr. M. do it over here in the B. Medical. He's a fantastic surgeon. He had nothing to work with because he hadn't left me any muscle, so he had to take part of a muscle in the back and put it in here.

S. It's very impressive. I've had a modified radical, but ... the reconstruction is incredible.

T. Think about it. It's well worth it. It's covered by your B.C. Med. I feel that at one time I was tied up like this. Okay, so I've got a little bit of a scar here. But I've seen people with scars here. I'm not that proud, you know, that I'm going to worry about little scars. But see, I was right up to here. I don't get into a bathing suit, but now I can wear blouses that are a bit more open than they were before. But at the time I was tied up like this.

S. So that's made a real difference for you.

T. Very much so, because to me, I looked like an old woman. Because who would want to see a scar that was away up here? Like I say, it was like a scald, and with all the skin shrivelled up. Up in here. It's too bad I didn't take pictures.

S. To see the change?

T. Yes, to see the change.

S. It's been a big change in your feelings about yourself?

T. Definitely. To me, I feel more ... I'm more at ease, if you understand what I mean. I don't feel if we were in a crowd and a button came undone that this horrible scar would show. So what?
I've seen worse—this one would not turn anyone off. But the other one! My God! As a matter of fact, the manageress down at the shop, she came with me one day to buy a dress—a little two-piece suit. It's like this. I said to her, "I can't buy this. Look, this shows." She said, "Buy a nice little blouse to go with it." See? That's exactly the way it was. Because she herself said to me, "I have never seen anyone so badly disfigured."

S. And so you were saying before about wholeness ... you feel more whole now since your reconstruction?

T. Yes, I do. And if anyone came to me and said, "Should I do it?" I'd say, "Yes, by all means, go and get it done. It's well worth it. To start with, it's good for your morale, extremely good for your morale. Because what they did ... to me, it was very degrading the way I was.

S. The radical?

T. The mastectomy. The radical that I had. You had a modified--I understand that they're not as bad.

S. I can show you my scar after ...

T. I would like to see it.

S. I'll show it to you. I'm going to keep this going. (Laughs). It's really not that big a scar.

T. Oh, my gosh, what a difference! Did you have the lymph nodes removed?

S. Yes.

T. At least your arm isn't swelling.

S. No.

T. See, if I'd had something like that done, I could have gone into one of those. See, with me (sighs), you should have seen the abortion I was wearing. You wouldn't have believed it. Well, it came up under my arm here. I had to have a fullness in here because I had nothing. From here to there there was no muscle. So I had to wear this great big ... As a matter of fact, I think I threw it into the garbage. (Laughs). There you go. Apparently they're only good for 3 years and it costs you $150 for those things. At least at that time. I don't know what it would cost now. It was a thing that comes up like this and comes in here. It's heavy. (Laughs). Oh gee, that one was heavy! To me, sure, the woman who invented that, she had a mastectomy ... I think she's the one who had the Mattel toys ...

S. The Barbie dolls?
T. The Barbie dolls, yeah. And that's when she decided . . . she had the mastectomy done and she knew that . . . I'll grant you, for you, it would probably be perfect. But not for me, because she didn't have the radical.

S. So the physical part was really a big thing for you?

T. To me, it was an insult. I felt that they had insulted my body by doing this. To me, in my mind, I feel that they had a field day with my body. Because I wasn't there to say, "No, you can't do this." I wasn't awake.

S. It's like being an object?

T. Yes. Oh well, we don't need that part, so off it goes into the garbage. And might as well take a little bit more and out that goes, too. That's what I felt that they did. I was just, as D. said to me the other day, just another piece of meat as far as they were concerned. And I feel that this is what happened. And then, to top it off, what really threw me was when I went in to see the surgeon and he said, "A lot of women feel that we have something against them. They feel that we hate women." And I said, "That never came into this conversation." He knew that I was angry with him. And he said, "I know that you feel that I hate women." And I said, "Don't you ever say that to me. I never brought that up. You did. Obviously that's on your mind. It's not with me. That's not what I was thinking of. Why did you do it?"

S. It was a real need for you to have an explanation.

T. Yes. And he would not explain. He would not say why he did it. And there was something else that came up after that and I went to see my doctor. He knew I was angry—I was crying in his office. For the first time my doctor spoke out and he said, "Sloppier surgery I have never seen!"

S. So your having to live with that . . .

T. Yes. I have to live with that. It's not easy, but I'm living with it. And if anybody ever asks me what sort of surgeon he is, I'll tell them. I went to the cancer clinic. I didn't take treatments and I didn't go after that. I just went in to see what they had to say. And I think what they wanted to do was draw me into the little group that they could have discussions about what went on and this sort of thing. And I didn't want to be part of it. They asked me if I was on radiation and I said, no I wasn't on radiation. But I said, "I am on a special diet. No dairy products." She looked at me and said, "You must have Dr. F. as your surgeon." And I said, "Yes, I do." And she said, "Oh." And that's all that was said. But I never went back. I thought, "Well, my feelings are my own and I'm not going to sit there and weep and everything else." At that time I had a hard time talking about it. Being in the group would have been too much.
S. Kind of an invasion of privacy?

T. Yeah. I felt I did not want to expose my feelings and my thoughts about what had gone on. I thought "If you women want to do that, well, that's fine. Maybe you'll get something out of it, but I won't."

S. So you just didn't feel that would be helpful to you.

T. No, I didn't. I did not feel that was of any help to me. I feel women should be counselled before they go in for surgery. As a matter of fact, I think even men should be counselled.

S. Husbands?

T. Yes. Or anybody who has a cancer problem. I think they should all be counselled before they go in for surgery. And try and explain everything about it. Don't hide anything.

S. I'm wondering if part of your feeling at the time was lack of control... they've done this to you and in some ways your life was out of your hands?

T. Yes. It was out of my hands. This is another thing that I keep saying. Once you're asleep—they've got you knocked out—they can do just about anything. You've already signed a paper giving them permission to do whatever is necessary to save your life. Well, hell's bells, they could have carved my heart out and said, "We did it to save her life." You no longer have any control over what's going on. We give them that permission. In his mind the best thing he could do was slice me up and put a patch over it and say, "You're fine, you're gonna live." To me, that's wrong. I often wonder where are his ethics.

S. It doesn't seem right to you to treat a human being like that?

T. No. And then I'd go in. This was a joke, a real joke. The first year was once a month. Then the second year was once every two months. Then it went to once every three months and he kept it at that. And I'd walk in there and he'd just rub his hand over this surgery and he'd say "Beautiful! Beautiful!" Eh, talk about adding insult to injury! That's all he did!

S. I can understand why you'd end up having fights in his office. (Laughs).

T. Oh, I'm telling you, it was just like fire and gunpowder. It was terrible! And I used to think, "I'd sure like to see what you'd call ugly." Because, believe me, it was ugly what he did to me. I mean, it was ugly to look at. And it used to gripe me when he'd say "Beautiful, beautiful." And I'd think, "Oh, God!" He was so proud of that surgery.
S. Of his work.
T. Of his work.
S. And yet your feelings were not . . .
T. No. And I told him that I was going to have a reconstruction done. First of all, we discussed it. And he said to me, "We'll talk about it later." But my own doctor had told me that after three years "You go in and have a reconstruction done, that's a promise." But when I discussed it with my surgeon—see, my doctor died two years after that--died of cancer . . .
S. That's hard. Another hard experience.
T. Very, very hard. He was an old friend. My daughter and I sat here and we cried like a pair of babies when we found out he died. Anyway, so I mentioned it to him again after Dr. R. died. And I said to him, "You made me a promise that I would be reconstructed three years after my surgery." He said, "It's too soon. And besides that, I don't get along with the plastic surgeons." I said, "Why don't you get along with them? What's wrong with it?" "To me," he said, "they're in there just to make money." And I just looked at him. I said, "What are you talking about? I would feel better if I had the surgery done." He said, "You want to have that done, you go and find out for yourself. I don't recommend anybody." I said, "Okay, fine." So I saw him a year and a half last summer—it will be two years this summer. And I thought "Okay, that's great as far as I'm concerned." After my doctor died, I said no more male surgeons, I don't want to be bothered with them. So I got a female doctor and I went to see her and I told her. She examined me and said, "Who did that?" And I told her. She just shook her head and said, "Have you thought about reconstruction?" And I said, "Yes, but who do I go to?" So she recommended Dr. M. I went to see him. He couldn't get over the mutilation. "My God," he said, "we've got nothing to work with. But we'll fix that." Then he explained what he was going to do. And after I was over all this, I thought "I can understand why he doesn't get along with plastic surgeons. He doesn't want anybody to see his rotten jobs." But I feel a lot better since I had the reconstruction. And I would advise anybody to do it. Because I was so bitter.
S. And some of that's changed?
T. It's changed, but I still don't trust a male doctor. I have a friend who lives out in P. and I went to visit him and his wife. We were talking about this. He said, "Women should visit women doctors and men should go to men doctors because women understand women's bodies. Men don't understand women's bodies. That's why we have so many mutilations now." And that's true.
S. Can you talk with your doctor now?
T. Oh, yes. I like her. I can go to her and talk to her. I don't feel restricted. Although my other male doctor—the fellow who died—he was like a father. I could go to him and say anything to him. I was never afraid of discussing anything with him. When he died it was so hard for me. I felt I had lost my last friend, someone I could really trust. It didn't matter what time of day or night I called that man. And when I was bringing up my daughter it was the same thing. If I had a problem he'd say, "Bring her in, or if you can't, I'll come in to see you." I just felt so badly when he died. I thought, "My gosh, now who have we got?" I was glad when I got a female doctor. Now I can talk to her. After M. P., my first woman doctor, moved to the States she sent me a postcard. And this one, I think I'm going to get along just as well with her. There's that rapport between us which I think is very important. But I didn't have that with the cancer specialist. There's no way. (Laughs). I've lost faith in male doctors. I feel they can do whatever they damn well please to your body and you have no recourse. I don't know how you feel about it. I've had several people say to me how I feel is how they felt. We are mutilated. I know another woman and she had hers done about 25 years ago. She had a lump in her breast. They removed the breast. It wasn't even cancer. And I work with that woman. She's another one who feels quite bitter about the whole thing. She says, "Why they did it I don't know." Mind you, she must be about 70 now. So for her to have a reconstruction done, like she says, it wouldn't pay. But I don't know, it just isn't right that we should be going through this. Now they find that they're just going to remove the lump and give radiation treatment. But is that the answer? I don't want radiation.

S. You wouldn't want it? I think you said you never had radiation or chemotherapy? Just the surgery?

T. Just the surgery. Mind you, I suppose I should be grateful for that—that I didn't have to take the radiation or the chemotherapy. But I don't know what the answer is. I just know that they hurt us very, very deeply when they do these things to us. And I don't think I will ever forgive him for it. He may have saved my life in one way, but he destroyed part of me in another. Because I really felt destroyed.

S. You were saying the reconstruction helped a lot in terms of restoring your sense of self, but you said there was also still a part of you missing. You still have that sense of the part of you missing now.

T. Oh yes. Yeah. Oh yes, definitely.

S. I'd like to ask you about healing and what that means for you. Do you think you have healed?

T. You mean emotionally?
S. However you see it.

T. I've healed but it's left a lot of scars. It's left a lot of scars. And well, it's just like ... oh, a bad cut. You'll always have the scars. It's not the same.

S. And the wound is more than physical for you?

T. Oh, yes. Very much so. It's not just a physical scar as far as I'm concerned. It's an emotional scar. And a lot of it could have been avoided. See, I didn't ... you must understand that I didn't rebel against losing the breast. It was the mutilation. This is what I am rebelling against. It was the mutilation. If I'd have had surgery done like that, I would have been in seventh heaven.

S. The question is still there for you: "Why?" Eh?

T. Why. What was the reason behind it? What was his motive? What was he gaining by this?

S. And you've never really had an answer to that.

T. None. It doesn't matter how many times I questioned him, he'd say, "I couldn't take any chances." I could understand their removing some of the lymph nodes because granted, cancer spreads very quickly to the lymph nodes. I'm not that stupid. But I kept asking myself "Why?" When he had three biopsies and only one came back positive. And this keeps rolling around in my mind and I always run up against that stupid blank wall. I haven't got an answer. To me, it's very unfair. I want to know the reason why. That is the important thing.

S. The injustice of the whole situation?

T. Yes. Yes.

S. That sense of injustice seems to have been there for you all along, hasn't it? Was this the biggest concern for you at the time?

T. Yes. It's the injustice. Like I say, I'm not just physically scarred, I'm emotionally scarred. Because I'll always have that in the back of my mind, that big question mark that I can't answer. But I'll be honest with you. Going through breast surgery is a very traumatic thing. And I don't think it's the breast surgery itself. It's the uncertainty of how much cancer you've got and how much it has spread.

S. This was another thing that was going on for you—besides the worry over the mutilation, there was the worry over cancer and mortality.

T. Yes. But I don't think mortality has that much to do with it. Eventually I could walk across the street and get hit by a car.
S. You weren't so much worrying about dying from the cancer?

T. No. I think what I'm more concerned about is how long it's going to take for a person to die, how much pain... they've got stuff now they can give you so it's not all that bad... but for your family to watch you sort of fade away.... But I think the biggest part of your worry is how much has spread into the rest of your body. At that time. Now I'm not too concerned about it because I've gone five years. So that I feel in all probability it's not going to show up again. At least I've got my mind geared to that. But I think at the time when they first tell you it's cancer, I think that's the shocker.

S. The idea of cancer?

T. Yes. Because we've always been told, well, that's it. Now with all the surgery they have done and maybe some of the research they have done, I think your chances of survival are far greater than they were at one time. And I think self-examination of the breasts is half the battle. I think it's a good thing that we're all educated to that degree that we can do self-examination. But I wouldn't have found this one, either, because it was so far underneath. And you know, if was a funny thing. Looking back, I can remember... always that doubt in my mind. And yet, I don't know. I can remember when I started getting an itch in here and I used to scratch.

S. This was before the lump was discovered?

T. Yes. And I guess for about three to four months I used to think "What have I got that's so itchy?" And I would scratch. But way back in the back of my mind there's a question. Was it cancer?

S. At the time? Or you're wondering now?

T. I'm still wondering. Was it cancer that I had? Or did they just make a mistake?

S. You mean you're wondering whether the whole thing might have been a mistake?

T. Mmmmm.

S. Not cancer at all?

T. Yes. Like I say, looking back on all this, I can remember this itching. Did you have an itch?

S. I don't remember anything like that.

T. I know that with me for about three months all I did was scratch. And I kept thinking "How come? There must be something in my bra
that's bothering me." I'd change my bra. It would go away for a couple of days and then I'd start scratching again. I'd change again. Go into another type of bra. This went on for three to four months. I can remember that very well. I was working at the H.C. I went to see my doctor for an entirely different complaint. And he said to me, "You haven't been in to see me for six months. I think I'll examine you." And that's when he found it. He didn't even know himself if it was a lump or what it was. Because certain ways—I think when I was lying down—you couldn't feel it. Anyway, he would press on my breast and he could feel it. He kept saying "I don't know if it's a lump or what it is."

S. So there was this uncertainty that he was expressing as well.

T. That's when he sent me for X-rays. And I did have a small lump.

S. But the cancer part of it is still a question?

T. It is. It is the biggest question mark. Because to me, if it was cancer it had just got started. My doctor said, "Did you not notice it?" And I said, "No, I didn't." And yet I can't say that I didn't. One day I was sitting in the tub and I thought, "Oh. What's that?" And then I thought, "Oh, nothing." Because I didn't feel it any more. I can remember that sitting in the bathtub. I guess it was just two or three weeks later that I had to go to the doctor. And that's when he said to me, "Did you notice it?" And I said no. And it wasn't till after I'd had the surgery that I thought, "How stupid. You thought you had a lump and you thought you didn't."

S. Not being sure whether it was there or not.

T. Yeah. And this is another question mark—whether I had cancer or whether it was something else.

S. And so all this enormous surgery you went through—that makes it even more horrendous in a way.

T. Yeah. Yeah. Because I still question. I said to my daughter one day, "I often wonder if they didn't make a very serious mistake and they can't back out now. Mistakes have been made before. So why can't this have been a mistake, too?" That's the question mark that I have. It's going through my mind constantly. What did they do? My doctor wasn't there when I had the surgery. He was going through stomach cancer himself and he was just . . . wasn't assisting any more. It was just too hard on him. He had cancer surgery just two years before that done by this idiot and that's why he sent me to him.

S. That was his own surgeon?

T. Yes.
S. Oh, my.

T. His own surgeon that he sent me to.

S. Interesting situation.

T. Isn't it, though? And like I say, I'm going through all this uncertainty. Even now it's still there.

S. So for you the experience really was the surgery and the mutilation and the feeling of injustice and this question . . .

T. So you see there's not just one side to what a person goes through.

S. There's a whole lot of stuff going on.

T. At least with me. And I imagine with other people it's probably the same thing.

S. I want to ask you about . . . you've talked a bit about this change in your sense of meaning of life. Could you tell me more about that?

T. Well, I think what really happens is . . . it's not during the day when you're so busy and you've got things to do. But it's at night when you turn off the lights and the house is quiet. And all these things go through your mind. And you think "What the hell am I doing here? Why all this? What have you got to live for? There's nothing left!" And yet in the back of your mind you know you've got a little one in the bedroom. But you think, "Well, she'll make it on her own. You've brought her up this far. Younger children than this one have lost both parents. What are you doing here? What have you got to live for?"

S. Like your purpose in life has somehow . . .

T. Has somehow gone. I think in a sense I was afraid to lose her respect. That she would think I wasn't a total woman. I was still Mom. But like I used to say to her all the time, "A mom only has a head and two legs and a pair of hands. There's nothing in between." You know. (Laughs). But on the other hand, when the chips were down, I kept thinking "Does she still feel the same way about me because I'm like this now?" Yet to her it made no difference. Even now she'll say "You used to make my blood go cold when you'd say 'What am I living for?'" And yet she would never say "Mom, you're here because I still need you." I guess I was hurting her so deep by saying these things. When I look back on it now I think "Oh, my God. I was destroying her."

S. It's a very hard situation to be in.

T. I wouldn't want anybody else to go through it.
S. This was for a while after your surgery?

T. Not that long. Let's see ... the surgery was done in November. I guess it would be January. No, it would be about February, I guess, when I realized this was what I was feeling. You know, very, very ... (Cries).

S. (Giving her kleenex). It's okay to cry.

T. Thank you. (Pause). I think that was the time when I really felt alone. It was after Christmas and I was in the throes of moving. I think that's when it really hit me--having to do the packing and I didn't have the strength. (Cries). I remember sitting down and thinking "I can't do all the things that I want to do." I couldn't wash the windows. My daughter was coming home from school and she had her studies to do. I'd pack a few things and then she'd be looking for something and she'd say "What did you do with this, Mom?" And I'd say "I packed it." And it was just a complete turmoil.

S. You had to be so strong and so responsible--all of this stuff was kept to yourself, and having to do everything.

T. Yeah. And nothing seemed to work out. And that's when I'd think "What the hell am I doing here?" I felt so hemmed in. I was working. You try and work and come home and pack. My daughter was going to school. It was hell all the time. And I was back at work five weeks after I had the surgery. And that was very, very hard on me. But I would do it again. That was the best thing that could happen to me. Right back to work.

S. That really helped you in terms of your feelings in general?

T. Yeah. It's a strange thing. You think you have the same power--like the same strength--but for some reason it just seems to cut your life in half. It's like two people. One person ... I was strong emotionally in a sense but weak physically. But then when I became strong physically, I ... I didn't feel as strong emotionally.

S. As you were recovering more you found it harder?

T. Yeah. Yeah. I found it ... I think maybe when I was physically weak I was sleeping more and not thinking as much. Then the bitterness set in. I'm not normally a bitter person. You can do something nasty to me and I'll say "Get lost." A week later come back with a smile on your face and it's all forgotten. But there were times when I thought I was going to go bananas. Because I couldn't cope with the feelings that I had. First of all, with the uncertainty of whether my cancer was cancer and I thought perhaps they hadn't told me everything. But I saw the reports. So. My doctor eased my mind that way. Then the doubts as to whether I had cancer at all. And then I wondered why I was so badly mutilated.
What was going through my mind was if I didn't have cancer, why this? And why such a mess? And I didn't know about the other girl who'd had her breast removed and it wasn't cancer. It just kept going round and round and round. And I'd find that I'd wake up during the night and again it would start and then I'd have to get up. And I wasn't sleeping the way a person should sleep. I might get two, three, four hours sleep a night and then I'd be pacing the floor the rest of the night.

S. That's very hard when you had to get up and go to work and carry on. And you were able to do all that and still go through all the turmoil?

T. All the turmoil. I don't know—either I'm senseless or I'm very strong. (Laughs). I don't know which. (Laughs).

S. Sounds like an enormous amount of strength to me.

T. Well, I've had to. You know. But you can only carry on so long.

S. Has that changed for you?

T. Oh, yes. Oh, yes. Now I can look at some of this stuff and think "Oh my God, my poor child. What she went through." But I find that my mind is more settled now. But I still have the doubts. I'm reconstructed, okay, that's fine. It's made me feel a heck of a lot better. But I couldn't have felt that way if I'd have stayed with him. I think my attitude changed after I quit seeing my surgeon. Every time I saw him it was like being hit between the eyes. All the anger would come up again. To me that was the best thing I could do—just forget him. Now I think of him as just a stupid person. A very unfeeling person.

S. But there's not the same sense of being controlled?

T. No. No. Now that I'm away from him. You go in there every second month and all that anger rolls up again. You feel just like taking and belting him right between the eyes. And I found that that kept my anger surfacing all the time. And it wasn't good for me. I put up with that for almost four years.

S. He was giving you a lot of examinations. Was there any particular reason?

T. No. No. Sometimes I used to think he enjoyed looking at this bloody mess he'd made. (Laughter). When he'd say "beautiful" I could just feel my temper surface. If I had been in his shoes, I would have been ashamed—literally been ashamed of what he did.

S. There was just no connection between you and him.
T. No, I was just another slab of meat. Now I don't feel so badly. Like I say, I'm beginning to realize "Okay, so it's an experience." But I've learned one thing: I would get a second or a third opinion before I would ever go under the knife again.

S. You wouldn't put your trust in just one doctor.

T. No. I did with Dr. M. because I saw some of his work. But if anybody said to me "You've got to have surgery done" or... Would you like a cup of tea? C'mon.

S. Okay. Thank you.

T. (Getting up to put kettle on). You're only getting perhaps the anger that I have felt. I don't know how anybody else feels. I have never talked to them.

S. This is the first time you've talked with someone other than your family?

T. My surgeon sent a woman to see me one time here. I.G. She had hers done eight years ago. Nine now. He did the same mess on her that he did on me. But she has him way up on a pedestal. And he said to me "I want you to talk to D. Here's her phone number. You call her and make an appointment. She talks to a lot of people who are unhappy." And I thought "What's she getting out of it?"

Anyway, I phoned D. She came in. I guess the woman must be seventy-five to seventy-eight. I said to her "When did he do this to you?" She said "About eight years ago." "You were a hell of a lot older than I was when you had that done. I wasn't that old when he mutilated me," I said. "To start with, what do we know about him? He's from the States. Did he come up here because he was afraid of lawsuits down in the States when he started his surgery?" "Oh," she said, "you shouldn't say that. He's been here for years—I've known him for years." I said, "Oh, bully for you. I don't."

S. So she was able to accept the whole thing and it didn't bother her?

T. I don't know. I never asked her about it or anything else. And she was wearing one of these prostheses. But she was getting hers free because she was a pensioner. I was paying 150 bucks for mine. And oh no. When I was talking about reconstruction, that's when he sent D. over here to talk to me. But I looked at her and I said "Did you ever question why he did that radical? Is that one of his habits?" She said "No." I said "You see, D., I have a very inquisitive mind. You've accepted what he's done to you but I haven't. It was unbearable at times." She only saw me that once. I said "I'm thinking about a reconstruction job." She said "Yes, I heard about it." I said "I'm going to get it done whether he wants to or not. It's my life. It's my body."
S. When you did make that decision to get the reconstruction, it was a real strong decision for you—you were going to do what you wanted, whatever.

T. Despite what he said. And I'd go in and have my mammograms once a year. And they even X-rayed this old thing. And the machine balks at it—it raises hell. (Laughter). Because it's so dense—a saline solution is in there. And boy, she just groans! The nurses laugh—they think it's funny. Boy, the machine is sure resisting. (Laughter). But I go in and I get my mammogram done and once a year I go in and have a complete physical, my blood and everything—chest X-ray, everything else. So I feel that I'm well taken care of. I certainly don't need that old cockroach. You know, I am very angry with him. Very, very angry. It bothers me that I should still feel that way towards him because as I said before, I am not a person to hold a grudge.

S. But this is such a vital issue for you.

T. I feel he's violated my body so bad—I can't forgive him. And yet, you know, if he wasn't a surgeon, he would be the nicest person in the world. (Laughs). He should have stayed with medicine and not gone into surgery.

S. It was like a violation of the spirit, too? Body and spirit both?

T. Yes. It's changed my attitude. Because I don't trust like I used to. Maybe it's good, maybe it's bad.

S. You don't trust doctors? Or anybody?

T. I don't trust men as much as I used to. I find myself resenting the male authority, I suppose, now. Even at work I find that there are times when, especially if it's someone who reminds me of my surgeon, a short dumpy gray-haired person, I'm ready to say something nasty, and that's not my nature. But it's very hard at times to cope with this sort of thing. (Laughs). But like I said to my daughter, don't take only one person's opinion if you ever have to get anything done. Get a second opinion. Look what happened to me.

S. So this is part of the learning that's changed for you. . . .

T. Oh yes, definitely.

S. . . . really wanting to have autonomy and make your own decisions—take charge of your life? That's a really big thing for you?

T. Oh yes, definitely. Because now I can say it's going to be an entirely different situation. Because if somebody were to walk in and say to me today "You need this, that and the other done to your body" I'd say "Ha! Ha! Ha! Hold it right there."
S. You're real careful about what happens to your body?

T. Oh yeah. But see, like I say at the time they made it so urgent.

S. Your life or the breast?

T. My life was hanging in the balance. I only had a couple of days to make up my mind. I didn't get that chance to think about it or make any decision. In you go and that was it. And if people were made to understand it's not a matter of life and death within a couple of days—you have that choice—you can get another opinion. It's like taking your car in and they give you an estimate on that. If you don't like it you take it to somebody else. It's the same thing.

S. Being a consumer?

T. Yeah. But I wasn't given that choice. All I was told was "That's it." And it creates such a turmoil in your mind.

S. It seems that a lot of your anger has gone into determination—wanting to make decisions and take action and being real clear about what you want to do from now on.

T. It hasn't been wasted, if you understand what I mean. Now I can channel that into the proper route. It hasn't been wasted. What they've done to me and the way I can make up my mind now. I can stop and think and make a proper decision and not let somebody say to me "Hey, you haven't got that much time."

S. I'm wondering if you're saying in a way that from the suffering you've gained this?

T. Oh yes. Definitely. You know, there's an old saying, "With every loss you gain strength." And that's the truth.

S. You believe that you've gained in strength?

T. Definitely. A friend of mine—both she and I lost our husbands almost the same time—said to me one time, "My losing A. didn't make me a weaker person. I may have lost, but I'm stronger than I was." It's the same with me. You seem to gain strength. It seems to build a stronger character, I think. Nothing is lost, really.

(We break for tea).

(Tape resumes here).

T. We went to the Bay together. When we got to the main floor she stopped and she saw a bunch of these tote bags. And she said "I need a tote bag, Mom, to put some more stuff in. My purse has too much junk in it." I said "Okay, fine." So anyway, she said
"From there I think I'll go to work." I said "Okay." She kissed me on the cheek and gave me a hug. I went on my way and I'm looking at sweaters and all of a sudden I hear a pitter-patter behind me. I look around and there's my daughter. I said "What are you doing here?" She said "I have to say goodbye again, Mom." (Laughs). So this is the closeness that we have. There's a bond between us that's extremely hard to duplicate.

S. That's a really important thing in your life.

T. Oh, she's so important to me. And I'm important to her. And she'll say to me "Mom, I don't ever want to be too far away from you." When her girlfriend died—I think C. was only twelve years old and she died of bone cancer—and then S. committed suicide a couple of years later. It's just been one thing after another. Out of all the kids that she went to school with, I think about eight or nine have died—kids that she's grown up with. She'll say to me "Why is it, Mom, everybody we love seems to die?" And I've tried to explain to her we are on this earth only so long, and when our work is done we go home.

S. This is the way you see mortality?

T. Yes. When our work is done ... When she lost her dad she said "Mommy, why my dad?" I said "Why not? His work was done here. He was called to do something else."

S. So dying as such is something you can accept—people's mortality?

T. It hurts. Because I'm going to miss that person. I love that person. But to me it's not the end, it's only a beginning. We have something to do here. We've accomplished that. It's like going from one room into another room—it's only a door that opens.

S. In terms of your own life, you feel you have more work to do?

T. Oh, my work isn't finished here. I still have a lot to do yet before I'm ready to go. This is what I keep saying to my daughter. Once you're finished here, you've accomplished what you set out to do, then you must go somewhere else. And I think maybe in a sense it helps her to accept her dad's death. Because they were very, very close. You saw one, you saw the other. Any time he went to work and he could take her with him, he took her. He taught her to skate, he taught her to swim. Name it, he taught her. It was a very close family union that we had. My husband worked for the schools. He used to see the kids with all these new things that they had. Well, I don't know if you remember the ring they used to put on their ankles—there was a long string on it with a bell on the other end. I walked downstairs and they were down in the basement. And there was my husband with this crazy thing on his foot (laughs) showing my daughter how to do it. That's the way they were. Constantly together. He taught her to
do the hula-hoop. So when he left us, it left a tremendous gap in our life. We were very, very close. I had to try and teach her to accept Dad's death that way—that it wasn't the end. While he wasn't here with us, he was somewhere else doing what he had to do. I think it was easier for her to accept it that way. She can talk about him now. But before she couldn't talk about him. She used to say "I feel that my dad is just away on a long trip. Someday he'll come back." I'd say "No, you'd better make up your mind now that Daddy's gone forever."

S. The reality of it—you wanted her to accept that?

T. I had to make her accept that. Because you don't live in a dream world. It's not healthy, especially for something like this. So I had to make her accept it. I hated to, in a sense. It was very hard for her. Now, like she says, "I can remember so many nice things." We were talking about some of the kids and their fathers drink or beat them up or they run around or they're divorced or something like this. I said to her "You may have had only ten years with your dad, but you lived a lifetime. Look at those kids. They still have their fathers but they haven't done any of the things you did with your dad. Look at it that way. You lived a lifetime with Daddy."

S. The richness of the experience?

T. That's right. Yeah. Because she can look back and say "I can remember when Daddy and I did this and when Daddy and I did that." I'll say to her "You haven't lost anything. Your life was so much richer and a lot of these kids today don't even speak to their parents. So I feel that... she's only ten years but they were beautiful years. Very beautiful years. He was a very kind and understanding man. Very loving.

S. It was a very big loss for you.

T. Oh ho ho. It was a loss. It was terrible, really terrible. Because we were always together. That was... I have a friend—she lives over on the N. Shore now, D. She could tell you an awful lot about my husband if she had the chance. And he used to walk in when she'd be sitting there talking to me—she's brought this out to me many, many times. It was the most natural thing for him to walk in and come and sit down beside me and she'd say his arm automatically went around me. I suppose I was so used to it that I never realized it was being done. But she noticed it.

S. The closeness... the physical closeness...

T. I was married sixteen years before I had my daughter. I wasn't supposed to have any children. Boy, did she surprise me! (Laughs). We had neighbors and they moved in about a year after we did. And I was pregnant—I was huge. My husband would take me out
in the back yard, set me down on the lawn, make me a cup of tea and bring me the tea. We'd go somewhere, he'd open the car door. He always treated me that way. H. and H. came over to see the baby when I came home from the hospital. H. said to my husband "How long have you two been married?" He said "sixteen years." And she looked at H. and said "And here we've been calling them the newlyweds." (Laughs). That's exactly the way it was. He always treated me that way. My doctor said to me one day "You know, you are one of the luckiest women alive. B. doesn't see you as his wife--he sees you as his bride. After all these years."

S. It's lovely ... it sounds like a beautiful relationship.

T. We had a beautiful relationship. Beautiful.

S. So you have this same sense of having had the richness of the experience in a short time? Is this your view of life in a way?

T. Oh yes. Definitely. I was very lucky. Extremely lucky. And I have the most beautiful daughter.

S. It sounds like you've had a lot of meaning in your life.

T. Very much so. I don't think too many people could say that they've had that kind of relationship. To me, it was a very meaningful thing. It wasn't just surface, it was deep down. A very deep relationship. It was almost as though there was a mental telepathy between the two of us. He would phone me. He'd say "I had a feeling that you wanted me to call." And I'd say "Yes." That was the kind of relationship we had. But you know, I'm not bitter about it. I really am not. I think I have been fortunate to have known someone like that. My life is so much richer. And then people say to me "When are you gonna get married again?" I would expect too much.

S. It would be hard to match that relationship.

T. I couldn't. A lot of people say to me ... It wouldn't be the same. I wouldn't be looking for the same. But I think I would be looking for just as good. (Laughs).

S. I'm wondering how you see the meaning of your life now and into the future.

T. I find that my life is very full. I don't think you need a man in your life to enrich your life. All right, if it comes along it's a bonus. Sometimes it isn't. (Laughter). I don't know, I just feel that I'm completely contented. I've got my job, I've got my daughter. My health is good. As long as I can work I'm happy. I really am happy. I'm not one that ... Okay, if somebody, say if the girls say "Let's go out and have a drink tonight," I'll say "Okay, we'll go out and have a drink." Or I'll have the girls come over and have dinner. I don't have to answer to anyone. As long
as my daughter knows where I am, where I can be reached if she
needs me. The same with her. I don't know . . . I don't think I
can ask for anything more. I really don't.

S. You feel good about your life right now.

T. I feel good. You know, you can be alone, but you don't have to be
lonely.

S. So there isn't that loneliness for you now that there was at the
time of your mastectomy experience.

T. No. Not at the time. Oh, it took me a long time to get over
that. I used to feel very lonely. I missed him like you wouldn't
believe. But as time went on I found that I was more contented and
I think contentment has a lot to do with it. I like my own
company. Terrible, isn't it?

S. I like my own company, too. (Laughter).

T. Anybody who . . . like D. . . . she's been separated from her
husband. She still can't accept the fact that her kids are
grown up. She can't let go. She's only got a one-bedroom
apartment. She's got her daughter sleeping on the livingroom
floor. To me, that's not healthy. I feel you have to let go of
your kids. If you love your kids, let go and let them have their
own life. You've had yours. I don't want my daughter to be so far
away I can't contact her. But she has her own life. We have
breathing room. It's almost as though D.'s afraid to let go. With
me, I've let go. I haven't tied my daughter to my apron-strings,
but I have her respect. D. hasn't got that.

S. You were saying before that this was a real concern for you, having
her respect at the time of your mastectomy. You really feel that
you've got it?

T. Oh, yes. Definitely. I know that now.

S. Could you say a little bit about that?

T. Just little things that she says and does that I know . . . um
. . . There was a time when she was growing up, I couldn't put my
arms around her and give her a kiss. Or if there was anybody around
especially, she'd push me away. Nuts! Now she can throw her arms
around me on the street and give me a kiss and a hug and say "I
love you." And . . . it's hard to explain how she's developed,
she's so strong emotionally herself and maybe that has a lot to do
with it. We've learned to respect each other for the person we
are. She'll say to me "If you want to cry, Mom, cry--it's not
because you're weak." And I think for years I always had the
feeling that if I cried in front of her it was a sign of weakness.
S. So that's a real big change.

T. Oh, yes. And now if she wants to cry or if I want to cry she'll say "It's okay—it's okay for us to cry." So we've learned to respect each other's feelings. There are very deep emotions between her and I. And yet we're not constantly in each other's pockets, you understand what I mean? We're allowing each other to breathe. There's a very deep love, but it's not a smothering love.

S. Seeing each other as people, like you were saying . . .

T. For the person that we are. Okay, I've got my faults and she has hers. But we've learned to accept that. And I'll say to her "You love me in spite of my faults and I love you in spite of yours. Maybe that's why I love you so much—I know you're not perfect and you know I'm not perfect." But I've never held her back emotionally.

S. You were saying before—you said a little bit before you went in to make the tea about being strong and feeling that you've gained strength somehow through suffering and I'm wondering if this is connected with what you're saying now.

T. Yes. I think . . . with every loss you gain strength. It builds your character to start with. It gives you a bigger weapon to fight whatever you run into. I don't know . . . it's so hard to explain. It's an inner strength. And you feel that nothing else can ever come along and hurt you again.

S. That's the way you feel?

T. Yeah. I feel that I could face anything. And yet I know that I'm just as vulnerable as anybody else. I hurt just as deeply and I will hurt again and again and again. Because you can't build a suit of armour around you if you're a human being. But I still feel you gain strength through every loss that you have—through every hurt. And I think you've learned to deal with it far better than someone who's always been sheltered. And I think my daughter is learning that very quickly.

S. You've kind of changed your view of strength, too, haven't you?

T. Oh, yes. Yeah. Very much so. There are times when I look at myself and I think "How come you've survived all this?" And a lot of people turn bitter—they turn away from the world. Somebody said to me one day "I'm surprised that you didn't turn to booze or dope." I said "What for? It's not going to solve anything, turning to booze. The next morning I'd have twice the problems that I had the night before because I'd have a hangover to cope with as well." (Laughter). So I don't see turning to that sort of thing. I always say "Okay, if you've got something to face, face it squarely. Be honest with yourself. Because if you're not,
you're only fooling yourself." So you have to be honest and that's exactly what I'm doing. I'm being honest with myself. And I'm teaching my daughter to be honest with herself. And once you've accomplished that you can do an awful lot.

(Tape ends here).
Originally we have to start with the fact that I found a very small lump. I found it myself, I think, in the bath. I had done irregular breast examinations, hit and miss whenever I thought about it, and I knew that if I found a little lump I should do something about it. So I touched it several times in the next couple of days and I decided yes, it was a lump, so I better phone my doctor, which I did. He was very reassuring. It was a very small lump. He said 85% of these lumps are benign. He didn't really think there was any reason to worry, but he would send me to a surgeon and it should be aspirated or at least do a needle biopsy so they could determine what it was I was dealing with. So very fortunately I got sent to P.R. Right away I was very lucky. So I went to see her two days after I had seen my doctor and she again was very reassuring. It didn't seem as though it was going to be anything at all. She tried to aspirate it and there was no fluid. She said, "Well, to be very sure we have to go in and we have to biopsy it, so it means going into the hospital as a day patient and removing it." So I did that about three or four days later and went in as a day patient and came home again. Nobody said anything about whether it was benign or malignant, so I just assumed it was benign. Two days later I had a phone call from S, Dr. R's nurse, saying Dr. R. wanted to see me. So immediately I knew why she wanted to see me. All of a sudden I was totally overwhelmed—I didn't know what to do. It was four o'clock on a Friday afternoon. I drove over to their office. I had to quickly make arrangements for somebody to look after my kids. I didn't phone my husband or anything, but I just went in. She told me she was really sorry, but it wasn't what she had expected. It had been malignant. The unfortunate thing was that it was the kind of tumor that seeds itself in different parts of the body. Not only was it malignant, but she didn't even know if it was operable or not. I was totally devastated. I thought, "Oh, my God." And of course my first thought was about my children, because at that time they were six and nine. So I wept and she gave me a box of kleenex and she said what was going to happen—the next week I would have a battery of tests and things to find out what other areas were involved. And so I did. I had a bone scan and I had mammograms and I had blood work and I had X-rays—all these things. And I was to go and see her the following Friday with my husband. She would know the results of all these things then. So the next Friday I went in and I had a totally different kind of reaction to finding out I was going to have a mastectomy. I was delighted.

S. It was a relief to you?

M. That's right. And so it just goes to show everything is relative to what else is happening. I was just delighted that it was operable. So I didn't ever get upset about having a mastectomy. The surgery was going to be the next week, so I very quickly made arrangements for my Mom to come down to look after the kids and
told all my friends what was happening. I've got a lot of 
supportive friends. I had a little schedule made out of who was 
going to bring dinner on what night for my family and those kind of 
things. So I went into the hospital and I had the mastectomy. And 
it was fairly uneventful. The surgery was not uncomfortable or 
anything.

S. Was this a radical?

M. A modified radical. Dr. R. told me—I think I was in the hospital 
for five days—she told me that one node was positive. At that 
time she thought that meant that I was just going to have some 
radiation, because at that time they were in the process of 
changing their rationale as far as treatment was concerned. But I 
didn't know that. So I was visited by somebody from the Mastectomy 
Program and I phoned her and I told her that I thought I was going 
to have to have radiation. She talked to another volunteer who had 
radiation and she phoned me. We had a chat on the phone and I knew 
all about what was going to happen as far as radiation. Then very 
soon afterwards I went to the New Patients at the M.E. clinic. 
They do physical examination and history and then they decide what 
type of treatment they recommend. As I said, it was just at the 
time that the program was changing. The rationale then was one 
node and as it still is now, one node means that you're still high 
risk, and it's a program of chemotherapy and radiation. At that 
particular time the drugs were given over . . . for one year, so 
you had three months of chemo and then three weeks of radiation and 
then another nine months of chemo. So it's a long program. It's 
since been reduced to six months, which makes it a little bit 
easier to deal with.

S. What was that like for you?

M. Finding out I had to have the whole program? Well, the thing that 
I found most difficult about the whole thing was the fact that I 
believe in the fact that patients have the rights of choices. But 
sometimes when you're in a really very stressful situation, I think 
asking a patient to make choices is sometimes too much. And the 
doctor that examined me was the only person I've ever met at the 
cancer clinic who was not what I would say sympathetic—all of the 
very most positive attributes—because I have since never met 
anybody—at any rate, it was unfortunate that it was my first 
experience there. But she was most non-committal, and she said 
that I could choose what I was going to do. Well, I didn't know 
what I was even choosing, and I thought that was a really 
stressful situation to be put in.

S. More pressure on you?

M. Yeah, really. And I said, "What would you do if you were me?" And 
she said, "Well, I couldn't tell you, because I don't have any 
children—I just have two dogs." And in effect I think that what
she was saying was that she probably wouldn't opt to do it. The other doctor that had done my physical, she was a little closer to my age and had children. And after this other doctor went out of the room, I said, "What would you do if you were me?" She said, "I'd have the treatment." And I said "Fine. I'll have the treatment." Because I didn't know what I was choosing.

S. Unless you go through it, it's hard to know.

M. That's right. So I have since found that I always help people make choices, because I know that one of the things that happens if the patient's right to choose... and I don't think we should go along with the way the doctor's word is God... but I think that it's much easier if somebody can give you the options, and then, because of their experience, they can probably recommend to you what they feel would be best. And then if you have any adverse feelings one way or the other, then you can choose. But to leave the patient floundering is really difficult. So okay. So then I was going to do chemo and radiation. I don't know when the radiation was decided, probably the first time I went to the clinic they said that it would be recommended that I have radiation as well.

S. When you had your mastectomy, were you thinking this is going to be it pretty well in terms of treatment?

M. Well, initially I did, because I didn't know, I wasn't an expert in the field like I am now. When she said I have this one node that is positive, she thought I was just going to have just radiation—just fifteen treatments. But as I say, it was just at the time when it was changing. So I went into this other program—into the CMF program. All of my experiences at the cancer clinic were really as far as the people were concerned, the time they took to explain things to you, really positive. I didn't have any bad experiences.

S. You were able to talk with them?

M. Yeah. They're very good. One of the difficult things for me and for everyone is the waiting, because there's a long time process that's involved—having the lab work, then seeing your doctor, and then waiting for your treatments.

S. This is every time?

M. Every time. All this. So that going to have a twenty-minute treatment takes about three and a half hours with everything else that happens in the meantime. Chemotherapy for me was just awful. I had a violent reaction as far as nausea is concerned. It was really funny, because when I was in they were telling me all about the drug. And of course I now know that not everybody reacts the same way. And I think a lot of people think that if you put the idea in somebody's head that they're going to be throwing up, that
you'll cause it. I don't agree with that. Anyway, they said one of the side effects was nausea. Well, nausea to me is one thing, but what I experienced was about twenty-two hours of vomiting every ten or fifteen minutes (Laughs). So that's not nausea! But actually it wasn't really that bad. It would start and it would stop. My mother came and looked after me. The children were here, of course, and I was mostly concerned that they weren't going to be upset about the whole thing. I was so ill. My mother-in-law gave me this ceramic chamber-pot, and I would just ring the little bell after I'd use it and my mother would come up and empty it and give me some fluids and all of that.

S. This went on for quite a while?

M. Well, it would last for about twenty-two—I guess twenty-two is about the longest time that it lasted. But each time it was pretty much the same kind of reaction—a lot of vomiting. But not with cramps in your stomach or anything like that. Just vomiting—really sick at your stomach. The unfortunate thing is one gets to be a bit like Pavlov. So every time you go to the clinic you know what's going to happen. And it got harder and harder to go for the treatments.

S. You were anticipating this?

M. Yeah. And of course it got to the point where I would just drive into the parking lot and I would be retching. I never was sick in the parking lot, but I felt like it. And then getting the injections. You can feel . . . I think after this kind of an experience you get really tuned into your own body and you become aware of really minute things. You focus on them so. When they were doing the injection I could feel it going in. And I could taste it. All of this kind of thing, which the first time I wasn't really aware of at all. And then by the time I had been on the program three months, I lost all of my hair. Totally.

S. How did you feel about that?

M. That was devastating. That was totally the worst part of the whole program. And I hated wearing a wig, so I used to wear a scarf on my hair and glasses. You know, stick sunglasses on top of my head. And lot of eye makeup. And big earrings. So I did that. All of my friends and my family, they were really very helpful. Our whole family just geared their activities around the weekends I was sick.

S. I was wondering about that. You had to plan your life around it?

M. Yeah. We changed from me being on the bottom of the totem pole. Before this whole thing happened, I was the martyr mother. (Laughter). Okay. So then all of a sudden we just reversed things—all of a sudden I was at the top. What I was doing and how I was feeling was the thing that was most important.
S. You needed nurturing and you seem to have got it?

M. Right. Oh, yes. My husband was wonderful. We used to go out for dinner, take the children out for dinner if I was too tired. (Laughs). I really took advantage of it. So this went on. Actually I only finished ten treatments. I was supposed to have twelve. One treatment was an A injection, which was given one Friday, which was the one that made me really sick, and then the B injection the next Friday. They didn't include the cyclophosphamide, which was the most potent of the drugs. So you'd have to have two injections for one treatment, which would take two weeks. And then you'd miss two weeks. So you'd just start feeling better again and you'd have to start all over. I only finished ten treatments altogether. So I had three months, which was three full treatments, and then fifteen treatments of radiation, and then I had seven more full treatments of chemotherapy. The reason I didn't continue was when my hair fell out for the third time. It came out and then it would start to grow back, and then it fell out again and it started to grow back. The third time it fell out I just couldn't cope with it any more.

S. It must have been discouraging for you.

M. It was devastating. Really, I was totally... I just couldn't cope any more. And I think that's another thing you have to consider. People don't make decisions lightly—like discontinuing treatments. Some people just can't cope with any more. Some people have more difficulty than others.

S. It was more the hair falling out than the being sick?

M. That I could cope with. It was the hair falling out. Of course I gained about eighteen pounds. I think my self-image was so distorted. And it didn't really relate to the mastectomy at all. As far as the mastectomy and the breast loss, I don't think that has ever been—I mean, I would not ever choose to have a mastectomy. But I don't think it's that devastating.

S. It was what followed?

M. The treatment was overwhelming and I just couldn't cope with any more. So I have never... when I made the decision that I was going to stop, it was only just two more treatments that I was supposed to have, so my husband phoned and said I couldn't come any more. They didn't pressure or anything at the clinic. They were very understanding.

S. Was this the same with your doctor and family and everyone—that this was your decision?

M. This was my decision. I made this decision, and nobody tried to
talk me out of it. Because I know that they realized how difficult
the whole treatment had been. Actually I have never had any
regrets about having stopped the treatment at that point, even
though I have had a recurrence. I don't think that was a factor,
and I really think I had as much as I could have at that time.

S. It must have been a really hard decision to make.

M. Well, the last time my hair fell out ... I remember one time it
fell out, I guess that was the second time. The first time it sort
of came out, you know, and it was bad enough and I was sort of
prepared for that. And then it grew back in again. I remember I
was getting ready to go to a track meet at the school for the
children. And my hair was about an inch long and I was just going
without a scarf. It was really short hair. And I was going to
wash my hair before I went up there. So I can remember—and I
don't very often wash my hair this way, but I was kneeling over the
bathtub and washing my hair, and I just watched all of my hair go
down the drain. I mean it just fell out like that—all of it. And
that was devastating. And then it came out again, the third time.
And I thought, "If this is doing this to my head, what's it doing
to the rest of my body?" And so I just thought "That's it." I
actually made the decision quite quickly: "Well, I just can't
handle any more. This is all I can cope with."

So, as I say, they were very positive at the clinic. They
realized that I had a difficult time with my treatments. So I
started on a three-month followup program there. Being a nurse, I
knew how far I could go as far as my demands were concerned with
special treatment at the clinic. I knew my rights and I knew what
was reasonable. And, of course, one of the things that happened
was that I found that going for treatments, as long as I knew what
was going to happen, I could cope. But one day there was a change
in the physical setup; they changed the treatment room—the room
where you go for chemo—they changed that to another space. That
totally threw me. I had to go somewhere else.

S. It's really important for you to know what to expect.

M. What to expect. Yeah, because I think people can cope if you know
what to anticipate. But it's not knowing what you're coping with
that's the hardest part. So then I decided that I didn't want to
go down there. Also I was being ill and I didn't want to be sick
in front of other patients that were getting treatments. I would
just react. I knew it was in my head, but I couldn't stop. So I
didn't want to go down there and be sick in front of other patients
and make their treatment worse than it already was.

S. It would just add to your own worries to be worrying about them.

M. That's right. Anyway, I had this one nurse who used to come and
give me my treatments in the outpatients' department. She and I
got to be very good friends. It got so she was the only person who
could give me my treatments. I used to ask for a special technician up in the lab, and a special nurse to give me my treatments, and they went along with all this.

S. And that helped?

M. Yeah. It helped me. And I'm not really a difficult patient, but . . . (Laughs). Anyway, I used to tell B, this nurse, I used to tell her terrible jokes. I used to spend the day before going to my treatment trying to find jokes to tell her while she was giving me my treatment. She listened to all these terrible jokes. I used to tell her that after I was finished I was going to come and do volunteering, and she said she couldn't believe I would even come for my followup visits—she knew how much I hated being there. Anyway, I did. She still comes down and sees me Fridays and says hello. Anyway, I started on three-month followup. Do you want more details about the other things?

S. Do you remember some of the things that you were thinking at the time?

M. When I was having treatment? I didn't ever have any of the things that one classically reads about. I also don't read things about mastectomy. I didn't go through this anger.

S. You didn't have any anger?

M. No, I didn't have the sort of "Why me?" I didn't question it. I didn't really question it, really—I didn't question it at all. I guess I actually just sort of accepted it—that was what was happening and that was what I had to do.

S. And this was right from the beginning when they diagnosed you as having cancer?

M. Yeah. Yeah. I don't really think . . . I mean I was . . . I was really unhappy that it had happened. And of course I went through . . . Most people go through the sort of six-week syndrome—they tell you you have cancer and you think you'll be dead in six weeks. And I think most people experience those kinds of feelings initially. Until you know what it is you're coping with. And then you think "Well, I can't spend all my time . . ." That's how I felt, anyway. It doesn't do any good to have all these negative thoughts. You know, a positive attitude . . .

S. So you weren't thinking that much about mortality?

M. No, no. I actually never really have except initially. And I refer to this six-week syndrome. I had a real need to leave things to my friends. I had to have something for all of my friends. I know at first I was very unhappy that I didn't have anything to leave—little mementos for each of them. I have since started collecting jewelry and things and so now I have something for all
of them. And I have everything specified—who is to get what. That was really important to me. Oh, and I remember another thing. I'd just bought a brand new sewing machine and I was mad, because I really saved my pennies to pay for this sewing machine. And it was expensive—about seven or eight hundred dollars, which was a lot for me to take out of my housekeeping money. And I was mad that I had this new machine and I wasn't going to be able to use it. That was one thing I was angry about—it was the sewing machine more than anything. But then I sort of... No, I never really spent too much time... I just tried more to deal with what was happening now.

S. Staying with the present, where you were?

M. Yes, that's right. I tried not to worry too much because I really didn't think... I sort of felt I would do as much as I could now. I couldn't control what was going to happen in the future, so I would just deal with now. And that was only as much energy as I had, too.

S. It sounds as though coping is really important to you?

M. Oh, I have to cope, yeah. And I have to feel that I'm in control of what's happening as far as I'm concerned. Um... there was something I was going to mention, I forgot what it was. I like to know what's happening and I like to think I'm in control of what is happening to me. Anyway, where shall we go from here? After I finished chemotherapy, I decided that part of what had really been difficult for me to cope with was my self-image as far as my weight was concerned and my hair. My husband took me on a very nice holiday to Bermuda. And it's the first time we've ever had a holiday without the kids. That was really fun. When I came back I started going to exercise classes and I went on a diet. I lost the eighteen pounds that I was going to lose, and I got really into exercising. I have danced and I really enjoyed the exercising and the music and the people that were there. So I started exercising and felt much better about myself.

S. You hadn't been exercising much before any of this happened?

M. I was busy, but I didn't ever do any exercise—I was just busy with whatever the children were doing. We skied once in awhile, but no, I didn't do anything at all.

S. So this was a big change for you?

M. Oh, yes. And the other thing that has happened—when I was on chemotherapy I got really interested in food. I was doing a lot of French cooking and things. Because I'd always been very involved with anything—whenever I've done anything I've always done it with all of me. But I found that I didn't have the energy to do those kinds of things. But if I felt really good one day, I could cook
or do something really special for dinner. I got very interested
in cooking. My husband is a restaurant designer, so we have a
food-oriented family, anyway. So that's something else that came
out of this is my interest in food. And I now have lots and lots
of cookbooks and a nice kitchen.

S. Yes, I was noticing how nice it is.

M. And I think exercise gets to be part of your lifestyle, and I think
you start associating with people who are much more active and you
feel better.

(Phone rings. Pause.)

Fitness became part of my lifestyle, and I think that I became
this whole experience has made me much more aware of myself
as a person. I think that I value myself more than I did before.
Before, I don't think that I ever really gave myself much thought.
And it's not really in a selfish kind of way— that I was unselfish
before and now I'm selfish. I just... I was so busy thinking
about the family and what we were doing that I just didn't take
much time for myself. And then while I was going through the whole
process of treatment, my whole thought process was centered on
myself. Then when I finished, I didn't want to go back where I was
before— I don't think I really could have. But I think I am now
much more aware of myself and I know that my husband particularly
says that I am a different person. Probably it's because I do
consider myself— I do things for me now that I didn't before. I
started exercising and I enjoyed it, so I continued exercising. I
mentioned that I have started cooking and became very interested in
food— very concerned with diet and what we eat. Particularly as
far as what the children are eating is concerned. Nobody knows why
one gets cancer, and I think a lot of people go through a process
trying to figure out “Why did it happen to me?” I don't have any
reason. I mean, people come up with the most bizarre reasons why
they got cancer in the first place. And I'm listening to people
telling me down at the clinic. They need to— some people have to
have a reason why it happened to them. If they can figure out a
reason, whether or not it makes any sense to anybody else, if it
makes sense to them, then it helps them to accept it. So I think
it's important that you don't tell somebody that it hasn't got
anything to do with the fact that they were given some hormone
injection after their second child to stop the milk from coming in
or something like that.

S. You didn't go through this at all yourself? You didn't need an
explanation?

M. Well, I just don't know. I accepted it. I don't think I really
questioned it. I just thought, "Well, this is what we have to
...". Maybe I'm more of a realist than some people are, and of
course I have my nursing background, too.
S. That was helpful to you?

M. That helps me, too.

S. What other ways have you changed?

M. Changed? Well, the other thing is there is this time factor. I think most people never question the fact that they have unlimited time to do any of the things that they want to do. Although I am not morbid about the fact that I may not have five years or whatever, I think I'm far more concerned about today and doing things today. It took me four years after my original surgery before I would allow myself to think long-term plans, and by long-term I mean saying things like "In six months we'll . . . . ."

S. You just weren't planning for the future at all.

M. I couldn't do it. I couldn't say it because I would think "Am I gonna be here in six months or am I gonna be sick?" So I didn't allow myself. The funny thing is, I had just got to the point where I would think about what we would do next summer or next Christmas and I found out that I had a lung tumor. It was just after I'd started running. The exercise that I was doing was taking up too much time, and I thought "Well, I'll start running and I can exercise and it won't take as much time." So I just started running and then they found this lung tumor. I had surgery--I had the tumor removed the middle of June/82. Chest surgery was an experience because it was. . . well, it's major surgery when you go into the chest wall. You know, chest tubes and I was in intensive care. You know, all these things were happening to me that I'd only ever seen happening to other people. I was in the hospital just over two weeks.

S. What were your feelings when you had the recurrence?

M. Um. . . um. . . well, I actually was quite sure that it was going to be all right. When they said I had the tumor I was quite sure that it was malignant. I remember when I woke up in ICU and R. was sitting there and the first thing I said to him was "What was the biopsy?" And of course he couldn't say to me "It was malignant." He said "It wasn't benign." (Laughs). In his roundabout way he said "It wasn't benign." And here I was in my anesthetic stupor trying to figure out what it was he had told me. The doctor . . . I have a great deal of faith in the people who are caring for me and what they're doing. And. . . um. . . I was actually feeling quite good that it was going to be okay. And then he told me there was only one tumor and they had removed it and they thought it was going to be okay.

S. It was a big relief to you to know that?
M. That's right. That's when I started focusing on the fact that people who run are healthy. So then I started focusing on running. Of course I had a pneumothorax for six weeks after my surgery and couldn't do anything. I was breathless and I was most anxious to get back and be what I thought was a normal person.

S. So there's been this going-forward, and then a bit of a setback, and then going-forward again?

M. Right. Right. That's right. I started running. After being on chemo I felt there was nothing I couldn't do. It was that difficult for me to continue on the program that I sort of think if there's anything I want to do—I mean, it's possible—I can do it. So I decided I was going to run in the marathon. So I did.

S. You have much more sense of your own strength in a way?

M. Yeah. Well, I have. I feel I have a much better sense of my own self-worth and my abilities. I don't... um... put down my value. I don't think before I ever considered it. It wasn't that before I didn't think I had any real worth or that I wasn't capable of making any contribution. I just never thought about it.

S. You just took your life for granted more?

M. Well, I was just in my own little circle doing my own little things and I was happy with what I was doing. So I never questioned what I was doing.

S. Would you say there has been a change in your sense of meaning of life?

M. Definitely. Definitely. And the thing is, I want to do everything. I have a very, very full calendar. I can't waste time. To sit down and talk to somebody without doing something else at the same time is foreign to me.

S. Time is really important to you?

M. Time is really important. And I have a critical path that I'm following almost every day all of the things that I want to do.

S. So your priorities and values seem to have changed a lot?

M. Right. Right. I appreciate the fact that I'm well and I enjoy feeling well and I enjoy my friends. I can tell you that before I always had friends and enjoyed them. But I would visit with a friend and I would feel guilty that I had a pile of laundry at home or that I hadn't vacuumed. Okay? Now I don't feel guilty about the laundry and the vacuuming if it's not done. It'll get done eventually.
M. Yeah, for me. I wasn't a super housewife, but I was a much better housekeeper (laughs) than I am now. Because you just don't have the time to do everything and you just have to decide what the priorities are for your time. I'm much more aware of how important my kids are to me. When I thought that I was going to die, I became very aware of the fact that the most important thing that I had to leave were my children. That was what was going to show that I had been here. I am much more aware of what they're doing and I'm concerned that we do everything possible for them to give them the advantages to be happy. They're both now in private school. I don't think that a private school education is what is important. But nobody knows what kind of life they're going to face. I think anything you can do for them to give them a little bit of an advantage over somebody else—whether they want to go to university or not. I don't think a university education is necessarily the most important thing—I want them to be happy and to feel good about themselves and what they're doing. So that's the direction that I'm taking as a parent and R., too. So that's one other thing that happened. I think that R. had always been very busy and he still is, but he does take time off now to be with us, which he didn't before. Because he always thought this time when he was so busy was just a period in his life and then there was going to be a time after. Now he has found time now. We've taken holidays and we've taken family holidays together quite regularly.

M. The family life is really important to you now.

M. That's right. That's right. And he finds time to do things with all of us. I think that's probably the biggest changes. I still think there's no point in worrying about what lies ahead. I think we just have to deal with now. I think probably seeing the positive side of what's happening... the whole experience actually has been a positive one. And I know when I'm talking to patients at the clinic and they're just totally devastated with what they're dealing with—they come the first time and don't know what lies ahead and they're still in the six-week syndrome and anybody they've known who's had chemotherapy has died—and so I say, "Really, this can be a very positive experience in your life." And already most of them are saying "We do feel that way. We realize how important our friends are and how wonderful it is when the sun shines and how lucky we are to live in Vancouver." Those kinds of things.

(Pause. Tape resumes with M. talking about her volunteer work.)

After I'd been through the program and with my nursing background, I felt there was an area where I could do something and not just anybody could. First of all, I wanted to help, and I had a need to think that I was doing something to help. As far as my nursing
background was concerned, I could understand a lot of the technical information as far as the way treatments work. Through my own experiences I could also relate to how patients were feeling and the kinds of things that bothered them. My own feeling is if I can tell somebody when they're lying, for example, under the cobalt machine and the nurse goes out and closes the door and it sounds like you're in a meat locker and you think "My God, what am I doing here in this machine with the green light and everybody else is outside?" If I could tell them that I was frightened--you can't relate to a machine, it's a very inhuman kind of treatment--if I can tell them that I felt like that, then if they feel like that, they can think "Well, M. felt that way, too. She told me this was how she felt. She's okay."

S. Yes. It's really important for them.

M. It's reassuring. The other thing that happens, often they will have fears or questions. They will think "The doctors are so busy I can't ask the doctor this question." So they will ask me the question. I can answer a lot of their questions, but I can also tell them I think that is something the doctor can help them to understand. I'll answer it in part, but then I'll say maybe you should tell the doctor so he's aware of the fact--usually relating to physical kinds of symptoms, like their shoulders are hurting. When the doctor comes in... it may be something they're hesitant to tell the doctor. Most of the visiting that I do is in the examining rooms. The patients are in gowns and sitting waiting for the doctor. So I start to circulate with the patients. Then the doctor comes in. Then I usually leave. Sometimes I don't, sometimes they want me to stay, too, so that's fine. But I will bring things that they're concerned about to the doctor. A lot of them have problems with vomiting as I did. Now they have navalon, which is the derivative of marijuana, a tablet which they can take. If they're having problems with nausea, they can take navalon, and they should ask a doctor and explain to them that they have to pay for it. It costs $3.60 a kilo or something like that. I don't know anyone who's taken navalon who hasn't felt that it's helped them. They ask me about things they read about. Of course there's so much stuff in the media, a lot of it not quite true. Everybody's always giving information about what they should do. They ask me about some of these old wives' tales. I explain tests that they've done and how they're used.

S. So there's a lot, both from your experience as a nurse and your personal experience as a patient.

M. Right. Plus the fact that I have been down there now for three years. It's a very positive experience for me. There are four doctors at the breast clinic and all of them appreciate what I'm doing there. They understand that a lot of patients can relate to me much more easily than they can to them. One of the things that patients get upset about is they have a study that's going on and they select patients at random for either chemotherapy or
chemotherapy and radiation. Of course they want all of the patients to go on the study, but they can't pressure them to go on the study. And a lot of time—we're talking about this choices thing—they can't make choices. So of course they ask me to go and talk to the patients about the study, tell them what the study's all about. And then because I have been through the process, I can say "If I were you, I would choose to go on the study, because I think it's a positive way of making a statement for a negative experience. Because the more people that they have as far as statistics are concerned, then they can help somebody else." The fact that it's a random selection really is difficult for most of them to understand—why it has to be random in order to be scientific. Unless they have some negative kinds of feelings about whether or not they would want to have radiation, and some people choose not to have radiation.

S. This is the way you feel yourself?

M. Right. I feel the only way I can be valuable is if I'm honest with them. If they ask me something I answer them honestly, but not brutally honestly. I don't tell the patients I've had a recurrence unless somebody has a recurrence.

S. That would be upsetting for them?

M. That's right. So I don't tell them until somebody comes in and they're finding that they have a metastasis. Then I can say "I know how you feel. I had an experience with a lung tumor last year."

S. So it's the timing part.

M. That's right. But also I have access to the patients' charts. When new patients come in, the head nurse in the outpatients' department will tell me who the new patients are. And she'll say "Go and spend some time." So they want me to see the new patients the first time they're at the clinic because it makes it a more positive experience for someone going the first time to see someone who's been through it. And they ask things like "How did your children react to what was happening to you?" Or else we just talk about something totally different. It may be just a matter of spending time with them so they're not alone. Sometimes they've had tests during the week and they know that they're going to get the results of a bone scan or a mammogram or something that is frightening them.

S. So you're the person they can talk to about whatever is troubling them?

M. Right.

S. It sounds like this is a really important part of your life.
M. Oh, right. Yeah. I go down regularly on Friday afternoons. It's just a part of what I do. I think everybody likes to feel that their time is being put to good use. If I go down there and just one person needed me that day, I think it was worth my while. It gets so that patients look for me or they'll think of things or have questions they'll want to ask me. There's also a mastectomy display down there. If they want to see the mastectomy display we can do that—we can talk about these kinds of things. Um... some I can help them sometimes to understand... there's one doctor in Vancouver who has a rather unorthodox view of treatment. Sometimes his patients get down to the clinic. He doesn't like his patients to go to the cancer clinic. He gets into diet—you know, cutting out fats and hormones and all those kinds of things. So I can help them to understand why those kinds of things, but I can also tell them that the cancer clinic does not go along totally with those findings. I can explain to them why. They'll ask things, for example, about reconstruction, and how in some places in the States they'll do reconstructive surgery at the same time as doing mastectomy. And I will explain to them the rationale of the clinic, which is that you wait two years after surgery. I can recommend to them plastic and reconstructive surgeons whose work I've seen, which stores have the most prosthetic supplies, those kinds of things. Anything.

S. So there's a lot of information-giving and also a lot of support, morale-building, all kinds of stuff.

M. Actually, it's a very flexible thing that I do. It's difficult for me sometimes, because I get very close to the patients. I identify with them. For example, last week there were three people that I really enjoy—some patients you relate to and some you don't. Some of them you get closer to because they seem to need you more. You're part of their support team, so they look for you. Three of them last week had recurrences—just last week. That's difficult for me. I think that's why I sometimes get upset with things that happen to me.

S. That part would be hard.

M. Sometimes I get a little bit too close. I have to watch that. I come home and get too upset about people. As R. says, "If it's going to be too difficult for you to deal with this, I don't think you'd better go down there." But I need to go down there for me as much as I need to go down for patients.

S. Sounds like you're doing a lot of giving of yourself to your work.

M. Yeah, well, I get a lot from them, too. Just the fact that you get very close to somebody is such an emotionally-charged experience. I can appreciate what they're going through and I know that they're
glad that I was there. They don't have to say "I'm glad you were here."

S. It's a sense of your life and you as a person being really important, and that you are making a real contribution, and a lot of this has come about through your experience with cancer.

M. Right. Right. That's probably why you're doing this, because it's the way that you are making a contribution and trying to do something to help. It's why Terry Fox ran the Marathon of Hope. I have a lot of difficulty sometimes explaining to people. I maybe wrongly thought that I understood what Terry was doing. I think that he was only doing what so many people are doing—they are just trying to do something to help something over which they have no control. This disease has hit them in their bodies and there's nothing that they can do about it, so there is a desperate need to do something. What Terry did was very visible, and it gave everybody a chance to identify and to become aware of the need in what he was doing. But really, he was not really doing anything more for his own self than somebody else is doing—everybody does things in their own way. But people do not understand.

S. He used to say that—he used to say that the ordinary cancer patient was . . .

M. That's right—was dealing with the same things all the time. Then when he had to come back again, of course I thought, like anybody else, "My God, he has to go back on chemo!" And of course, that was his first thought, too. And he said nothing that he's done—all of his running and everything—nothing was anywhere near the strain that he had to go through to have the treatment. I was thinking I hope that he doesn't have too much trouble living up to the image that other people have created for him.

S. The hero?

M. The hero. Because really, he was just a boy. And he was ill. And everybody is at heart a very . . . . I mean, he was a very simple person. And this year I was in the Terry Fox run at the Jewish Community Centre and Terry's parents were there. And I had a chance to go over and speak to them. And they are just very ordinary people—they really are. And I was really pleased that they insisted that he be allowed to have privacy and be allowed to be ill with dignity. Because I've watched recently a young friend of mine—actually she used to live next door here, and when we moved into this house she was fourteen and she used to babysit for the children. The same time I found out I had a lung tumor, T. was diagnosed with lymphoma. And she was at that time twenty-seven years old and had a child a year old. I thought this was so unfair that this should happen to her. She was on treatment for almost a year till she died. She died just at the end of April this year.
S. It must have been very hard for you.

M. Although I've been close to patients in hospitals, I've never watched anybody die. She and I became very close. I would take her to the doctor for her checkups and her treatments. She spent a lot of time with her mother. I spent a lot of time with her, and because she had this small child, whenever she had to go to the doctor or anything, her mother would look after K. and I would take T. I used to go and see her in the hospital. Of course, she used to identify very strongly with me because I had been ill. Of course, in her circle of friends, she didn't have any friends who'd had cancer or knew what chemo was or any of the other things that can happen.

S. It must have been really helpful for her to have you to talk to.

M. It was really very difficult for me, though, to watch her. Because she just wasted. I remember coming home once and I said to R. "Her nose is so thin." She was a nice, round, chubby, curly-haired girl. She just... she was just devastated and devoured by this horrible disease.

S. So when you're looking at it in terms of someone's experience, and you're watching it, it's in some ways more painful for you.

M. It's difficult because I feel... I feel... I have a lot of guilt because I said "Why?" Actually at the same time my mother's sister and T. and I all within the same week were diagnosed. T. was diagnosed with lymphoma, my mother's sister was diagnosed with acute leukemia, and I had this lung tumor which was a recurrence. Okay? Both of them have died.

S. Oh, my.

M. And I feel very guilty.

S. For surviving?

M. That's right. I feel guilty that I am well.

S. Can you tell me a little bit about the guilt?

M. I just think it's unfair that somebody like T. who's twenty-eight years old with this two-year-old child... I feel guilty because I want more—I mean, I want more as far as life is concerned and experiences, and I want to see my children grow up. And I think to myself "What right do I have to want more when T. doesn't have that any more?" I feel guilty and I think "What have I done?" I don't believe that you sort of reap what you sow. I mean, I don't think you get things because of something that you've done—I don't believe that. But I just think that sometimes it is so unfair.
S. It's the injustice of it when a really young person goes?

M. That's right. I didn't feel that way when my aunt died. She was, I guess, about sixty-eight. This was just a couple of months ago. She lived in Boston. My mother had been to visit her at the beginning of the summer, and they had a wonderful visit together. Then another aunt was going to visit in Boston to see this sister. And they phoned to say that she was hemorrhaging or something and was really ill. And my Aunt J. said "Well, I'm coming in two weeks." They said two weeks would be too late, so she was going to go right away. She was very upset. My mother said she would go with her. Well, I didn't want my mother to go because I didn't want her to watch her die. I wanted her to remember this happy time that she had had with her, even though she had been ill. So they came over from V., and I was out at the airport, and we got a phone call at the airport to say that she had died twenty minutes before. And my other aunt, my aunt J., got most upset—just totally fell apart. She was going. I said "Why are you going?" I think the plane fare was $900. And I said "Your sister A. would far more appreciate—why don't you just donate the money to the Cancer Society? Or part of it? You can't do anything." I said "If you go (I'm terribly brutal), you are going for yourself. You are not going for her. She knows how you feel about her and that you loved her. You don't have to go and make that statement." They must have thought it was awful. They did go. (Laughs). And my mother went. She wouldn't have gone, but the other sister was totally falling apart. So she went to support her. It's very confusing how people react. When my aunt died, they printed this little sheet. They had a picture of her—she was eighteen years old in this picture—with this little poem. I said "What is the point of that? That is not A. When I die, would you put a baby picture out of me with a little verse?" (Laughter). I said "This is totally ludicrous." But they wanted to do this. It's funny what people will do. I am totally—I said "Mother, if you do that for me when I die," and of course my mother gets all upset when I say the fact that I am going to die. Or I say "Oh Mother, I've left my diamond earrings to you." (Laughs). She gets most upset.

S. She doesn't like you to talk about it?

M. No. No. Actually that's one thing that I did go through—this sort of shock. Maybe it was anger.

S. Needing to. . .

M. To shock people. I mean, out of the blue I would tell somebody—I mean, no reason—I'd tell somebody that I'd had cancer. No reason at all. Initially I would introduce it into the conversation just to get their reaction.

(Pause as M's daughter comes home from school.)

M. Oh, this shocking thing—did you ever do that?
S. I think so. Can you remember what you were thinking when you were doing it?

M. Well, I guess part of it was getting back—that this had happened to me and I wasn't prepared for it.

S. Was this shortly after your mastectomy?

M. Oh, yes. Oh, right. I don't do that now. I mean, I don't hide the fact from somebody that I've had cancer, but I'd use it positively. I don't use it for its shock value, which I did. I used to tell people... I can remember once I was over at the IGA and I didn't have any hair. I used to mostly go around with a scarf on. Once I was over at the IGA and I had this wig on. The girl at the checkout noticed something was different. And of course my hair was different. She said "Oh, I like your hair." I said "It's a wig. I don't have any hair." (Laughs). Just like that. That was a terrible thing to say to somebody. But I was so disturbed by the fact that I didn't have any hair, and I didn't want anybody to think that the wig was my hair.

S. And so did you say "I'm a cancer patient?"

M. I don't know. I don't know whether I just said that and left. That was probably more what I would have done—just say it.

S. How did people react?

M. They were shocked. They were shocked and they didn't know what to say. So I did do that. So that maybe probably was anger in a way. That was how I worked it out. I don't really know.

S. How was it talking with people in general in an ordinary way about being a cancer patient? It sounds as though you were able to talk with your family and friends pretty easily. But other people?

M. Now I have no problem at all.

S. With people in general was there any difficulty?

M. No. No. It is a part of my life. It's like anything else, it's just a part of my experience. As I say, if I can turn what I consider a negative experience into a positive one, then that's really what's most important.

S. I'm wondering how you see healing—what healing means to you.

M. You mean physically?

S. However you see it. For example, is it ongoing for you? Or something you feel has happened for you?
M. I don't like being a patient. I would rather not be a patient, but I also feel that I can't take a chance. This year I was going to go for reconstruction. I had gone to see Dr. T. and I had photographs and I was going into hospital on July 28. And I was down at the clinic and I said that I was going. And all of a sudden I was getting these negative reactions from the doctors and the nurses down there. And I said "What are you saying to me? Why don't you think I should go and have this reconstruction done?" And to one of the doctors I said "J., you've asked me so many times if I was going for reconstruction that I began to think that there was something wrong with me." Every time I came in he would ask me if I was going for reconstruction. So finally I decided. He said "That was before you had this lung tumor." So he proceeded to explain to me that there is a feeling—it's not proved, but there is a feeling that any kind of surgical intervention brings into play all of your body's systems—all of your immune systems and everything that helps your body to heal. And at the same time it may promote the proliferation of any cancer cells that you have. Any kind of surgery. Because of the process that's involved with healing. All of these processes come into being when you're healing. And so they felt—they're very conservative at the clinic—they felt that it's better to wait two years after any surgery before you subject yourself to more surgery, so your body has some time to get everything under control. Because I sort of feel I probably do have cancer cells in my body. Probably most people do. But the part of me that's weak is my body's immune system, so I have to give it the best possible chance. So he explained to me why. And I said "Well, if there's any risk involved, I'm not gonna go and have this surgery."

S. It's not that important to you?

M. No, it's not that important. I said "I'm not gonna have the surgery if there's any risk at all involved." So I wrote a little letter to Dr. T.—he was away—and I phoned down to the hospital and I cancelled my surgery. Because I'm not willing to take any risk at all. Statistically, I have already been on the wrong side of the number scheme. So I'm not, just not prepared to take any chances.

S. Your life is more important?

M. That's right. That's right.

S. The reconstruction is something that would have been nice to have, everything else being equal?

M. The reason is—I sort of have thought each spring when I look at the summer dresses with the low fronts and things like that and I think "Hmm, maybe I will." And I've seen lots of people who've had reconstructions and the results are good. Dr. T.'s results are
very good and he's got lots of photographs. And the reason I mention his name is I've been to a number of mastectomy workshops, and he is the person the Cancer Society has come in and talk about reconstruction. And he shows photographs. Actually he's the person who's doing the most reconstructions in Vancouver right now.

S. Your own sense of wholeness is not really dependent on that?

M. No. No. It doesn't really. I mean, I would rather have two breasts than one.

(Phone rings. Pause.)

M. I don't know what we're talking about now.

S. You were talking about reconstruction and your sense of wholeness. You were saying there was a time when you wanted to be flat-chested?

M. Oh, because I've always thought of myself as being too short and too heavy. I've always wanted to be taller. I would have loved to be 5 foot eight. I've always been about five or ten pounds overweight. Not now. But I always was. Part of why I thought I was heavy-looking was I wore a thirty-four bra. So I thought--I mean, you can never look slim if you wear a 34 C bra. So I always thought if I was a 32A I would look much slimmer. And I used to look at girls in these brief little bikini things and I always thought women falling out of these tops were revolting. I mean, I've never thought breasts were particularly attractive. It's never been part of my self-image. So I always thought it would be nice to be small-breasted and then you'd look better in these little bikinis. But people who are flat-chested always think it's wonderful to be more endowed. Nobody's ever happy with where they are.

S. So the physical part of the mastectomy was not as important to you as the cancer part.

M. No. It wasn't actually. If I had to lose a leg, that's something that would really interfere with your lifestyle. And it would be really obvious to other people. Not that I . . . I also belong to CanSurmount and I know a couple of young people who have had legs amputated. They do a lot, but something like that really interferes with your lifestyle. I used to work on an ENT floor and they used to do laryngectomies, usually for cancer. They would remove your larynx, and of course after your larynx is removed, you have a permanent tracheotomy and you have to use esophageal speech. I mean, something like that--that's difficult to deal with. So I didn't really feel that the fact that I had to lose one breast was a major loss. And as I said, breasts were not that big a deal. I'd go down to that little mastectomy boutique, E.Y. Do you go there?
S. No, it's the other one.

M. Oh, you go to S.'s. actually E. Y. has much more. Oh, I know everything—I've been around to all of the stores. They do have more—bathing suits and nightgowns and things like that. They have a larger stock and selection of things. So anyway, I do every­thing—it doesn't really interfere too much.

S. What I've been thinking about all through this is your health right now. You had a bone scan yesterday?

M. Because I have a node—I have a palpable node under my left arm, and it's tender. Also I have had—I don't know why—but my chest is really tender. I mean, the bones are tender. I have a tender spot on my incision and it was actually when they were investigating that that they picked up this lung tumor. Then I found this node, and it is a node. Dr. P. says because of where it is and the fact that it's so small, he doesn't think anybody can hit it with a needle. They have to put a needle in to biopsy it. So of course whenever anything changes—I think that's what it means. But I've had this node now—I guess I found it about three months ago—and it's still tender, but it hasn't changed in size or anything like that. But my bones were tender here, and also my thoracic spine was tender. And of course I know where breast cancer metastasizes—to bones, lungs, liver. Okay? I mean, when I told them things before, I said I had a node under my arm and they found it. I've never left it up to the doctors to find whatever is wrong with me, because I sort of feel I know how my body feels. When you're checking your breasts and things like that, you can check with your fingers, but you can also check with your mind. You can sort of sense this.

S. You're very aware of your body.

M. That's right. That's right. The node is there. So, of course, being down at the clinic and all of these things are happening, I know that it could be something. So they are very . . . they pamper me. I don't think they're just going along with it—I think they realize that it is difficult for me to not focus and think about things that are happening.

S. Oh, sure.

M. So they did all these X-rays and the X-rays are all negative. And I had this bone-scan done yesterday. It was really funny—when I went in for the bone scan, the doctor came out and said "Where is the pain?" Obviously I knew Dr. P. had written it down. He came out and checked where the pain was to make sure he knew where to look. After they were finished the technician came out and said "The scan looks normal, and they want to do another view." So they went in and they did a view of me lying on the side. They don't
usually put you on the side. Then I went over to the clinic to
tell them I'd finished my scan, so the doctors there could find my
results and phone me. So he said I don't have to wait till Friday
like most patients. (Laughs). So he phoned me yesterday. He said
he'd gone over to Nuclear Medicine to look at the scans himself to
make sure he was looking carefully at the right spot. He said
"It's negative."

S. Good. It must be a relief.

M. It's good. He phoned and he said "Well, M., how are you today?" I
said "I'm fine. How was my scan?" (Laughs). You know, just like
that. So I get very... I understand... you never get used to
waiting for the results of things. There's always a chance, you
know. Especially with breast cancer. You can have a recurrence.
I know you can have a recurrence anytime. There's not any of this
five-year cure thing. For some things, like lung cancer, if you
don't have a recurrence in two years, then they feel you have a
pretty good chance of a cure. But for breast cancer, it can happen
at any time. So you know, you're sort of always... you're living
with it. But you haven't had to have any more treatment other than
the mastectomy?

S. No.

M. You're lucky, but you don't realize that.

S. I am aware of that part.

(Pause).

S. There was only one other thing I was going to ask you. Do you
remember having any dreams or fantasies that were important to you
connected with your experience?

M. I really don't dream. Actually my sleep pattern has changed in the
last five years. I don't sleep well, and I used to. I used to
always go to bed and just die until the morning.

S. This is right since the beginning?

M. Since the beginning. Yeah. And I think that my thought processes
go on. Maybe that's why I've become so organized. Because when I
wake up in the night I start thinking about the next day—what I'm
going to do. But I know that I used to... Well, I think about
a lot of things at night. I thought about who I was gonna leave
what to and all of those kinds of things.

S. It's a time when things start coming up for you.

M. That's right. So I wake up and dream, maybe. I don't know. I've
never dreamt.
S. Is there anything else that you'd like to share that I haven't asked about?

M. Not that I can really think of. Except that I really realize how lucky I am, and I think that's really important. I think most people don't have the opportunity to appreciate the fact that they're well, and I appreciate the fact that I'm well.

S. You know what being healthy is like?

M. I don't like being ill, and it's not a part of my lifestyle at all. And when it happens, it's not by my choice. So I just ... hope that things go on well. But who knows? So when I have to cope with anything else, you never know how you'll deal with things. You make all kinds of things. ... I have a friend who visits the patients at the clinic once in a while, too. Actually, she's one of the people I thought you might like to talk to. She's going through a bad time right now. And ... I can't remember what I was gonna tell you. ... But N. has had trouble with her chest since the spring. Right now they're doing lung function tests and she's not totally feeling that she's coping with things. ... 

(Tape ends here.)
T. Well, to begin with, just after I moved into this house, which would be nine or ten years ago, I was selected to go in a breast screening program, and I went. And because my mother had had a mastectomy, they decided that I would have a yearly mammogram. And I was taught about breast self-examination. I went the once and that was the end of it and I never heard any more about it. Nobody seems to know anything about this program that was set up so long ago. Anyway, I was actually taught proper breast self-examination, but I didn't practise it because I figure I have this streak of hypochondria and I always keep finding something, so I didn't bother. And besides, I thought I would probably have breast cancer one day, but not till I was older. Because my mother was 61. And I thought when I get ten years older, then I'll really settle down and do it. But I didn't really think too much about it. And one time I was not feeling well. I was working at the school library and I felt faint. So I went off to the doctor and he said I had a little bit of high blood pressure and to come back for a physical. When I went for the physical he found I had a tumor in my right breast. He could feel something, and he said he wanted me to have a mammogram and see a surgeon. And he was very serious about it—that's what upset me. He's been my doctor since I was married and delivered all the children. And he seemed to be quite solemn about this. I think it was his behavior that really bothered me to begin with. I thought "This is serious, you know." He was acting so subdued. But I guess it is a serious thing. And then the surgeons that he had asked me to call were all away—it was a convention in Australia. So I thought "I don't know whether I want to just phone them and take the one they were referring to—just take any surgeon. That's kind of an important thing. I think I want to be careful what surgeon I have." So I spoke with a doctor friend and also my next-door neighbor's a surgeon at S.P. and his wife was asking him. One name came up quite often as being a good surgeon. So I thought, "I'll go back to my doctor and say 'The other ones are off in Australia. May I use this one?'" And my doctor said "Fine—he's a good surgeon." But so much time elapsed while I was surgeon-hunting, I felt a little bit... that was a difficult time because I thought "Here I'm told I have a breast tumor. I don't know why my doctor left it up to me to phone the surgeon when I think about it afterwards."

S. Why he didn't do this for you?

T. Yeah. But maybe... I guess that's his form, but I felt that I was spending a lot of time (laughs) trying to find this surgeon. I thought it was not fair somehow. And yet from the time and from his demeanor I did really feel that it was probably breast cancer. I never really thought "Oh, it'll turn out that it isn't."

S. And so when you were thinking about that, you were kind of concerned about the time pressure, time urgency?
T. Yes. Yes, I was. And I couldn't bring myself to actually check the breast for about a week. I couldn't bring myself to feel it. Finally I did and I realized that it was quite a large tumor. And I was angry at myself for being so negligent as to not do the breast self-examination. Anyway, I finally got an appointment with the doctor and he looked at the mammogram. He was quite frank with me. He said he was over 90% sure that it was cancer. And I do remember sitting on the table and when I actually heard him say that, feeling a little faint and smiling bravely. My real concern was my children. My children are quite young. They were at that time—oh, I have to deduct three and a half years from their ages—my daughter was still eight and the boys were ten and eleven.

S. That's really young.

T. Yeah. And my husband had had two heart attacks. So I was very worried for them. That was the major consideration. Then when I told the surgeon about my husband's heart attacks, he said there were two ways of going about this. He could do a biopsy and then another time, if it was found necessary, he could later do the mastectomy. He said in view of my husband's heart condition, it might be better just to do the one surgery. It would prolong it for him. It would make it more difficult for him. And that made a lot of sense to me. He's a very sensitive man and a very kind man.

S. So he'd have the worry twice instead of once.

T. Yes. And this way it's all over with. So I came home and talked to two doctors I knew and they both said, "Well, he certainly knows what he's doing." And I said "There's always a chance of a mistake, though, isn't there?" And they said "Yes, there is. But it's so small that I think you'd do well to follow his advice." So I did. And I know that most of the literature says you shouldn't. As I read afterwards it says "Don't let a surgeon pressure you into this one-step thing." But I went into it knowing I was probably going to lose my breast. And I'm not sorry. I know some women who are upset afterwards that they had it all done at once, but I think perhaps that was the right thing to do.

S. You felt that you made a choice and that it was the right choice for you in the circumstances.

T. Yes. And so I was just... the only way I remember feeling was living in terror for my children and wondering what was to become of them.

S. This was before you went in for surgery?

T. And after, too. They kept taking electrocardiograms after my surgery in the hospital because my heart was racing. Subsequently they found out it was terror—a very strong nervous reaction.
S. This was terror of the cancer?

T. Yes. I've had a lot of surgery. The surgery didn't bother me. The fact that I was losing a breast didn't bother me. But the fact that I may be facing death or a prolonged death was the part that really upset me. And my husband was quite good, but he doesn't talk very much about anything. When he came home when the doctor had found the tumor and I said to him that this had happened, he didn't say anything. He said "I think I'll lie down for a few minutes." And he went to lie down over there. And that was really his only reaction to the whole thing. But I guess it was hard on him.

S. Did you feel the need to talk at that time?

T. I think I would like to have talked, but that's not his style. That's just the way he is. He never accepts that he's in danger or that type of thing. You know the way some people are. No, he didn't really want to talk about it. It seemed forever waiting for the pathology. I'm sure you know that we were in much longer then, and I feel that's right. I feel that nowadays the ladies coming out on their fifth day, that's too early. It upsets me a great deal to see them coming out, and they have to go back and have the drain. . . you know, that type of thing. I can't remember whether it was two weeks or ten days, but I needed every bit of that time in the hospital because I needed to be. . . to have long periods alone without the chaos of the household. Had I been flung back into it on the fifth day, I don't think I would have made nearly as good a recovery.

S. And when you were alone were you thinking?

T. Yes. I was thinking of all the things I had that I was grateful for. And basically, I suppose, I was worried about the children and trying to make plans in the event that the pathology wasn't good.

S. So it was like a facing of your mortality at that time?

T. Yes. And I did a fair bit of inspirational reading. I found that quite helpful. People would bring up books like that. I took a Bible to the hospital. I don't regularly attend church. I profess to be a Christian, although I have my doubting times. But then it seemed I felt very strongly the comfort of religion. When I went up to the operating room I had rather a strange experience. I felt cradled by arms. I suppose it was because I'd had a sedative, I don't know. But I just felt in the arms of the Lord; and for someone who isn't religious this was a very moving experience. And all of a sudden I felt very calm. And then when I woke up I remembered that sensation, and I had the feeling that it doesn't matter; I felt when the breast was gone, it doesn't matter, it's all right. And that was very, very helpful.
S. Did that stay with you afterwards?

T. Yes, I think so. (Pause). Really, for me, once the surgery was over and once the pathology was back and I was home again, I was able to put the experience behind me. I don't really feel that it's left a tremendously lasting impression on me the way it has for some women. To me, it was a life-threatening experience. The cosmetic aspect of it may have bothered me slightly, but not a great deal. For about the first year I would dream that it hadn't happened, and I'd wake up going like this and finding it was flat.

S. You'd dream that you had two breasts and then you didn't?

T. Yes. And I'd think "Oh, that was just one of your bad dreams." And then I'd think "No, it wasn't, it was real." That lasted about a year. So there must have been some subconscious concern. You know, I wasn't maybe facing up to the fact that I was concerned about the cosmetic aspect. And really the only thing I feel now is I find the prosthesis terribly uncomfortable. It's a nuisance, the whole thing. I wish I were very small-busted and could wear a little one or none, or something like that.

S. Otherwise the breast loss has not been that much of a problem for you?

T. No. And part of it could be that my mother had the experience, you see. I don't know whether that would be it. I suppose my husband's attitude is part of it. He has a heart problem and I have this problem (laugh), and we each have our own problems, so our job is to survive and look after the children. And really, in the long run, maybe it brought us closer, because we each had a life-threatening experience and we each know what it's like.

S. When you got the pathology report you were free of cancer? It was a good prognosis?

T. Oh, yes. My very good friend was with me and we cried and we cried. And then my husband came up with all the children that night. And I leaped out of bed and I jumped on them all and I grabbed all of them like this. (Laughter). . . . I hadn't realized how fortunate I was till I trained to become a volunteer. See, I didn't know anyone else who'd had a mastectomy. I'd had a visitor, but I'd had no social contact with anyone at all who'd had a mastectomy, and I missed that. I would have liked to have known someone else. So when I went to train as a visitor, I do remember really enjoying that session. There were 68 of us, and I walked in the room. There were so many of us all in the same boat that it was a really nice feeling to be with people who could share your experience. But then I began hearing people talk about their adjuvant treatment, about their chemotherapy and their radiation. It was a shock to me.
S. You hadn't needed anything like that.

T. No. My surgeon said "Now you can go through the Cancer Clinic if you want for regular checkups, or you can come to me." He said "I'm on the board of the Clinic. I would like you to come to me. There's no real need to go through the Clinic, it's much easier to come to my office, but it's up to you." I said "That's fine. To come to you every few months for checkups." And that's what I chose to do. So I didn't go through the Clinic—I didn't have that experience. And when I began to talk to the women who were training and to hear their experiences with chemo and with radiation and how this whole experience for them was so prolonged, I felt so grateful that I had been spared that. As I said to you earlier, once I got over the surgery and the pathology I was able to put it behind me, but I was thinking of these women who couldn't, who were constantly reminded for months every day and had to relive it. I think they're just so brave and I think it must be much harder on them.

S. The whole thing . . . the whole experience?

T. Yes. And their families. Well, with the radiation going every day for a certain period of time, with the chemotherapy, how sick you are, you can't function normally as a mother or in your work, for that matter. But I had no idea of that for over a year till I began to train as a visitor, and if I hadn't done that, I probably would never have really known. It's a step I'm glad I took because then I can understand so much better other people's feelings . . . I really enjoy volunteering—I get far more out of it than I put in. Just meeting the different people. I've really met some great, great people.

S. How did you get involved with that to begin with? You said you had a visitor in the hospital?

T. Because I had the visitor and she lives not far from me as it happens, so I would meet her down in Woodward's shopping. My contact with her didn't really end, although I've never been to her place and she to mine. But we would meet on the street and talk. That fall I felt I had more time and could do something outside the house, so I asked her about it and she said "Oh, we're training soon. Do come." She was quite anxious. Now I wasn't sure that I wanted to do the visiting. The part of the visiting I don't care for is . . . very often we're regarded as lingerie salespeople almost. (Laughs). I know the prosthesis has to be given, but I feel far more that my job is to go and offer emotional support than to offer this thing to wear home from the hospital. But very often the patient has been told by a doctor or by a nurse that a lady is coming to fit her, so we become the lady who fits for the brassieres. Then sometimes you have trouble explaining that you're a volunteer; people think you're selling something as well. Our
program isn't that well explained. We have a new brochure out now which is good. . . . I didn't wear my prosthesis home from the hospital—the one the volunteer left me. I didn't really care how I looked. I didn't get a permanent one for about three months. When I did it was rather funny. We rented a little boat—a motor boat—and we went around B.I. in it. I put on my life vest and I looked down and my chest looked as normal as anybody else's. "Yes, now I'm ready to get a prosthesis!" (Laughs). It was kind of silly. I don't know, I didn't mind looking lopsided. I didn't mind how I looked. And some people have said to me "Well, it must be offensive to other people." But I never thought of it that way.

S. You never had any sense of that.

T. No.

S. Were you able to talk with other people about your surgery afterwards before you started volunteering? During the year in between?

T. Yes. Some friends don't want to talk about it at all, you begin to learn. And others do. It's about half in half. Some friends just don't want anything to do with it, and other friends will listen and ask questions and are interested. I was able to talk, yes.

S. It was helpful to you to do that?

T. I think so. I think so. But it's too bad. I mean, I was guilty of the same thing, head in the sand, not going to be bothered with breast self-examination. But it's hard to find converts when other people are like that. We had a family reunion a couple of years ago. I have three girls who are double cousins. A brother and a sister and a brother and a sister married, and we grew up almost—I had a sister—like five sisters, although we were cousins. We had all the same aunts and uncles and everything else, and we were quite close. We had a family reunion, and I tried to talk to the other four, but you know, they obviously didn't want to hear. And yet, you know, if the genetic theory is right, probably they are fairly susceptible. But the barrier went up, and they didn't want any part of it. I thought "O.K., that's fine." But I had thought they particularly would want to hear of it; they didn't.

S. So you had a real concern for them, too.

T Yes. But for all I know, they may have said that because this has happened to me, they must be particularly careful themselves. They may have done it just privately. But they didn't want to talk about it, so I just sort of left them with the warning that I hope they all check. My own sister I could talk to a bit more than anybody. She's a social worker; she lives in M.
S. And your mother also?

T. My mother had her mastectomy seventeen years ago. She had a radical, but she's been exceptionally healthy since then.

S. That was helpful to you, knowing that?

T. Yes. I think that's the most helpful thing to me about the whole thing. She's 78 now and she's just fine. She's never had any more problems. And yet she had a difficult time. She was in the hospital three months. They had to do skin-grafting for her. She was really sick. Ever since then she's been so active. When I think back to the time when she was stricken at 61 and we were sort of prepared that her life was over...and yet, seventeen years since then, she's just been a dynamo, with all the things she's done. I often wonder about my daughter. She was eight at the time. She never knew her grandmother when she had two breasts, she only knew her with one. They were quite close, and she would sleep with Grandma at times, so she grew up knowing that Grandma just had the one breast. And me having surgery—after I was home awhile she wanted to see it. I wondered should I show her? I thought well, really, I think it's best to be open about everything. I don't feel any great mysteries about it. So I said, "All right, C., come and have a look." She said "Oh. Neat." (Laughs).

S. And that was it? (Laughs).

T. Yeah. That was it. Neat. (Laughter). My surgeon told me when she got a little bit older to bring her in and he'd have a little talk with her about the implications of her mother and grandmother having the surgery. I thought that was so kind of him. She'll be ready soon. She's got quite a bust line at twelve, but she's not finished developing yet. I don't think she's mature enough to handle any discussion, but in a year or two she will be. I think it may be fairly frightening for her--threatening. It couldn't help but be threatening. That bothers me for her. No, I think I sort of had a very easy time of it because I had all the right conditions. I never went into... I know sometimes when girls are talking, they start talking about how many nodes were removed and how many nodes were involved. I didn't go into all of that. I didn't really want to know all that. I just wanted to know what the long-term results were. Um... and I have done a fair bit of reading. I like to read the personal experience books that come out on mastectomy. I find them quite helpful. I never really find one that I can identify with totally, though. When I came out of the hospital I read Betty Rollins' book.

S. First, You Cry?

T. Yes. Oh, that put me off dreadfully.

S. What put you off, do you remember?
I remember her coming out of the hospital and being bandaged and I
don't know whether it was her lover, it certainly wasn't her
husband, running off and sleeping with somebody and taking a very
sexual view of the whole thing. That part I couldn't identify with
because to me, it's not a sexual thing; to me, it's a life-saving
thing. Your thesis is the meaning, and I began to think about the
meaning of mastectomy. The meaning is that you surgically had a
breast removed to save your life; that's the only meaning that I
can put into it.

You saw this as a chance for life, for more life.

Yeah. Yeah.

I'm also thinking about the meaning of the whole experience for
you, not just the surgery but the whole thing, the breast cancer
and all of it—everything that all of that involves. If you look
back on that, what meaning does the experience have for you? Has
it changed you in any way? Has your sense of meaning in life
changed through the experience?

I was thinking "Now was it a positive experience or was it a
negative one?" In my mind I ran up this little list and it
balanced out.

Would you like to tell me a little bit about that?

Well, it was a positive experience from the point of view that you
probably have an avenue for more empathy opened up to you; when you
meet people who have cancer or who have had breast surgery or that
type of thing, you can be more understanding. It's positive from
that point of view. It's positive in that you reaffirm your life.
It's negative from the point of view that your family goes through
all the problems and worry of your being put in this situation.
And then you have the problem with these prostheses. So when you
do look at it, it sort of balances out. Maybe on the whole that
you do gain empathy is helpful. Maybe some day who knows? We can
help each other. For all I know, maybe this will inspire one of my
boys to go out and find the cure for cancer. I really doubt it,
but there's always that chance. (Laughs). You know, every
experience to a child means something.

When you talk about reaffirming your life, could you tell me a bit
about what you mean?

Well, I think you start to think about what's important and what
isn't. I always thought that families should behave in a certain
way, and then I got over that. I mean, you take people the way
they are. I think some people are very disappointed in their
husband's response when they have a mastectomy. But then I came to
realize—I had known my husband for awhile—he's not capable of
responding to me or to anyone and sort of giving me anything emotionally. He's not able to do that; he simply can't do it. And no matter what happens in life, I must accept that he's not going to be a source of emotional strength for me—that I have to find it outside him.

S. This is something you accepted after your experience.

T. Yes. You have to accept that. And yet, all the popular literature and the talk that you have is these two people sort of holding each other together. There's a film—I don't suppose you'd ever have had occasion to see it—it's a story of a woman dying of breast cancer.

S. I don't think so.

T. Narrated by her husband. I can't remember the name. They have it at the Cancer Society. She's a young woman with young children, and he's a blue collar worker. He is so articulate, but he is so sensitive and understanding. L. showed it to me. She just got it in when I was doing something down there for volunteering and she asked me what I thought of it. It's a most poignant and touching film. But the thing is, most women seeing it may expect that behavior from their husbands. And husbands just don't act that way! (Laughs).

S. That's interesting. (Laughs).

T. You know, there isn't—I can't think—I thought of all my friends, and I couldn't think of a husband who would act that way.

S. So you think this guy is a very unusual man?

T. Yes, definitely. Yes. And I hope that people seeing it don't say "My husband should act that way." Because I think more often than not they withdraw to themselves and they have to work this thing out themselves. It can't be easy for them. (Pause). I think I may have felt prior to my mastectomy that people's actions reflected the way they felt, and I learned from it that they don't; people hide their feelings very well. Not only my husband, but all people. The friends who didn't want to talk with you about it when you might want to, it didn't mean that they didn't feel a great deal of sympathy and that they didn't feel as fond, but when you come down to matters of life and death, people have a lot of coping mechanisms and you can't fault them for using them. I think, on the whole, for my children it was probably—someone once said to me "Your poor children. Here they've been faced with life-threatening situations for their mother and their father when their dad had his heart attack." The first one—I don't think my daughter was even in school—they must have been 5, 7 and 8 at the time. But . . . you can say "the poor children," but on the other hand, this may be a very enriching experience for them. They may not take life for
granted the way some children do. I know the children do worry. (Phone rings.) I wonder if I should answer that?

S. Sure. (Pause during telephone conversation.) We were talking about the reaffirming of life, and you were saying it seemed as though you were in some way more accepting of people if they didn't show their feelings to you on the surface. You were aware of their caring on a deeper level.

T. Yes. That's right.

S. And you were saying about your children that it might be an enriching experience for them.

T. Oh and they worry. I stop saying that I ever have doctors' appointments because they snap right back with "Why are you going to the doctor?" So I know that there's this nagging little worry in each of them, so I never say I'm going to the doctor any more, and I think they feel much better about it.

S. So you make things as easy as you can for your family?

T. Yeah. Yeah. But I never felt that I had to hide the fact from anyone that I'd had a mastectomy. I don't mind if anyone in the world knows. I know sometimes when I visit people, they're quite secretive and mysterious about it and concerned that it never go beyond their family. I can't see that it's any different from any other amputation of any part of your body. I think we're pretty well past the time where people with cancer are like lepers and outcasts. I think there's been enough happening that people understand that cancer is curable and not contagious.

S. So you've never found that kind of reaction.

T. No. No. I don't think so. And I don't mind talking about it. I hope when my daughter gets older I can talk to her and her friends about the importance of self-examination to take all my mysteriousness out of it. I'd like to be able to show them that it isn't the end of the world, that there's no need to be terribly frightened even if you happen to find a lump. If women could get that idea out of their heads that just the finding of it seems to be the end of everything; it doesn't have to be the end—it can be the beginning, too. Mind you, I don't know—everyone wonders, I suppose—so many people have said to me that they would not be able to take it if they found a lump in their other breast. I hear that remark "Oh, I couldn't take it." And then I've seen it happen to those women, and they take it very well. It's really surprising. I think that I would. Once again, my concern would be the pathology. I don't think I'd mind at all. (Laughs.) I'd figure if you were bilateral, then you could just pick your size and it wouldn't be that much of a problem. In many ways it might be
easier. I wouldn't consider reconstruction; for some people it's wonderful, but it would be too much of a strain on my family, that surgery.

S. You don't want to go through any more surgeries if you don't have to.

T. Yes. If it's not necessary. I'm not convinced that it's any less bothersome. It might be a bit better to have your prosthesis attached to your body, but even the reconstruction can act up. It's not the be-all and end-all. (Pause). I don't know if I can think of anything else.

S. Are there any other ways that your life has changed?

T. I don't think so. Well, maybe I have a "Why me?" aspect, but it's not the "Why me?" that the ladies always ask when you go to visit them. My "Why me?" is "Why me to come out of it so well?" I was very fortunate. I feel so lucky that I didn't have all the chemotherapy. Everything went so well and I feel "Why me? Why was I so lucky that it was me it happened to?" I just feel terribly blessed so often.

S. You still have that sense of being in the arms of God?

T. I don't know if it's so strong, but I certainly feel my good fortune very much. Actually I've had good fortune all my life. I've been a very lucky person, and I don't take that for granted for a minute. Just in so many ways I don't know--things may have happened to me, but they always turn out so well, and I always feel grateful for that. The visiting I do makes me more aware of how fortunate I am; that's one thing that happens with the visiting.

S. Is that something you would say gives meaning to your life now? It's really important to you?

T. I think so. And yet I wasn't so keen on the visiting at the beginning. I knew I wanted to do something in connection with the mastectomy program, and the visiting is the most obvious part to do. But I don't know, we're all really here to help each other. . . . I guess maybe this has come clearer to me, too--instead of being terribly involved in my own life, I think that really, if you want to be enriched in life, you have to reach out. You have to reach far and you have to reach out. And sometimes these ladies that I described to you earlier, and particularly the ones who are perhaps older and alone and maybe fairly secure financially--they're not having to go out to work every day--sometimes they become very upset that their family isn't always around visiting them--their daughters and their sons are not offering the support they would like to have as they get better. And I was saying to them "Why don't you reach out? If you reach a hand out, ten hands grab it." This is what I try to do with the
ladies who are so lonely and feel so forsaken. "You go part of the way, and everybody else comes toward you."

S. This is something you found from your own experience?

T. I think so, yeah. And I don't see any reason for a woman who's had a mastectomy—and I'm not making light of the experience—because I say particularly the ones who have the long treatment—but to stay home and worry that other people are not offering all the help that she might think she needs, because you don't really need that much help once you get over the initial part. You need something emotional, but you can go outside your family; you can go to community centres, you can go to churches, you can go to other places who are crying for help and you can get involved. There are all kinds of seniors groups. Like, a woman who isn't really a senior, who is in her early fifties or something like that, she can go out and do the meals on wheels or something like that. And those people are most grateful, and they give you an emotional nourishment that maybe a busy family—if she's got daughters raising young children, they can't do that for her.

S. So it's the seeking of new connections, and the giving and receiving going together.

T. Yeah. I think it is important, though, and you probably find this, too--I guess you do, or you wouldn't be doing this study--to talk to other women who have had this experience. I think this is really essential. If you were to have the experience and be quite isolated--I think of my mother, she had no one to talk to for years, and then a couple of my aunts, related by marriage, not by blood, had mastectomies, and I think it was much easier for her. But I think the first five or six years when she was the only person she knew must have been hard for her. I didn't live in the same city as her then. But now I can see that it must have been quite a lonely time. She wouldn't know anybody at all.

S. This is something you've been able to have—a sense of community—and you've sought it out, in a way.

T. Yeah. I see the need as I visit for ladies . . . our contact is supposed to be quite limited with the ladies, but I see the need for many of them to find other people in the same position. They really want it. I've been pushing with our group, and we are going to have a kind of social evening in January. It's shaping up now, and we are going to try to get in contact with all the ladies we know of who have had mastectomies and just have an evening meeting—have a speaker or something like that—and then they can get to know each other. Because I know sometimes ladies will phone for months and months after their surgery, because you're the only one they know. You know they'd like someone in their own age group or someone who lives closer, but you're sort of their only contact with this strange world. I think if every couple of years there's
an opportunity for these ladies to gather together and meet each other... others—they're in the minority, though—just want to remove themselves from the whole scene.

S. You find most people really want to talk?

T. They do. Yes. Most people want contact. But I know, too, when the doctor first found the tumor, my friends sicced me onto someone that they knew. She must have cystic breast disease because she had a number of tumors removed, and the whole idea was that she should talk to me and convince me that I couldn't possibly have breast cancer. Everyone went in all the time and had these tumors removed. That was not a good move; that didn't help me at all.

S. What were your feelings about that?

T. I still felt strongly that it was cancer, and everybody gathered and insisted that I talk to this person, and she wasn't very sensitive. Actually she's a medical technician of some sort, and you'd think she'd have more sensitivity. She was telling me it wouldn't turn out to be cancer. She was saying "Oh, every time it happens to me, I tease my husband and I tell him I'm going to come home a unicorn, but it's never happened." Things like that.

S. Oh, my... so you were getting the message that you were worrying unnecessarily, but you really wanted to check it out and be sure.

T. Yes. Right. We do offer the premastectomy counselling, and I think for some women probably it can be really helpful. If you have no experience at all, I think it must be devastating. I had my mother, and as I say, that was the strongest thing I had going for me before and it's been after.

S. You knew what it was like to go through that kind of experience and survive it.

T. Right. But if you have—there's a lot in ladies' magazines and on TV now—and I suppose most women, if they're not really ostriches, have some contact or know a little bit about breast cancer—but if all of a sudden you're faced with this and you have very little knowledge, it must be quite terrifying. It must be really difficult. And then there are so many myths, too. Long before this happened to me, I was talking to a surgeon's wife. She said to me, "There really isn't any hope. Once they do a mastectomy you're as good as gone."

S. She meant in terms of the cancer?

T. Yeah. That her husband from his experience had told her that. I thought "What a foolish thing to go around saying." And this was long before I had mine. I said "My mother had a mastectomy ten years ago and she's still fine." She said "Well, there's the odd
case, but most of the time it doesn't work out." Well, I mean, if a surgeon's wife told you that and you didn't really know, you would figure that that was the absolute word.

S. Yes. It could be really dangerous.

T. So she knows I'm still around now. (Laughter). For younger women, too, I think it must be very difficult. I met one time a family when I was at the display at the Cancer Clinic. Most attractive women—they could all be models. There was the daughter and the mother and the grandmother, and they were all bilateral.

S. Oh, my.

T. And they were very, very interesting. They led very, very active lives. They were reaching out to other people, all of them. And I think this is entirely what helped them. Apparently there was just this real strong genetic disposition in their family. And there was another daughter as well. Really, all the females in the family were in this position. The grandmother was many years post-mastectomy. The mother was ten or twelve. They were all just doing fine.

S. I would be interested in talking to them, just hearing them.

T. They were . . . they looked so nice. I think one of them had even married after her mastectomy. The youngest was 24, I believe—she was the one I didn't meet. And they had children post-mastectomy.

S. If you were going to say what helped you to heal, what was most helpful?

T. Well, I guess it was the children, really. Life must go on. They were—now it may not be as easy, because they're older and better able to look after themselves—but they really couldn't look after themselves at all, so I had to be up and at it again and carry on for them and do the things for them. So I guess having a real sense of purpose is probably the main thing to my recovering well. If you've got something out there to go towards. If your life is unstructured and fairly aimless, I think your recovery could take longer.

S. This is something you had and still have—a sense of purpose?

T. I think so. My mother was a long time recovering, but mind you, here was a different case and serious. And I think part of it was she had really nothing to do. She just lived with my father at home then and he was working, and she had a very unstructured life. That probably prolonged her recovery. I think she was month to month to month. And I suppose if someone has a career that's demanding . . . the important thing, of course, is to get the time off to recover properly, but then to go back to it—I think this would be helpful. If your life around you goes on as normal,
that's probably the most important thing.

S. When you say "recover properly", do you mean physically?

T. Yes. If you have a career--some of the ladies that I visit--there's only so much sick time that they're allowed. And how sick they are is not taken into consideration; they must be back at work 2 1/2 months from their date of surgery. And that's it. There's no consideration at all. Some of them can do it easily, and some have a great deal of difficulty. If you can physically recover in your own time without your job being jeopardized—if your employer is understanding enough to give you enough time to make a good recovery and then you can go back, I think that would be important. I think it would be ghastly to be in the position of being pushed, saying "I've got to get my strength together because I have to be back to work next week." I can't imagine anything worse than that. That would be dreadful. And sometimes it isn't even that the work is hard physically. But it's just you know debilitating. It takes a long time to get over. I find my hair falls out after an anesthetic—in great bunches—and I just don't feel up to it for months afterwards. But if you're working some other time and you do feel better and then when that time comes and you have a purpose, then I think that's important. If somebody just offers you carte blanche for the next couple of years to take life easy, I don't think that's necessarily the answer. That's just too much time to sit around and think about your experience and it's not giving you any challenges, and everybody thrives on challenges.

S. Was there anything else that you'd like to share with me that I haven't asked you about?

T. I was just trying to think along the lines that as I read these personal stories, when I say I can't really identify with them, whether or not I identify, what are the differences? One thing that may be of some interest—I was dieting and doing quite well when the doctor discovered the tumor. I was never heavy in my life except I got married at 31 and had three children in 3 years, and the weight just piled on, and all of a sudden I was a heavy person. But I've been fighting since my daughter was born this weight, and I was doing very well. I was coming along quite nicely. I had my weight down and it looked like this was going to be successful when the tumor was found. So after my mastectomy a little idea crept into my mind: "What does it matter whether you're fat or not now? Because your body's been disfigured anyway. So why worry about your body? Let the weight come on again." Well, that was a mistake; so the physical aspect was affecting me as much as I was trying to deny it. I just threw the diet out the window: "It doesn't matter what I look like, anyway" and put all the weight back on again. And something was going along in my mind that it didn't matter how I looked. I began not to care about my appearance a great deal. But recently I began
to care again. For one thing, I bought a prosthesis, and it weighed so much I was waddling around. (Laughs). I got the largest size. That was uncomfortable. I decided to try to get the weight off again. I joined weight watchers again in the fall, and I lost 15 pounds.

S. Good for you!

T. And I think this time I can go down; I've rid myself of that attitude that it doesn't matter how I look. But I felt that that would have been a successful time, that I would have done all right, had that mastectomy not come along. Maybe it's rationalization, I don't know.

S. You were saying that life was the important thing, and doing something with your life. But now your body seems an important part of you, too.

T. Yeah. That's right. Yeah. I have arthritis in my hip, that's why I get up so slowly, and in my spine. I had a little bit before and it got worse after the mastectomy, and I'm sure there's no connection at all. But I have to take a drug every day; if I don't take this drug, I almost can't walk. I take one in the morning, then I'm able to move around. I can't walk for any length of time. The quick movements I can't make. I think probably part of the reason is having the three children so rapidly and putting on all the weight, I think I sort of did my hips in--to go from a small frame to a heavy one. It may not be--they don't seem to understand why someone so young--the doctors are always wanting to do hip replacements. That's another thing. I don't want that surgery because it's in the spine, too. I still have to take that drug or I can't bend my head forward or turn it around or anything. As long as this drug gives me mobility, that's fine. I started to do water exercising; I go to Senior Citizens up to K because that's really the only place I can do it. I find that helpful because that's another reason for the weight--I can't be that active.

S. You were talking about your priorities and values changing. Would you like to say a little more about that?

T. Oh, yeah, when I said about families. You know, in many ways we're fed a bunch of garbage. I don't really watch television, but the television--the typical ways people who are related in certain ways must behave towards one another, and families don't act that way. And also the acquiring of things. We're a very acquisitive society, and those things don't mean very much; really only your health matters. But I suppose that's very common for anyone whose health is jeopardized to come to realize that nothing else really counts. I certainly appreciated my friends over the experience. I found I had very, very good friends. I mean, I sort of always knew this, but when they rally around you it's very comforting,
it's very reassuring. I think relationships in life are very important, far more important—honest ones. I'm finding my children are giving in to this, too, now. Oh, I wouldn't go through that again, I wouldn't be a teenager again for anything. It's hard, it's really hard. Oh, there's so much to pay attention to. My son was telling me last night—he's 14 but he looks much older. He looks about 18. He's got a girlfriend of 18.

S. Really!

T. That's so worrisome. He was telling me that he can look at a girl and tell me what school she goes to, how smart she is, he can tell all her marks just by looking at her, where she lives, and whether she's nice or not. Just by looking. (Laughter). And I thought "Oh, does he ever have a lot to learn." Everything is how a person looks. Looks and dress—that tells everything he wants to know about a person. (Laughs).

S. It seems that one of the things you've gained from the experience is that you kind of read people's hearts more than you used to.

T. Yes. I think there's a lot of misunderstanding in the world, that people take at face value what other people say. And there's so many reasons for saying things. But you know, I was thinking as I was talking to you that I'm attributing a great deal of what I'm saying to the mastectomy experience for me. A lot of this has come from my husband's heart attacks, too. It's hard to draw the line as to where the way I feel about life has come from, because that's been quite an influence.

S. You were living with a lot of concerns about mortality for him before, and health concerns.

T. Yeah. And they're still there. You know, I still have to accept that he could go suddenly. He's functioning normally, but we have a business. There's just the two of us in it. And I can putter around my house and do my housework and have a nice casual little life until he gets sick, when all of a sudden I have to be so busy that I can't believe it. I have to run the business, I have to visit him in the hospital, you know. If he gets sick my life changes drastically. And I become very, very busy. So then, you know, one big fear is that we both not get sick together. Because I don't know what would happen then.

(Tape ends here.)
C. Well, I guess the beginning was my yearly physical. I was due to go in for a physical—actually I should have had a physical before I did. We had moved here from Edmonton, and so many things had happened. When we moved here in 1980 I should have had a physical at that point. And I thought well, I hate going to new doctors, and so why bother going before we move? I'll wait till we get to R. and then I'll find a doctor and have one there. That was April of 1980. Then when we came here one son had so much trouble with allergies and it seemed like so many things were happening that I just did not go to the doctor; I forgot about going. My dad got sick with cancer, and he died on February 1, 1981. We had just been here for 9 months and then my dad died. Then my mom needed a lot of attention moving. She lived out in Y., close to C. We needed to go back and forth a lot there, so there was a lot of things to think about and take care of. I didn't even think about going in for a checkup; it wasn't on the top of the list. And then Mom moved here, and finally I just realized I should have gone to the doctor before I moved here. It's time I went to the doctor. I haven't had a pap test. That's what I was worrying about.

S. You were used to going every year?

C. Yeah, I was going every year. I hadn't gone for my pap test and I was worried about it. So I thought, O.K., I will go before Xmas that year--1981. So I had set myself a deadline. I made an appointment and I went to see my doctor. Well, the first day I had made it I cancelled it because my sister-in-law came from out of town, and I thought well, I'm not going to the doctor the one day my sister-in-law is here. So I cancelled it and went the next week. That was the first appointment I had with Dr. M. myself. I had taken the boys there. I hate going to a new doctor for a pap test--I hate it with a passion.

S. Is this the whole thing about the internal examination?

C. Yeah--I just hate it. And that's why I wasn't running to him right away. By the time I had seen him with the kids and I liked him and the kids liked him, I thought why shouldn't I go to him? Why should I go to someone else? So I went to him, and he was a super doctor. He really is. He did the breast exam and he said "Did you know you have a lump in your right breast?" Right away you react. I was doing self-examinations after my girlfriend had a mastectomy 2 years ago--2 years before I did. I was devastated when she had it. And I thought how could this happen to such a nice person as B. was? After that I was checking my breasts regularly for maybe 6 months. (Laughs). And I quit. I thought this is stupid. I'm never going to have a lump, so why bother looking for one? I'm never going to have one. I don't want to find one, so why look for it? Stupid, but anyway... I wasn't checking regularly, anyway. I did the odd time, but I was not checking regularly. So
I was quite surprised and I say "Where?" Right away he showed me where, and I felt it, and I could feel it. And he said "Don't be upset. I really don't think it's malignant." I had other fibrocystic breast tissue. He said "I really don't think that it's anything to be alarmed about. But I'm going to send you for a mammogram." And I guess I probably looked like I didn't believe him. When I walked out of his office he said "I'm not just saying that to make you feel good. I really believe that it is nothing to be concerned about, but we can't just leave it at that." So I thought well, . . . (laughs) that was my first visit to him, you know?

S. That's a big thing to be hit with.

C. Well, yeah, it is. And so I went for my mammogram. I guess I was scared. I came home and I phoned my girlfriend right away. I don't even know if I phoned my husband first or if I phoned P. first.

S. Is she here in R.?

C. In R., yes. She had become close to me when my dad was sick. I wouldn't tell a lot of people, but I have to tell somebody what's happening with me.

S. So you felt a need to share it.

C. Yeah, I had to tell somebody. I must have phoned my husband because I tell him everything. But I phoned P. She was the only other person that I called. I didn't want everybody to get all excited about this thing because I was trying not to. I was trying to believe the doctor. But I did phone P. I guess I told one sister-in-law, too, because she wasn't working at the time. She said, "C., do you want me to go with you when you have to have your mammogram? Are you going to go by yourself or do you want somebody to come?" I said "I never thought about it. I guess it would be nice to have somebody come with me." So she said "Well, I'll come. I'm not working," So she took me. She drove. And I didn't realize how much I appreciated it until I actually had to go down there. You hear of it happening to other people, but it's a totally different thing when it's happening to you.

S. Sure.

C. And I thought I don't really believe this. You seem like you're role-playing in a movie. That's how I felt. You feel like you're playing a part in a movie. It's not really you. That's how I felt. Like I said to K., "I really can't believe this—that this is me going for a mammogram and hoping that the results are going to be negative." I was scared that they were going to tell me right there that it was malignant, and I didn't know what I was going to do. Then I was glad K. was there because I thought what
if it is? I believed it wasn't—I believed the doctor was telling me the truth. And yet I thought you have to be realistic. My girlfriend had had it. Other people have it. And yet I didn't think mine would be. So anyway, I thought if it is, it will be nice to have K. there.

S. It was really good to have the support.

C. Yeah. And I think if I really believed they were going to give me bad news, I would have had my husband there. But nothing showed up on the mammogram. I was so relieved. I was glad. But I didn't really think anything was going to show up.

S. It must have been a tremendous relief at that point.

C. It was. It was a tremendous relief, and when we drove away I just felt so relieved. So then I had to go back to Dr. M. and tell him the mammogram was O.K. And I thought he'd just leave it at that. He could have. He really didn't think it was malignant. But he is very cautious and he has a good reputation. I really appreciated his caution because he could have dismissed it at that point. He said "I still don't think that it's malignant. The mammogram is no indication at all. But I would like to do a double check. I'd like you to see Dr. B. He's a surgeon. He does a lot of breast surgery." Whether my doctor was telling the truth or whether I'm just naive and believe everything they tell me, I don't know. But he said Dr. B. was one of the best surgeons in Western Canada and he happens to be in R. "He has just come back from a 6-week course at the M. Clinic on breast cancer, and the latest techniques in breast surgery, and he has seen many women who had malignancies and many with lumps that are not malignant. I would like Dr. B. to see you. If Dr. B. feels it is nothing to be concerned about, I will leave it at that. I have a feeling that Dr. B. will do an aspiration with a needle to see if he can get some fluid out. If that isn't successful, I'm sure that Dr. B. will take the lump out." So anyway, he sent me to Dr. B. I'm glad I had good doctors because I think I would have believed a bum doctor, too.

S. You really needed to have faith in them?

C. Yeah. I had to. I believed him. If it had been a doctor with bad advice, I would have believed him, too. What am I supposed to know? I'm not a medical person. That's why I really, really felt I owed a great debt of gratitude to him. So I went to Dr. B. and he was a super guy. He's older. At first I didn't want to go to Dr. M. because he's about my age. I had never seen such a young doctor. Not that I didn't have confidence in his medical profession or his excellence and capability as a doctor. It was just seeing this young man. I felt "How can I let him examine me all over and come home and feel like I hadn't been unfaithful to my husband?" Then I thought "That's stupid, he's a doctor—he sees thousands of women, not just you." I got over that and I'm glad I did. But Dr. B. was older and I liked that he was a little bit
older than me—more like he could be my father. Maybe he's not old enough to be my father but he probably is. He's got a very gracious manner, too. I felt comfortable with him. He tried to do the needle aspiration that day. That day I took my husband with me because that day I was scared. I remember we went to the White Spot for lunch and met my cousin-in-law. We know each other quite well. My mom was in the hospital at that time. She had surgery on her eye done at that time.

S. What a time!.

C. It was a lot of things happening at one time. She had wanted to have the surgery before, but Dad was always scared that if she had this surgery done, eventually she would lose her vision. It wasn't glaucoma, she had cataracts removed. It could be corrected by surgery, but my dad was scared. He thought if she had surgery she'd go blind. After Dad was gone for a year Mom felt she wanted this surgery. Her eyesight was getting worse. She wasn't scared she was going to go blind. She had faith. You know, it'll come out as I talk that we do have a strong faith in God. Mora really believed she could hand it over to God and she would come out with good eyesight. She was willing to take that chance.

S. What a big time in terms of the whole family.

C. Yeah. So I took her. I'm the only daughter here. I've got 6 brothers. One died. My sister's in T. So my mom does lean heavily on me here. She gets along great with the daughters-in-law, but if she has to go to the doctor, I take her. If she has to go to the hospital, I take her. When she comes home from the hospital, she came to my house.

S. You're a really important person to her.

C. Yeah. So when I took her to the hospital, I walked out and I cried. I thought "What if she comes out blind?" (Cries).

S. It's O.K. to cry.

C. So I was concerned about her. I had to go to Dr. B. while this was happening to Mom. I thought "What if he tells me I've got cancer and Mom's in the hospital? She can't even help me." Then when I ran into L., at the White Spot, I cried. She says "How are you doing? How's your mom doing?" This all happened after Christmas; she was going in a few days after Christmas. I said "I have to go and see Dr. B. now. I've got a lump on my breast. I don't know what he's going to tell me." And then I started crying. I didn't realize I was that upset. You don't realize how upset you are until you bump into people and they ask you questions and you cry.

S. There was an awful lot going on for you.
C. Yeah. There was a lot going on. I said "I may end up in the hospital the same time Mom is. I can't even go and see my mom. She needs me."

S. It was so hard because you were the one who was always responsible for her, and you needed help and support yourself at that time.

C. Yeah. It was. It was a lot. That day my husband came with me, and he didn't have to be there because Dr. B. said he couldn't find anything. No fluid came out, so therefore he'd have to do a biopsy. So there was more waiting involved.

S. That was the third step, eh?

C. Yeah. That was the third step. My appointment was the middle of December, and this was now between Christmas and New Year's.

S. So each time you were kind of psyching yourself up for an ordeal, and then having to wait some more.

C. Yeah. Yeah. Having to wait some more. I came out and B. was there and I said "Nothing showed. No fluid came, so he has to do a biopsy. O.K." So then I had to wait. I waited those weeks for the biopsy. I did get anxious because it was taking longer than I thought it was going to take.

S. How long did you have to wait?

C. The biopsy was January 20. That was over a month from the date the lump was discovered. Then at that point I told my family and B.'s family. We told our friends. At that point we realized we have to be prepared for it to go either way. But we still thought it was going to be benign. But we told people at the church because we believed in prayer a lot and we wanted people to pray.

S. And that was helpful?

C. Yeah, very helpful. You don't feel that you're carrying this whole load by yourself. And people were really kind. I didn't talk about it a lot, as I didn't want to be thinking about it all the time. But it was in the back of my mind. I was also involved in things like choir and teaching Sunday School and Bible class, so I had a lot of commitments. I didn't know when I was going to have to back out of all these things. Am I going to have to quit all of these things or just walk into the hospital, have my biopsy done, come out and continue with everything?

S. So that was a worry for you, too.

C. Yeah. Because I didn't know whether I would be having to hand over my responsibilities to someone else or whether they could count on me to continue. Especially the women's Bible class I was in—it's inter-denominational, in V., but it was quite a heavy
responsibility, and there were no extra people floating around. If I wasn't going to be there, they didn't have someone else to fill my boots at that point. I guess I wanted to believe they weren't going to need anyone else. That's the way I went about my work. There's a lot of studying involved. I thought "Well, O.K., I've got to go in for my biopsy, but I'm not going to miss a week of these classes." So I had my lesson in everything done. I had my biopsy Wednesday and my class is on Wednesday, so I had to miss that day. But I figured "I'm going to be there Monday for the leaders' meeting. My biopsy is going to be benign, and I will come through the anesthetic fine. I'll be there at Leaders' on Monday. I won't miss any week. Just the day that I'm having my biopsy.

S. So it was really important for you to plan and keep going.

C. I guess I don't like to let somebody down. This wasn't my fault. But I thought "I'm going to be there as much as is in my power to be there." I felt good about that. I thought "I'm not going to be able to study after I come out of the anesthetic." So then Wednesday I went for my biopsy, and the same sister-in-law took me in. If I would have to do it over, I know I would do things differently, because I would have had my husband there. See we . . . people say the power of positive thinking. Yeah, there is power in positive thinking. But you can think anything you want to think and it's not going to change the fact of cancer. So my husband went to work that day, like any other day. I didn't want him to have to miss; he already had missed one day to come with me to Dr. B., and he wouldn't have had to be there. It was nothing, Dr. B. didn't find anything. So I thought "Well, he's already missed that day for me because I'm acting like a baby."

S. Oh, my goodness, were you saying this to yourself?

C. Yeah. He didn't say "I'll take you" and I didn't want to ask him to.

S. You wanted to be really strong and handle it on your own.

C. I did. I didn't want to act like a baby. I didn't want to handle it poorly, I guess. Whatever it was going to be, I didn't want to respond in a way that would cause him embarrassment or my family embarrassment. I wanted to be able to do well.

S. Sounds like you were expecting an awful lot of yourself.

C. I guess so. I guess I do expect a lot of myself. My doctor told me that, too, later on. I should have asked my husband, but I really didn't think it was necessary. I really didn't.

S. You just don't want to impose on people any more than you have to, eh?

C. No, I don't want to impose. That's right. If I need somebody,
I'll ask them and I have done that. But I didn't want to ask him to be there if he didn't need to be there. How are you going to know that? I thought "Well, it's not going to be." Dr. B., too. Dr. B. said "I think it's benign." He said that. And he is the one who's had all the experience. So I thought "O.K., if Dr. M. thinks it's nothing, Dr. B. too, then why should I ask B. to give up a day of work?"

S. It sounds as though right at that point it was a pretty lonely experience for you.

C. Yeah. But I believed it was going to be O.K. I guess I never realized I was as positive in my outlook as I realized I was. I thought I was more pessimistic. Sometimes I tend to be. But I did not think I had cancer, because I felt great.

S. Felt great physically?

C. Yeah. And people say it's stress-related. I didn't feel I had been under stress, but now I realize I had been under a lot of stress. Like moving, my brother died, my dad died, my mom's surgery. When I stop to think about all the things that were happening since 1978, there was a lot of stress. My husband and I get along great. I always thought people that have stress have stress in their homes. I wasn't having that kind of stress. But there were other things that were happening that I couldn't do anything about. But I'm taking a long time to get to the cancer.

S. No, that's fine, C. However it seems right for you.

C. That was the most difficult time, the time before I found out I had it. Well, that was. That day B. took me to the hospital for the biopsy, but he didn't stay. He went to work when I got to my room. The doctor said he could come get me at 4 o'clock. So he left work early so he could be there at 4. But he could have been at the hospital and Dr. B. could have talked to him the minute he came out of the biopsy. I didn't even think of that. Dr. B. told me. I said "Will you know as soon as the biopsy is done?" He said "I might, I might not." So I figured if B. is there and he doesn't know, then B. is wasting the whole day.

S. You were so concerned about not causing any trouble for anybody.

C. Yeah. I didn't want to cause trouble because I was sure this whole thing was going to turn out to be nothing and here you've made a big deal about it. So I didn't want to. The way it turned out, he did know right away that it was malignant, and he tried to call my husband and he couldn't get hold of him because he only had the home phone number, which was a stupid mistake. I thought they had both phone numbers. B. showed up at the hospital at 4 o'clock with our two boys. They're 15 and 13, so I guess at that time they were 13 and 11. The nurse comes in and she says "I'm sorry, Mrs. P.,
you can't go home." I said "Why? Dr. B. said I could leave at 4 o'clock." She said "Dr. B. left instructions that he wants to see you before you leave the hospital." And even at that point, I did not think (C.'s voice is raised and she pounds the table), I would not believe that it was cancer. That was my first reaction. O.K., he knows. And I thought "I am not going to accept that until he tells that to me." (Cries). "I'm not going to accept that fact until I hear it from him. What this tells me is that he knows whether it's cancer or not, and he wants to tell me so that he doesn't have to call me into his office separately." That's what I was telling myself. "He doesn't want to waste my time or his, so he wants to talk to me. But I'm not going to believe that it's cancer until he says it."

My husband waited with me for a while, and they couldn't find Dr. B. anywhere. My husband was upset with Dr. B. He said "I'm not supposed to leave before he comes and talks to me, but then he left the hospital without coming to see me." That day Dr. B. had a really hectic day in surgery. He left the hospital at 4 o'clock. He came out of surgery at 4 o'clock. And he forgot to come to see me.

S. What an awful experience for you.

C. Yeah, it was. I was not angry ever. During this whole ordeal I have not been angry at having cancer. I was not angry at Dr. B. for leaving the hospital. My husband was. He says "You think Dr. B. is perfect." I said "No, I don't think he's perfect, honey. Don't be upset with him." (Cries). I said "I'm one person."

S. You were really trying to be understanding of the situation, but at the same time your needs were ... you had so much faith in him, eh?

C. Yeah. I did. I said "I am one person that Dr. B. is concerned about. He's got a lot of other people he's helping at the same time. He must have forgotten." It turned out that he did forget. They couldn't find him, and finally they phoned him and he was at home. That was what upset my husband. He waited till 5 o'clock. I said "You'd better go home because the kids have paper routes to do and homework to do. Go home with the kids and get their supper so they can get their paper routes done. Who knows? It might be a couple of hours. Take them home and come back." So he did. He gave the kids supper, helped them on the paper routes and came back. Dr. B. still wasn't there. So B. went back home. I said "We'll call you." The kids needed him there, too. He couldn't just leave the kids by themselves. They were concerned, too. So I thought they needed him more than I did right then. Anyway, that's the way it all went. Dr. B. came in at 8 o'clock.

S. It's a long wait.
C. Yeah, it was. They gave me supper. I read a story. Then when he came in, he apologized right away. He said "I'm sorry. I was in surgery till I left the hospital, and I thought they would let you go." But he had told them not to let me go. He thought they would let me go home. He had had a hectic day that day. He apologized. Then he said "I'm afraid I've got bad news for you." Then he told me that it was malignant, that they did the frozen section, that they knew right away, he tried to phone my husband and he couldn't get him. He was very, very kind in the way that he explained it all and the options that were available. He said some women just have a lumpectomy and radiation would follow that. He explained all the different options. I just sat there. I don't know if my mouth was open or not. But I just sat there stunned. I really did not know what to say. I stared at him the whole time he was talking to me. He talked for a long time. When he finished—he did not rush out of there and give me the impression that he'd had a bad day and needed to get home.

S. He really showed concern for you.

C. Yeah, he did. So when he finished talking, I just looked at him and said "Is this what you expected all along and just didn't tell me?" At that point I thought "You liar!"

S. Sounds as though right at that point you might have been kind of angry.

C. Well, I just thought, I don't know if I can really believe you.

S. It's really hard when you put so much faith in someone like that and then have a real reversal.

C. (Cries). Can you believe it? I believed it. Even when they wouldn't let me go home, I still tried to believe it.

S. Sure.

C. Anyway, he said "No, it's not what I expected. I honestly didn't think it would be malignant." I don't think he was lying to me because many times this is the way it is, with other women, too. And yet other women I have talked to, their doctor has told them "I think it is malignant." So I don't think the doctors just always say that. So I do believe they were honest with me. I didn't know what to do. He said "I could keep you in the hospital and do surgery tomorrow if you want. I'm not inclined to do it that way. Before I do the surgery I would like to have all the results come back from the lab and to be 100% sure exactly what kind of cancer we're dealing with. Because that could affect the procedures and everything else. I want to know what I'm dealing with before I do the surgery. The diagnosis could have been wrong. I don't think that's the case." He was cautious. "The tests should be back by Friday. So be ready to go into the hospital Monday morning." So that night when I came home I phoned all my brothers, I phoned
my mother. I should have gone over to my mother's but I was in no shape. She was home and recovering well. But having just had the anesthetic, I wasn't strong enough to there. I phoned her and told her I would have to go in hospital. I asked her if she would come and stay here while I was in hospital. I said "I don't want you to work." She was 73 then. I said "I don't want you to vacuum or clean or anything. It would be nice if you could cook supper and be here when the kids come home from school. It's going to be hard for the kids." Even though they were old enough to fend for themselves and my husband could have made supper, it was a lot to deal with at that time. It was harder for my mother than I realized it was. Dad had just died of cancer and now I had cancer.

S. You were very much aware of other people's feelings and really concerned about it.

C. I was. I realized it wasn't just me. It was hard for me, too. I thought it would be nice for Mom to be here. She'd feel as if she could help me. It worked out good. She was glad to come. Anyway, I picked her up on Sunday, and I showed her where everything was. I had done some extra baking she could just take out of the freezer and warm up. Monday I was ready to go to the hospital. My sister-in-law was going to take me. I didn't want B. to have to stay home that day because I thought the day of my surgery I would like him to be there.

S. There was just so much concern for other people.

C. Talking about it now, I realize I was concerned for them more so maybe than I was for myself. So K. was going to take me. I phoned the hospital and said "I just want to make sure there's a bed for me." My name wasn't on the list. Then I was upset. She said "I'm sorry, you're not on the list for surgery for tomorrow." Then I phoned Dr. B.'s office and I said "Dr. B. told me I was supposed to be ready for the hospital today." She said "I will have Dr. B. call you this evening." He called me that evening.

S. You had to wait until the evening! Oh, my!.

C. Yeah. He called me later on to explain why. He said "I told you I wouldn't do the surgery till the tests came back. I expected the tests to be back on Friday. The tests didn't come back on Friday." I said "Then why didn't you call me?"

S. Sure. Getting yourself psyched up for all these things, that must have been hard.

C. Yeah. See, everybody—all the people who knew me from Bible Study and from church—all these people thought I was having surgery Tuesday. And I did, too. I was ready to go in on Monday. Nobody told me otherwise. B. was upset. I wasn't. I was forgiving. (Laughter). I was forgiving these guys. So then I had to wait. I phoned several times to the hospital and phoned Dr. B.'s office
several times because at that point I was getting jittery. People phoned me constantly. I was at home and answering the phone. They thought I was in hospital. People were getting upset. They said "C, you're driving me crazy. When are you having your surgery?" I said "What do you think I feel? If you're going crazy, I am trying to keep my sanity." So after that--my mom was here already. I said to my mom "I cannot answer any more phone calls."

S. Having to make explanations to everyone must have been so hard.

C. It was really hard. That was a very difficult thing for me. All these people who phoned were expecting my mother to answer the phone. They thought I was going to be in hospital. And here I was on the phone and had to explain all these things I had no control over. So I was getting upset. I said "Mom, you answer the phone and ask who it is." There were certain people I'd talk to, but not just all the people phoning. So finally they phoned me that I was supposed to go in on Thursday. So that was a relief. And also I phoned my doctor. I thought "Well, my family doctor doesn't even know I've got cancer." I phoned my family doctor and I thought "I've got to tell my doctor that I've got cancer." The receptionist says "Dr. M. will find out everything." She didn't convey my message to Dr. M. A week later when I found out I could go in on a Thursday, I had to take my son in for allergy shots, I asked the nurse "Does Dr. M. know what's happening to me?"

S. It seemed as though his support would be really important to you at that time.

C. It was. I thought "He should have called me and he didn't call me." I thought "Maybe doctors don't do that." I mean, how do you know? I've never had anything happen to me before. This was the first time I ever really needed doctors. I never was pregnant. We adopted our kids. So I never even had childbirth. So that day I said to F. "Does Dr. M. know what's happening to me?" She says "What do you mean?" I says "I've got cancer. I'm going in tomorrow for a mastectomy." I said "Does he know anything about this?" While I was telling her this he walked into the office and he looked at me and he said "How are you?" And I said "I guess I'm O.K." But he knew that I looked worried. But he did not know that I had cancer. And so he just went through to see one of his patients. So F. says "I will write this down and Dr. M. will call you." That night he called me. He said "What is going on?" I said "I've got to go in tomorrow for a mastectomy." He said "I knew you were going in, but I thought you were going in for your biopsy because I was just notified that I will have to be in surgery at 1 o'clock with Mrs. P. and Dr. B." So he was assisting. But he thought--now whether that was a lie I don't know--whether he told me a lie at that point.

S. You start really doubting them, eh?
C. Yeah. That I don't know and I had not thought I would ask him that. I don't think he did know. He was very nice on the phone and said he did not know. I said "I called the office to tell them I had cancer and they said the reports would get to you." He said "I'll be in to see you tomorrow at the hospital." He came in to see me and he talked to me for a long time. And he said "This should never have happened." I said "I phoned your office to tell them. I thought you knew but you didn't phone me."

S. Sounds like the communications were really screwed up.

C. He said "This should not have happened." He said "I will be assisting at the surgery." That dumbfounded me. I asked him later if this was normal procedure. He said "It's not always." I guess Dr. B. requested him to assist.

S. Did you feel O.K. about that?

C. Oh, I felt wonderful because before I had gone in I guess my biggest concern was I didn't want to freak out. Because what you read about women having mastectomies, and I thought "I don't want to react that way."

S. When you say "freak out", what do you mean?

C. Well, like going through the surgery and having the mastectomy, some people think this is the end of the world and that you're not a woman any more and that you're mutilated and all that. And I thought "I really think that's crazy. Just because you have a breast removed does not have to change your personality. I mean, you're still the same person."

S. So you were thinking about this before you went in for the surgery?

C. Yes. Yes, I was. But I was scared because I didn't know what I was going to be like. Because I'd never had anything physical happen to me before.

S. Were you more concerned about this than about the cancer--about how you were going to act?

C. Yeah, I was. I was. Because Dr. M. told me if the lump is very small...yeah, there was one comment he made that I just gave him a kind of a look like "You can't say that to me." I was amazed that it was so small because I had taken such a long time to come to the doctor. It could have been huge. He said "If you had come to me a few months ago I may not have found it. That's how small it is. It's at the very early stages." That was the night before the surgery. He said "I guarantee you that we will get all the cancer and this will be the end of it. It will never bother you again." I just gave him a look that I figured "You are not God. You cannot guarantee me that." But I didn't say it. But that's
what I thought.

I was not afraid of the cancer so much because my girlfriend was a super model for me in dealing with her cancer. My dad had cancer. He died of it and he died a beautiful death. I'm not afraid of death. O.K. So I wasn't afraid so much of the cancer and whether my lymph nodes were involved or not. I asked the doctor once and he didn't know, so I didn't ask him again. I thought "When he knows he'll tell me." And he did—he told me the day I went home that they were not involved. So I was relieved. But I felt very safe and I felt very secure. It's weird because I've never been in a situation before where I was totally out of control. I felt totally out of control of what was happening to me. I had cancer. There was not a thing I could do about it. I wasn't angry about it. But also belief in God—I have faith in Jesus Christ as my personal Saviour. I know that if I die I will be with the Lord. So death doesn't frighten me. I guess what scared me is—I shouldn't say I wasn't scared of cancer. I was afraid of what it might do to me. I thought "If this is going to spread, I would like it to spread fast." I wouldn't want to suffer a long time. My dad died quite quickly and he got his wish. But usually people suffer for a long time and that I was afraid of. Yes, because I don't know what I would be like. You don't know what you're going to respond like until you're in a situation. If you're going to have excruciating pain for a year, would I still be a nice person?

S. So a really huge concern for you was what you were going to be like and how you were going to handle things.

C. Yeah. My response was very important to me because all my life I have believed that God is real. (Cries).

S. It's a real connection with God that you felt.

C. Yes. If I fall apart, then God is not real. (Cries). And so I figured He has to help me in this.

S. Your whole faith depended on how you coped with that.

C. It did. And that was what was so exciting to me, because everybody couldn't believe how peaceful I was. Before I went in I really wanted one special verse out of the Bible—just one verse that I could hang onto as a promise. Because I was scared of the surgery because I had never had surgery. Well, I had a lump cut out here (points to her right hand). When I came out of that anesthetic I felt that I was wrestling—I had really wrestled physically with somebody, tossing and turning and tossing and turning. So I was scared of the anesthetic, I was scared of the surgery. I thought "What if I wake up and I'm tossing and turning? What if I'm yelling? What if I'm mad? What if I'm swearing? What if I do stupid things when I'm coming out of the anesthetic?" I was really scared. And one nurse—she was also a Christian nurse—she helped
me a lot. I said to her "N., I don't know if I want you in Recovery because I don't know what I'm going to be like when I'm coming out of Recovery. I don't know if I'm going to behave like a Christian or not." And she said "C., God does not hold you responsible for what you do when you're under anesthetic."

S. Wow.

C. And that was a great relief to me. And I thought "Well, just relax." When I came out of my biopsy I woke up weeping. I did not understand why I was crying. I don't know whether I heard something—whether Dr. B. said something and I heard it, but without realizing that I heard it, but I woke up and I was in pain. It hurt me very much, that little biopsy, it hurt me terribly. And I was crying. And the nurse kept trying to pull me out. She said "Mrs. P., why are you crying?" And I was getting mad. I said "I don't KNOW why I'm crying." (Laughter). Whether she thought I heard—I didn't hear anything. Maybe subconsciously, but I didn't. But I was crying and I cried hard. So maybe I was scared that if the biopsy affected me like that and it hurt so much, that I was going to wake up and be in tremendous agony, and I was just scared because I didn't know what I was going to be feeling.

S. Yes— what was going to happen to you physically, what was going to happen to you emotionally, would you be out of control.

C. Yeah. I was just scared because I didn't know whether I would be in control and I wanted to be, because I thought "Well, I don't want to behave just like a normal person." Because I felt that with God, I had Him on my side, I should be better than anybody else.

S. Supernormal, eh?

C. And I was. When I came out—and this is not because I am superhuman—I really felt that God did for me what I couldn't do for myself.

S. God carried you through?

C. He did. (Cries). And that's why I wanted to share with you because it has made my faith all that much more alive, because I have come through something that was difficult for me that I could not do for myself as He did for me.

S. You got the strength that you needed.

C. I did. Because the verse that I got—it was really neat. One of the women in my Bible Study phoned me and said "C., I have two verses I want to give you." And the one I knew was what I needed. I know many verses. I didn't just want to say "Well, this is my
verse." O.K.? I had to have something that was exactly for me, and it was, because it was! I'm not going to be able to quote it word perfect, but it says "Do not be afraid. I, the Lord, thy God, am with you. I will hold thy right hand and say 'I will help you.'"

S. That's powerful.

C. It is. And my surgery was on my right side. I said to my mom, "That's the verse I'm looking for." (Cries). And so when I went down I thought "O.K., if God is holding my right hand." . . . His presence was very real to me because He's always with us, I believe that, but you don't always feel that He is there. I knew He was there.

S. So it was a real close connection with Spirit that you felt.

C. It was. Yes. I thought "O.K., if you're holding hands with somebody, you close your hands. Right? O.K., so I'm scared of this surgery. When I am going down there. . . ." I said that verse hundreds of times that day—I knew it word perfect. And I still do. It's just that I can't say it to you right now the way it is written—word perfect. I thought "When they wheel me down, I am going to close my hand, and if anybody asks me why I have closed my hand, I will tell you why." Nobody asked me, but anyway I just quoted that verse in my mind quietly. I didn't say it out loud. I thought "He is with me. He's holding my hand. He's helping me." (Cries).

S. Yes.

C. And I was quiet. I wasn't uptight. I didn't cry. I was peaceful. Unbelievably. (Cries). But one thing I was scared about. When Dr. B. did the biopsy, I didn't see him. I was under anesthetic. I never saw him. When I woke up I thought "How do I know who did this biopsy? Anybody could have done it. You tell me.

Anyway, it was terribly important to me that when I went in for my surgery that I see Dr. B. and Dr. M., and I would not let them put me under anesthetic until they walked in. And then I was at peace. I said "I want to see the doctors first." They walked in, and here I was with my eyes open. When I saw Dr. B., he walked to the other side. I didn't have to speak to Dr. B. He had spoken to me earlier that morning and asked me if I had any questions. He said "You must be a nervous wreck by now." And I told him that I wasn't, that I felt calm. I told him that I had good faith in him, but I said "I want the Good Physician on my side." He said "Well, He is more important than I am." And I thought, "Oh, great."

S. Good for him.

C. I felt great. I said "I don't know what you think about God, but you've acknowledged Him, and you are cutting me, and that means a
lot to me that you've acknowledged God." He touched me—he put his hand on my arm that morning and said some very nice, comforting words to me. And I felt safe. But the touching meant a great deal to me. Then when Dr. M. came in with Dr. B. for the surgery, he came right over to me and he touched me, too. He put his hand on my arm. He looked intensely into my eyes. I have never felt so much compassion from a doctor. I really felt that he cared.

S. That must have been really helpful for you—all of this.

C. It was. It really was. He didn't say much—he just looked at me, and I just looked at him; we just looked at each other for awhile. He said "I won't see you any more today, but I'll come and see you tomorrow." Well, I woke out of my anesthetic peaceful. There was no wrestling, no pain. I woke up in my room. I don't know how I got up there. I opened my eyes and here Dr. M. is standing at the end of my bed. And I said to him, "You told me you weren't going to come and see me today. You were going to come and see me tomorrow." "I didn't expect you to be awake," he said. He sat down and talked to me for while. He said the surgery had gone really well and everything. But it meant a great deal to me that he was in my surgery. A great deal. Later on—last Christmas—I gave him a Christmas present and I told both of them how much it had meant for me. I wrote them both a letter. Because I was overwhelmed with gratitude. I was in a situation where I needed help, and I couldn't do anything for myself.

S. The competence and the caring and the spiritual connection—it was all important.

C. That they really cared. I didn't think that they just cared about me as money in the bank. But I felt that they cared about me, that they had compassion. And a lot of times doctors get criticized for how cold they are. I really did not feel that at all. And I wanted them to know that. And I told them that.

S. I bet they appreciated that, too.

C. They did. But I never realized how much people loved me. (Laughs). Because I didn't think that I was that important. You don't know how much people really appreciate you till they have to face the fact that they might lose you. My husband and I always had a good relationship, but we have communicated so much more since that. He is not a great talker, and sometimes I wish he would talk more, because I don't know what he's thinking about unless he tells me. I had watched that film on TV, First You Cry. That was before my surgery, I'm sure.

S. I'm sure that it was. I think it was about a year or so after mine.

C. I know it was after we moved to B.C. It was after my girlfriend
had her surgery. I guess all women probably pay attention to breast cancer articles and papers and stuff. At least I did. I always read things. And I wanted B. to watch it with me. He wouldn't.

S. My husband wouldn't either. I remember that.

C. Wouldn't he? Is that right? B. wouldn't watch it. He said "That's silly. That's never going to happen." I said "Well, what if it does?" He said "Well, we'll deal with it when it happens." I've always wondered how women would cope with it. You don't know until it happens to you. I didn't even know what a woman would look like. I would never ask a woman to show me her surgery. So you kind of wonder: "Well, what does it look like to have one breast?"

S. They didn't show that on this film, did they?

C. No. But I've always wondered. But I'm a private person, and I would never show my surgery to anyone. Well, I did show it to my kids. And my mother and my sister. I asked them if they wanted to see it. I felt they probably did, and they did.

S. That was O.K. for you?

C. Yeah. That was O.K. But if a girlfriend would ask me. Well, I did show it to B., the girlfriend who had the mastectomy. They were here this year to visit us, and she asked me if she could see mine. I didn't really like it that she asked me. But I showed it to her, and she showed me hers. But I don't like doing that. And I think if anybody else asks me, I will say I'd rather not.

S. Sure.

C. But my sons--my youngest son wanted to see it right away. He said "Mom, I want to see where they cut you." I said "C., it doesn't look very nice right now. I'll show it to you, but wait until it heals, O.K.?" So he said O.K. Then when it was healed, I showed it to him. The older son is different. I don't think he wanted to see it. I asked him, "R., would you like to see where they cut me, just so you know what they've done, and then you can forget about it. You won't have to wonder what they did." So I showed it to him. He didn't say much. But they've seen it. They're super. They have been really supportive kids. I'm really proud of them, and I think they'll be better men for it.

S. More sensitive?

C. Yeah. I mean, I can go around with just my housecoat on without my bra on, and I don't feel embarrassed. They aren't embarrassed and I'm not embarrassed. But I wouldn't want to answer my door without my bra under my housecoat. O.K.? You don't want to impose that on
somebody else.

S. So this is more your feeling—about other people?

C. Yes. When I came back from the hospital some people dropped in unexpectedly. At first I thought "Why are you doing this to me? Do you just want to see what I look like?" Then I thought "They're coming because they care." She brought bran muffins and stuff, and we had a nice visit. But I really didn't like them to see me that way.

S. You weren't ready for company at that time?

C. No, I would rather they'd waited until I could wear a bra. See, I had so much company in the hospital. It didn't bother me that people came to visit me that knew me. But some people came that had nothing to do with me.

S. They weren't really close friends?

C. No. There was a few that came that were just brief acquaintances, and they came to see me in hospital. And that upset me. Because I thought, "What business do you have to come to see me in hospital?"

S. It's kind of pressure on you to be social, eh, when you're not really feeling like it?

C. Yes. I wasn't feeling like just visiting. And I felt that they were just curious about what happened and whether they wanted to see what I looked like with just one breast. But it annoyed me because the friends that came and the family didn't bother me at all. Not at all. And really there were only two, and one brought her child. And I did not appreciate that.

S. Sounds like it was important for you to be surrounded by people who really loved you and cared about you.

C. Yeah. And don't pretend to be a good friend of mine now, just because I've got cancer. You know.

S. Don't patronize me.

C. No, don't. Leave the people that are close to me--let me have time with them. I don't try to get close to someone else. If someone is going through a difficult time and I have nothing to do with them, that's not the time for me to try to make friends with them. Hopefully that person has friends. If that person has no friends, that's different.

S. It's the reality of relationships that's important to you--more so than ever.
C. Yeah. Yeah. You realize how much your family does mean to you. My husband—he was super. I know the one thing I was afraid of was that when the crunch came, when I came home from the hospital, that he said "It's really not going to matter." Or is it? You can say one thing, but I was scared. I don't know how personal we're supposed to get . . .

S. How comfortable you feel.

C. The one thing I was afraid of—we had developed such a closeness that—I was quite shy when I got married. He didn't want me to wear a nightie. It took me a long time to come to the point where I was comfortable without one. And I loved not having a nightie on. I was scared that I was going to have to go back to wearing a nightie. I thought it would make him uncomfortable seeing me this way without having a nightie over it. And then, before I went in for my biopsy, I said "What if it's malignant? He said "The doctors don't think it's going to be." I said "I know, but what if it is? I have to talk about it. What is it going to do to us?" He didn't want to talk about it. I said "We have to talk about this." And so we did. He said "It's not going to make any difference. It's not going to matter." That's what I wanted to hear. I thought "Yeah, I believe you. But is it really not going to matter?"

S. It was still such a question for you—it was such an important thing for you.

C. I thought, you know, "Are you still going to be as affectionate to me, the way you were?" When I came home from the hospital, he was super; he could not have been more supportive and understanding. It was hard for him, too. It was hard for the kids, too. That night I went to bed. I was tired. I had my nightie on. I woke up in the night and I was so hot; I was sweating. I said to him, "Do you mind if I take off my nightie?" He helped me take it off. Of course it was dark—he couldn't see anything, so in the morning I went to the washroom and he came in there. Here I was with just my bandage on. He came right up to me and he looked and he wasn't turned off, he wasn't disgusted. He just felt bad for me. I know I made the first move to him in bed, and I know if he had turned me away I would have been crushed. I know I would have been. I really had to know. I'm a lot braver than I thought I was. I made the first move, and he was just as warm and loving as ever. And I was so relieved. I thought "It really doesn't matter." (Cries).

S. That acceptance was so important to you.

C. Yeah. And it's been super. As far as sexual relationships go, it's better than it ever was. Because we realize that what we mean to each other is not just physical—it goes a lot deeper than that.

S. A connection of the spirit, too—you felt closer in that way, too?
C. We appreciate each other for the persons that we are. He's glad to have me alive. So . . . it's a big thing to deal with. It takes a long time. I had chemotherapy, too. And I never really went through feeling depressed, because then the kids made it so easy for me. I felt so loved. Now, all women aren't that privileged. I don't really know what your experience was, and I don't want to talk this way if your experience was difficult on that line. But I felt so loved by everybody that I was never happier in my life because I didn't realize how many people cared about me.

S. It sounds wonderful—that kind of real validation of you as a person.

C. Yeah. So I felt good about myself because I thought "I am important." But then I know I went through a time of feeling down after. I figured "I'm feeling so wonderful and handling everything so wonderful, that when my chemotherapy is finished, I'm going to be better yet." And then after my chemotherapy was finished, I went through a time of feeling I could care less to get up in the morning. I didn't care to make interesting meals, I didn't care about much.

S. It was a real down time.

C. Yeah, I got up. I would make myself—I started exercising. I thought "What's wrong with me?" I thought I must need vitamins or something. I phoned my doctor and he said "How long have you been feeling this way?" I said "About a month." He said "Come in and see me." I went and I talked to him. He was just super. He gave me the support when I needed it. And I said "Maybe I need some vitamins." He looked at me and he said "What you need is not vitamins. You have been on a high ever since your surgery. You've been coping very well and are very strong. You've not gone through any grieving process." And he said "You have to allow yourself to grieve. Don't be so hard on yourself. What you're going through is something that is normal. You have to allow yourself to go through that." He said "It's not going to last all the time." He said it was normal and to allow it. I just walking away from there that day, I felt so good.

S. It was really important for you to hear that.

C. Yeah. And that was the day I phoned the Cancer Society to see if they needed volunteers. Because I thought "I'm normal. Maybe I can help somebody else." (Laughs).

(At this point we break for coffee.)

S. You were saying about being teased?

C. Yes. I told them that when we told them about my surgery. We were always very open with them. We didn't hide anything. We've
always been honest with them even about their adoption. We didn't ever want to lie to them. If they would ask us a question, we would give them an honest answer. We didn't always have to tell them a lot, but we would tell them what they asked. It's worked really good, and we thought "Well, we're not going to start now." We didn't tell them right away, but when we knew I was going to have a biopsy done, I said to B. "We better tell the boys now," because we had let our families know. We were getting together over the Christmas season, and it would not be fair if the kids would hear about it by someone else talking about it: "When is C going in for her biopsy?" They'd wonder what are they talking about? So I said "We can't have the kids hearing about it from someone else. We have to tell them." So we did tell them, and we said the doctors thought it was going to be O.K. But the one thing after it was said that it was cancer, I said "I don't ever want you to tease me about having one breast. That isn't funny to me. I don't ever want you to tease me about it or tease behind my back about it. That would hurt me." And they haven't—they haven't teased about it. And at first I was very sensitive about any talk about breasts. Do you have children?

S. No, I don't.

C. Oh, you don't. Like with boys, they notice girls a lot at this age. Well, they did even two years ago. They notice girls. And if they see a girl running and she's got big breasts, they make a comment. They say "boing, boing, boing!" And they laugh. At first, even seeing someone else running and going like that, you're very conscious of it. You just notice other people's breasts. I did. And I said I didn't want them teasing me in front of me or behind me. And I don't think they have.

S. There's this feeling for you of really being respected.

C. Yeah. Because I said "If you had your leg cut off or any part of your body cut off, it would not be a joke to you." Maybe at one point in your life you might be able to laugh about it. Maybe not. But I've met some women who talk really casually about their boobs and stuff like that, and I don't. But the one thing I was afraid of before I had the biopsy was that maybe people would never touch me. And I thought "Well, it's not that I touch people a lot," but I thought maybe B. and the kids would kind of cool it. Because we are quite affectionate, even the kids. We hug every day many times. Before they go to school and go to bed and come home from school. We do and I love it. People say at some point boys will stop kissing their mothers. Well, mine still like it if you hug them and kiss them, I was scared they wouldn't want me to hug them. And I thought "Well, that would kill me."

S. Were you thinking maybe that they would see you as so vulnerable because of your surgery?
C. Well, that they might think that I had cancer and that it would maybe be contagious. Being the person that has it, it's kind of scary. People think, well, now they can't touch you. So I asked them. I said "I was scared of one thing. What if I have cancer? Do you think you might be scared to touch me?" They said "Mom!!!!"

S. They thought that was crazy?

C. Yeah.

S. You haven't had any kind of experience like that--people being put off by you?

C. No. I haven't. I guess maybe the people I was most scared of were the people that are closest to me. If anybody else has acted cruelly, I haven't noticed it. I was really proud of my kids and my husband. Because I know there was another gal that had one. A mutual friend--she told me about this girl and she asked me to write her. She had hers four months after I did. I was afraid to write her because I thought "Well, what can I say to help her?" It's scary, because you can say something that you mean with kindness and the other person will not be in the receiving spirit to receive it. And you could hurt her.

S. You're really afraid of that, eh?

C. Yeah. And I didn't want to just write a letter. You do get a lot of people giving you lots of advice and comments. But they also have the same background as we do as far as their faith is concerned. I knew that and I just thought O.K. I did write to her, and it's a long story. It turned into a really super friendship, and we went to stay with them for a weekend. Her husband is a very prominent speaker in college circles and he's a really super guy. But she said he gave her no support. I couldn't understand what it must be like. She said she got support from everybody but her husband.

S. Your experience was really different from that.

C. Yes. I don't know--I don't really understand, unless he was going through his own terrible time. (Pause).

S. Are you kind of tired?

C. Well, I don't know.

(We break again for awhile).

S. You were saying that what stood out most for you was the time before the surgery.

C. The uncertainty was the most difficult. Once you know and you can deal with it, you can accept it.
S. You were talking about this period of being kind of low and then high for awhile. Do you remember some of the feelings you had at that time—what it was like for you?

C. I cried easily. I didn't have much energy—I could have stayed in bed all day. I didn't really want to get up. But I knew I couldn't do that. I forced myself to start exercising, which I wasn't enjoying, but I did them. I made myself do them. I guess I had set too high a goal for myself. I was feeling so good—unbelievable. I thought when the treatments were all finished I would feel even better. But I couldn't have felt better. You can only feel so good. (Laughter).

S. This was during all the chemotherapy?

C. I was sick. I had side effects, but I was feeling a lot better than I thought I was going to be feeling, so I was really grateful. I didn't lose all my hair. I did lose some, but people didn't notice it. I had nausea and vomiting for about 24 hours. I had the treatments on Friday. On Saturday I was no good to anybody, but Sunday I could go to Church. So I would say my side effects were quite light—one day of sickness after the treatment, basically.

S. Did this go on for awhile?

C. Six months. But I had a really good attitude. I was happy, I was content, I didn't feel I had been cheated by having this cancer, because that is not the worst thing that can happen to you. Other people have a lot worse problems. Mine turned out O.K. It could have turned out worse. I really didn't feel—I mean, my life has been easy. I haven't had any horrible experiences like unhappy marriages or a divorce or a miscarriage or a loss of a child in death.

S. You feel good about your life?

C. I feel I've had a really good life. You can't expect going through all of life without having some difficult things happen to you.

S. So you had no real bitter feelings, but there were just these feelings you didn't understand.

C. Yeah. I guess I felt kind of let down after the treatments were finished, kind of a let-down feeling, and I didn't understand that. I thought that was stupid. It was over now and I should be getting on with my life. The thing is, I told myself when my treatments are finished, I'm going to forget that any of this happened to me.

S. Put it all behind you?
But I couldn't. And I think that's what made me depressed. I couldn't put it all behind me. I mean, how do you?

It was still real for you.

Yeah. I mean, you've got that scar there. You're never going to forget what happened to you. You had cancer, you've got a reminder of it, so you're never going to get over it, but you're going to have to live with it.

So that was part of the learning for you.

Yeah. So I pulled out of everything I was involved in. I shouldn't say that. When I was in treatment I quit my class teaching, but I still went as a student. I couldn't be a leader. I didn't think my mind was alert enough. For a while there my memory—I don't know whether it was the anesthetic or the chemotherapy—it weakens you. I didn't feel strong. I continued to teach my Sunday School class for awhile, but then I felt I have to quit because I was not dependable, because with my treatments I didn't know when I could be there and when I couldn't be there. I was not dependable, and it wasn't my fault. So I felt in all fairness I should not take the class. I didn't isolate myself and stay home, because I still enjoyed being with people. But I didn't know whether they could count on me or not, and that's a horrible feeling.

That would be a real change for you then, because that was so much part of your life to take this kind of responsibility and be counted on. Was that kind of scary for you?

Because I'm the kind of person that if I promise somebody I'm going to do this for the year or something, I intend to do it. If you have to back out, you feel like you're a quitter. But if you're backing out for a reason you have no control over, then it's really not reflecting on your character. And that's what I think I have learned—that there are some things in life that are beyond my control. And I cannot change them. If I don't accept them, I'm the loser.

So it's kind of stopping fighting the feelings in yourself and just accepting them.

Mmhmm. Mmhmm. I think I've learned a lot. (Laughs). Sometimes I wonder how much I've learned. Now our youngest son—we would like him to show more of an interest in school. We're having quite a challenge with him now. He's a good kid, an easy-go-lucky kid, but there are reasons to be concerned about him. I would like to change him, but I cannot change him. I'm struggling with that. He is his own person. I have to let him be who he is, and yet I would like to change it.
S. That's hard.

C. I thought "Well, C., I thought you learned that." (Laughs).

S. In a different context.

C. Yeah, it's in a different circumstance. (Pause).

S. Yeah, I think that's a really big thing for me, too—knowing what to accept and what to change.

C. Yeah, I feel it's not right for us to just give up and say "We've done what we can." He's only 13 years old. We can't quit. We have to keep on accepting him for the kind of person that he is and try to accept him in the areas where he has weaknesses. And yet in the long run, if he chooses—you can't force your child to be something. The child has his own choices to make, and I think you have to respect that. We've done something. His marks are so poor in school, and he has no interest. He wants a dog—an outdoor dog very badly, and we don't want a dog. We said "We're willing—we don't want to bug you and be on your back about school and make life intolerable for you. We know you can do it." He's intelligent, but he's so easily distracted that he has a tough time focusing his attention in school. We said "We'll stay off your back. Whenever you want help, we're there to help you. If you can make Grade 8 without failing any subjects and without having to go to summer school and no incompletes, we will get you and outdoor dog. That's a promise." He said "What if I get one failure or one incomplete?" We said "Then there's no dog." Now we are trying to keep our hands off. It's a choice for him to make.

S. It's tough, but understanding and respecting.

C. I don't like things to be unpleasant at home. I really don't. It bothers me if there's tension. I don't like tension. So this is us placing some responsibility on him. We honestly can say "If you come back later on in life and say 'If you really loved me, then you'd have done something!" and especially since they're adopted, it bothers us more. They can throw things in our face and say "You're not my real parents." I really want to have a loving atmosphere at home, and it bothers me if there's tension. so we've got to have some way of saying "We're here to help you, but there's a certain amount of responsibility that falls in your lap." We can't make him do anything. He's a loving kid, and I believe that he loves us. The fact of adoption bothers him more than it does our oldest son. He doesn't want to talk about it. He says "Why do you bring that up? Is it supposed to be a problem? It's not a problem for me, so leave me alone." I said "R, I'm sorry, I will never mention it again." But C. questions and says things: "He's not really a cousin." He's wondering if he has anybody who's really related to him. He has said he'd like to know who his mother is. That was quite a few years ago. I talked to him about that. At
first he thought he was born of a married couple and they didn't want him and gave him away. Then when we told him his mother wasn't married and she loved him so much that she wanted him to have a mother and father, that changed his idea. He thought there was something wrong with him, that his mother and father gave him away. But if he's old enough and he wants to go on a search, I wouldn't want him to do it behind our backs.

S. There's this openness that's always there that's really important for you. I think it's a difficult age.

C. It is. I really believe that he is a good kid. But he's got to wake up and get to work.

S. I used to get these feelings about my students; I'd get really charged up and talk to them. I'm sure if they were my children, it would be harder. (Laughter). Are you feeling tired?

C. I'm okay.

S. There are a couple of things I wanted to ask you. Did you find through your experience that your sense of meaning in life changed?

C. Well, we do a lot of evaluating, and I found that in evaluating my life, I felt I was doing the things that were important; the things I was doing were the things I wanted to do. I think you look at things differently—what is important and what isn't. I feel like I'm more free to by myself. I don't worry so much about what other people think I should do. I have more confidence in myself to be who I am. We're all unique individuals, and I'm O.K. I've struggled with an inferiority complex, I guess. I feel pretty good about myself now. Maybe I just didn't have a good image of myself before. Maybe I just didn't have good enough image of myself before. But having been shown so much love and appreciation, I realize yeah, my family does want me around. I am important. I'm more important than I realized, and I have things to contribute. You don't really think you're doing that much. Then you're laid up and you have to get other people to do everything you've been doing.

S. And they realize and you realize how much you've been doing.

C. Yeah.

S. So there wasn't so much of a change as a kind of an appreciation?

C. And...just showing me that all along what I've believed is what it's all about.

S. Your faith was reaffirmed.

C. My faith was reaffirmed and all the things I was involved in. I'm not out earning money and doing a lot of things other women do.
Often people think a full-time homemaker is a lot of drudgery. I never felt that way. I don't care if other people think that way. I have need for involvement in my life that gives me more fulfillment in my life than if I was out working and just earning a paycheck. Relationships with people. My relationship with God is the most important thing because it doesn't matter what happens to you. People can do what they like to you physically, but they cannot destroy the faith that you have in a person—in a living person—a relationship that you have made with God. Nobody can destroy that. Even if they shoot me, they can't destroy that. And relationships with people are pretty important. Because if you are in a difficult situation and you don't have good relationships with people, you really are going to be a very unhappy person.

S. So it's the depth, eh? for you—it seems as if though everything became deeper in the way you saw life.

C. Mmhmm. Mmhmm. Yeah, what I believed I know is true.

S. Real felt knowledge?

C. Yeah. Sometimes different things happen, and if you have something to say, I feel people listen more carefully to what you say because you've been through something than if you've just had everything smooth. I think they respect you more. They believe even if they might not agree with you, that she knows what she's talking about because she's been through something I haven't been through.

S. You have a kind of authority, in a way.

C. Yeah. It does give you an authority. Not that I go around talking to people like that. Even the friends that you have, they just seem to marvel at you. One girl said "If I would need some advice, I would come to you." I feel like I really am not a person of authority. But obviously she has observed me and felt that she would come to me. Why would she want to listen to me if she didn't feel that I had coped with something and come through something and possibly be able to give her a handle on something?

S. It's like seeing you as a model and as inspiring?

C. Yeah. Yeah. I'm not very good at expressing myself.

S. I think you're awfully good—I think you're really good.

C. So I think I was happy with what I discovered that I was not wasting my life doing the things I'm doing.

S. I'm wondering, when you went through this hard time you were talking about, what helped you the most to heal?

C. What helped me the most, I think, was I was needed. I thought I would like to do something, but I didn't know what I wanted to do.
I felt I wasn't doing anything. I was doing lots for my family, but I wanted to do something for somebody else and I didn't know what. I thought "How are you going to find out what you can do?" I felt this whole experience must open up some kind of a new door for me. So I knew about the visits that they did. Although the visitor I had in the hospital was not a good one. She came in and maybe that's what made me interested in it, because she came in and she made me angry. She was very insensitive. My doctor came in and I told him and he said that should never happen. So he phoned the Cancer Society and complained and apparently other people had reported her, too, and she was taken off the visiting list.

S. She was not really listening to where you were?

C. No. She came in there like she was in such a hurry. She had just a few minutes and she was doing me a favour by coming. That wasn't what upset me, really. She told me I could have reconstruction done, and I mean, I just had my surgery done Friday and she came to see me on Sunday, which I thought was a little bit soon, but that isn't it, either. She had had reconstruction done, and she opened her bra and she showed it to me.

S. Oh, my. Oh, my.

C. I was not ready to see anything. It wasn't particularly a very nice job. Maybe it was. She said she had gained weight after she had had the reconstruction, so her reconstruction side looked like a stub to me. It did not look like a breast. It looked like a stump. There was no tip on it. It was kind of like a stump. She still had to put some type of a prosthesis in there to fill her cup. All this did was give her a cleavage. And that's what she wanted.

S. That was important to her, eh?

C. Yes. That was important to her. And so she showed me this, and I didn't ask her to show it to me. At that time I had just lost mine. I don't even care for anybody to show me their breasts, forget if it's plastic surgery. I'm not interested in someone else showing me their breasts.

S. Sure.

C. I didn't ask her to see them. She did it without me--I was weak, I didn't have the strength to say "Please don't do this to me." And then after that she asked me if my husband was "a leg man or a boob man."

S. Yeah, that's very crude.

C. I said "My husband happens to be a very good man, thank you." And at that point I just clammed up and I just didn't want to talk to
her any more. I was mad. I thought "Lady, I don't know what you're supposed to do, but you haven't done it. You have not helped me." I really didn't think that I needed a volunteer as far as helping me deal with it emotionally. I was doing well myself. I didn't feel that I was a lesser person because of this. But I would have appreciated it if she would have showed me what to do with my brassiere and stuff like that.

S. Practical advice.

C. She gave me the prosthesis and ran out. At that point she knew I was upset. I just thought "I don't know what you're supposed to do on a visit." And so when I phoned the Cancer Society and told them who I was and said "I had a visit. I don't know what you're supposed to do on a visit, but I felt very unhappy." They knew about this as she was taken off the list. I said I was wondering if they needed volunteers and that I'd been to see the doctor and had been feeling down. The girl I was talking to, she was really good to talk to. She listened. She was a volunteer herself. She encouraged me on the phone. She asked me where I lived and if I worked. I said I didn't work. She was so excited I couldn't believe it.

S. She was really glad to have you.

C. Yeah. She said "We need you."

S. That must have been really nice to hear.

C. It was and I thought "Oh, you're kidding," Because I thought maybe there were lots of volunteers. I didn't know. I thought maybe they wouldn't need any more and maybe I could volunteer somewhere else in the Cancer Society—at the Clinic or doing something.

S. Doing something for people who are going through similar experiences?

C. Yeah, because when I was going through treatment there was also a volunteer at the Clinic who was there on Fridays. It was M., yeah, and I thought she was fantastic. She's so cheerful, and she just puts you at ease and it was really nice having her there. I thought "I don't know what kind of volunteer work they might have, but I would like to find out." And so they needed volunteer visitors. She said "Well, you have to be one year following your surgery." So, I gave them my name and address, and they got in touch with me. They put you through a training—about two or three sessions of training—and then you can start on your visits. That really did help me, because I felt like I would come away from the visits encouraged. I mean, you don't go to the visits to talk about yourself. You introduce yourself and say you're the volunteer and say "How are things going for you?" And draw them out and listen. They talk—they talk a lot. Some talk more than others. And you're listening. They often ask you questions:
"How did you cope with this?" "Did this bother you?" I really feel I can give women a lot of encouragement because I came through it very well. Like the chemotherapy—you don't have to scare them to death. You can say "Some people get very sick, but everybody doesn't." And you can honestly give them hope: "I didn't lose my hair." And that encourages them because they can think "Well, maybe I won't, either." And they thank you so much for coming, and all you do is listen to them and encourage them.

S. Listening's a lot.

C. And you're not supposed to give them medical advice. You keep track of them after your first visit. You visit them once and you give them your name and your phone number and the brochure with exercises and helpful hints and shopping and it's just helping them to be informed about what's available to them. They feel more comfortable talking to you because they know you've been there. They're so appreciative; you go away feeling that you've helped someone. Then you tell them they're welcome to phone you any time. Most of them don't phone you. After two weeks I will call them and see how they're doing. They're usually happy that you phoned. They'll say "Thank you for calling." But after that, if they don't phone me, I won't phone them back again. Because you don't want to be a nuisance to them, and if they're coping well, that's great. There's one girl that's called me quite a lot. She doesn't get any support at home. The last time she phoned me she was crying. She just called me to talk to me. It had nothing to do with cancer.

S. She was looking for emotional support?

C. Mmhmm.

S. How do you find that?

C. Well, I found that call difficult. Because she was crying. I just let her talk. I said "D., I really wish I knew what to say to you. I wish I knew what to say to help you." She said "That's O.K., C., I just need somebody to talk to." She wasn't really looking for advice. Then I feel helpless. I felt helpless in that call because I felt like there's nothing I can do to help you except encourage you. I really couldn't encourage her that day except just to listen and tell her I'm sorry.

S. A lot of what we do in counselling is listening, and I think it's really important. Sometimes do you feel with someone like that that it might be good if there were someone else she could talk to?

C. Well, she has her mother. Sometimes it takes people a while to open up. I knew right from the beginning that it was not as easy for her. There was something not quite as right as she led me to believe, and it came out after about six phone calls. I think she tried to put on a brave front.
S. You were telling me about some dreams that were important to you. Do you feel comfortable talking about them now?

C. Yeah. Oh, yes. There was one dream that came back many many times that really bothered me that I didn't quite understand. It started when I was in hospital. And that was I would wake up and I would realize that there was something terribly important that I had forgotten to do that I was supposed to do. And I would wrack my brain and wrack my brain to try to think what was so important, and I forgot to take care of it. I would try and try and try and try and I could not remember. That dream came back many, many times.

S. Did you ever discover what that was?

C. I think once I did and it slipped away on me. I don't know quite what to make of that, but I know it doesn't happen any more. I don't know whether I was so concerned about so many details to take care of at that time. Other dreams—that one I mentioned about going through a Communist lineup being naked. I was very uncomfortable going through there because then everybody would see me the way I really was. I didn't think it bothered me. I woke up on that day and I thought "Yeah, I guess it does bother me."

S. That was shortly after your surgery?

C. It would have been the first year. And then this other one about being in the dream, having somebody take my bra and losing my prosthesis. That was just in April. But I don't remember a lot. I dream a lot.

S. You were saying that writing was important to you and that shortly after your surgery you started writing. You've got a whole pile of it there. It was really helpful to you to do that?

C. Yeah. It was helpful to me because my mind seemed so full of good thoughts. I felt I had an awful lot to be thankful for and what life is all about. The purpose for living—things I did not want to forget. If I don't write these things down while they're so intense, I'm going to lose them. I called it "My Test of Faith." In the beginning I talk about finding the lump and all that stuff.

S. Is there anything there that you'd like to share that I haven't asked you about or you haven't mentioned? I think you said this was really private and you'd never shared it.

C. I don't think my husband's read this. . . . My greatest fear was I didn't want to lose my sense of balance. I didn't want to become mentally disturbed. Just because of what I had read about other
women going through mastectomy, or the movie First You Cry. I didn't want to act out what somebody else acted out. I didn't think this should have to bowl me over. From hearing about how some women react—and yet I haven't met many of those women. I haven't met one angry woman. And so I think sometimes literature and media can present a false picture of what it really is. Maybe some people do have a tremendous struggle. But I guess it's O.K. to be aware that this is a traumatic experience. I guess I'm just stronger than other people are. I don't know.

S. It was important for you to have a sense of your strength, and you got this from your connection with God.

C. Yeah.

S. But the importance of being strong enough to cope with the experience.

C. I wanted to be able to cope because I thought "If I cannot cope, other people are going to have to cope with me." Right? "If I can't cope, my whole family might be ruined. I'm going to inflict a traumatic experience on them that's not necessary simply because I don't have coping abilities." And I have a number of friends that have shared with me that they have been near nervous breakdowns, and that scares me.

S. Is this as a result of mastectomy?

C. No, nothing to do with mastectomy. Just to do with other problems they don't know how to cope with. And it scares me. I would never want to have a nervous breakdown. And I don't know what causes nervous breakdowns. And when women get to the point where they can't cope, it frightens me, because I think I don't understand mental illness. Probably none of us are above it—above being driven to the point where we can't cope. I would just hate to be in a situation where I really couldn't cope. Sometimes it may be more difficult than others, but I would want to be able to cope.

S. Coping for you is partly having control or being in control of yourself?

C. Yeah.

S. It also seems connected with maintaining your faith in some way as a spiritual person? The two seem to go together for you?

C. Well, not so much that I can cope, but that I have faith that God can cope for me. I'm not having a faith in myself. God is bigger than I know, and I can plug into His power and being able to do that—in being able to actually believe certain things. When he says "I will hold your hand. I am always with you." Those are not just words. They're the truth.
S. It's like the meaning of your life to you, isn't it, having the connection with the power of God, of the God within you?

C. Yeah. I felt that if I couldn't cope like this, then what I had believed all along wasn't real. When my dad was sick, he had a hard time. I said "Dad, look, now is the crunch in your life. You can't stop believing now like you had believed all your life when the crunch comes. When the crunch comes, your true colours show up. If you really believe this, you don't have to be afraid to die. What do you have to be afraid of? If you really believe this, you have nothing to fear."

S. If your faith is strong enough.

C. Yeah. Either it's true or it's not true. And if it's true, you have absolutely nothing to fear. He realized that. You go through times of evaluating that and questioning, and that's good. But then when it hit me, O.K., C., now it's your turn.

S. This was a kind of test of your own faith—yeah, the scariest thing for you was maybe despair? When you talk about breakdown, this would seem like a kind of despair to you?

C. Yeah. I didn't want to be in a state of despair. I guess I never have. Not that I have to feel happy all the time. When we found out that I couldn't have children, that was very traumatic for me, and I couldn't cope with that. And I just ... I wept.

S. You wanted them very badly.

C. Yeah. I wanted them, and it was very hard to be told I would never have children. I could hardly work. I couldn't function. I went to work, but I was hardly any good. I can't cope with this for the rest of my life. At points like that in my life I've always turned to God, and I don't know what people do who don't believe in God. That's just what I've done. I prayed and I wept and I said "O.K., God, if this is what it's gonna be, then please help me not to feel like this is the end of the world. So we can't have children. That doesn't mean I have to cry for the rest of my life." He was supposed to take away this feeling of sadness and crying and give me joy. And he did. The next day I was a different person. O.K., so that's me. It's not just all in your head.

S. It's a real ...

C. It's a real thing. This is why I figured, "O.K., here God is going to help me through it. I'm not going to be crushed. I can still hold my head up high and smile. I don't have to be destroyed by circumstances."

S. It's very clear, the way you talk about it. It's very clear to me
and connects with a lot of things for me, too.

C. Yeah. So the big things in my life have been O.K.—not being able to have children, my younger brother dying—that was very hard for me when he died of a heart problem. His wife was pregnant with her third child. Going to his funeral—the first one that had ever died in my family, my own flesh and blood—he was gone and we were good friends. And then my dad. At each one of these points I felt a very Presence of God. Nobody could tell me that God is not real. Nobody could tell me that.

S. You sensed the feeling of Presence?

C. Yes. That He is real. It's exciting to be able to let Him do for me what I cannot do for myself, and that's what I'm doing with C. right now. I can't change him; I've got to keep loving him and supporting him and let God work out what He's going to do in C.'s own life. I'm not God and can't make C. do anything.

S. That's a very different thing, isn't it? I don't have to be that powerful. That's a different kind of strength.

C. So that was exciting for me to be able to experience. I felt safe. I felt so safe because I thought well, in a way I wanted to die (laughs) and get it all over with. And I thought that's selfish. What about the kids and my husband? I didn't tell him. I told him "I wanted to get better because I didn't want you getting married to somebody else." (Laughter). It would be traumatic. It is traumatic what my sister-in-law has gone through after my brother died.

S. It was a really profound kind of experience that you've had—a real spiritual journey.

C. Yeah. . . . We communicate better, B and I. He realizes there are some things I have to talk about when sometimes he would just like to shelf things. I have to talk about things. We talk about way more than we did before. Like feelings.

S. That's a really big change.

C. One thing I have to be careful that I don't go back to. I don't want to take myself too seriously and laugh more. The year following my surgery, I laughed a lot. And C. brought that to my attention one day. He said "Mom, I like it when you laugh." I thought, I was. I was hearing myself laughing and I liked it. I was laughing more. And I was sleeping better at night. I never took any pills. I thought "That's great." I didn't get as uptight as I would be now. Well, maybe the things that we're coping with right now—we've got so much to do with C.'s teachers. I felt that I was very calm and very relaxed and I could laugh more so than I did before. And I keep telling myself when I find myself getting
too serious—I try not to get overly serious about certain things and just enjoy.

S. You'd like to get back that sense of perspective.

C. Yeah. It does give you a different perspective.

S. So writing it down helps you to hold onto it.

C. Yeah. I think I'm going to write all these things down in a book because they're in bits and pieces. I think I've mentioned quite a few. . . . Like the Clinic, too— I felt I was getting the best care that I could get. People that were helping me, and I had never needed help before. But as far as the cancer . . . sometimes the question comes back about if it comes back . . . that's a whole different story. I don't know what I would be like if a recurrence . . . and I've been afraid about it several times because they had found a spot on my rib last year. But apparently it's gone. I have to go in next month for a checkup, and then if everything checks out, then I won't have to go back to the Clinic; I'll just have to go see my doctor. But I know I've been afraid. When I go down there for a checkup, I know there'll be some apprehension there. I don't know what it would be like to have it come a second time around. But I try not to worry about that. I worry my doctor. I have gone several times. There are things I have noticed that I wouldn't ordinarily have gone to him about. I've gone because you're supposed to. Once I found blood in my bowel and right away I was scared.

S. Oh, I would be, too.

C. I thought "Oh, I hate going to the doctor with this." But I did go. It was just a minor problem and it hasn't come back. But I thought if I don't report it and it turns out to be something . . . so I feel I'm careful. I'm not running about every little thing, but I am more careful than I've ever been. But I wouldn't want to have it diagnosed a second time--the cancer. I think it would be difficult. Do you worry about having it come back?

S. Yes. I don't think about it nearly so much as I used to. But this fall I had a bit of a cancer scare. I had mammograms done, and I felt much relieved when that was over and I was O.K.

C. Yeah. It is a concern. If something abnormal shows up--when that spot showed up on my rib cage, I was quite concerned that it was bone cancer, and they assured me. I had another bone scan three months later and it was almost gone. So.

S. There's always that awareness--not a big focus on it--but it's still there.

C. Yeah.
S. I want to thank you very much, C. I feel it's been really helpful and not just in terms of information. It's a lot that you've told me. But I feel—just from talking to you—I feel quite energized. Really inspired.

C. I hope I haven't said a lot of things—-it's hard to know what's related and what's not related once you start.

S. I think it's all related—what's important to you. You don't feel there's anything left out?

C. No, I don't think so.

S. O.K.

(Tape ends here.)
E.M.

E. I think I've been aware of breast cancer and the need to check myself for quite a number of years, although I certainly didn't do it on a regular basis. I would do it hit and miss. And I had several lumps. The first one frightened me terribly, but the doctor aspirated it, so that was fine. And then I think I requested to have a mammogram at one point, and that was clear. I may have had a couple of mammograms. I think I had one after that. And then I had a lump just after my second son was born. No, I'm sorry, that was the one that they aspirated. I had another—I've forgotten when. I think I had a couple and then this one. I checked my breasts because I'd been feeling sort of sore—sort of a draw-in feeling from my armpit to my breast, and there seemed to be a fairly large mass around the nipple. And so I was whisked in and I had a biopsy done by a surgeon and it was clear, or he said it was. He said it was fine, there was nothing wrong. And I had to go in a little while later. I can't remember what I went in for—I guess to take stitches out or just to examine me—and he told me then that the pathologist had rechecked it and they felt there was something suspicious there and I'd have to have the breast removed. I think the thing that I remember most at that time was that I was fairly calm, but my husband was furious. He was furious because the doctor had done it this way. I think, looking back, I realize this was his way of coping. Oh, that was the other thing—prior to going and having the biopsy, we had quite a session in the admitting room because he didn't want to have me sign this agreement that they would carry out any hospital procedures if necessary, because he felt if I had to have a mastectomy he wanted to find out Who the best person was and second, whether there were any other alternatives. So we had quite a session. I remember sitting and reading the newspaper in the waiting room while he was having this argument.

S. How were you feeling at this time?

E. I thought it was... well, he's like this with doctors, he doesn't treat them with awe. He says he's seen too many poor medical students when he was at university. But he agreed that I could have this done with this particular doctor, but if there was any further work to be done, he wanted to find out someone good. I remember one of the nurses said to me "Are you people Jehovah's Witnesses?" (Laughs). Anyway, I went in and had it done and that was what happened was that I thought I was fine and then this doctor... ah, so... .

S. What was that like for you?

E. I think that was quite a shock at that point. Yes. And so then my husband was quite interested in finding out more about lumpectomies. But they had just started and they were doing them in New York and Eastern U.S.A. He talked to several medical people
out at UBC and he called someone at U of W to find out what they were doing there. Then we got a surgeon that he was very happy with.

S. It's really interesting. That was quite a while ago, wasn't it?

E. Ten years ago. I was worried, of course. I think my whole thing was to get through the operation. I wasn't concerned at that point about physical results of the mastectomy. I was just concerned that the cancer hadn't spread. I know that I had trouble sleeping at night, but that I could put it out of my mind during the day. I really could.

S. This was while you were in hospital?

E. No, this was before I went in. I didn't go in immediately. It might have been almost a month before I went in.

S. Between hearing that it was malignant and having the mastectomy?

E. Well, it was in situ, so I did have time. At least the biopsy of that area was in situ. Well, you never know whether there was going to be another area.

S. It's quite a while to think, isn't it?

E. Yes. Right. But I think it was good for me because I don't like to rush in and do things, and I had time to get used to the idea. Some people it wouldn't suit them, but it did suit me.

S. You were kind of preparing yourself for surgery.

E. Right. Yeah. And I didn't... someone called and asked me... this was before there were volunteers, I think... a friend, if I would like to talk to someone who'd had a mastectomy. But I didn't want to. My sole thing was to get through the operation and find out whether I needed to have more treatment and whether it had spread. Then afterwards I was, if that, then I was ready to face the other.

S. So the cancer was the big thing for you, and trying to do what you could to stop it from spreading.

E. Right. I was very busy then, too, because my children were 7 and 6 and 2, so I didn't really have time to fuss about things. About me, either.

S. Do you think that was helpful for you?

E. Oh, yeah. Yeah. I had one really bad day, when they took the final bandages off. I thought I'd prepared myself for the operation—for the loss of the breast. But I didn't look at my
incision while they were changing dressings. I just thought I wasn't ready for that. When they finally removed them, that was my bad day.

I had a lot of help. My husband was very supportive. Friends were.

S. You had people to talk to?

E. Yeah, although I really didn't talk that much about it. Friends were very good. They called all the time. I went out. I haven't been swimming this year, but I swim quite a bit—I swim in the summer and in the winter regularly. I do have a hangup about not showing my incision if I'm in public... it's just something—well, that's just me.

S. I'm like that, too.

E. I don't want people to look at me.

S. Did you have a radical surgery?

E. No, I had a simple.

S. A simple mastectomy—just the removal of your breast?

E. Right. I didn't have to have any treatment—that makes quite a difference, too. I think the treatment is hard to take.

S. And the breast loss?

E. It is difficult. But I was so thankful that the cancer hadn't spread. I'd just as soon not have had to have it, but I can think of a lot worse things—like losing a limb.

S. And you haven't had any problems since then?

E. No, but I have to keep a fairly close watch on this other breast. I don't know—what else would you like me to tell you?

S. When you were worrying about the cancer spreading, did you find yourself facing mortality at the time?

E. No, because I hadn't... No, I don't think I got that far, really. I was just worried about it. I was feeling very well, so I couldn't visualize that I would be on death's doorstep. (Laughs). And I hadn't lost weight or anything. I don't think I really thought about it that much. I was concerned about it having spread and that I might have to have treatment. But I don't think I thought about dying quite at that stage. I was certainly worried.

S. It was more a matter of nipping this in the bud.
E. Mmhmm. My husband says that I've learned and I'm sure that's probably true—to be able to put things out of my mind and go on with other things. And I think I did that fairly successfully except at night, and then I found that I couldn't sleep quite a bit.

S. What was that like for you?

E. I remember being very annoyed because he was sleeping and I wasn't. And then I discovered he'd had to go to the doctor to get sleeping pills. (Laughter).

S. Do you remember some of the things you were thinking when you couldn't sleep?

E. It's really hard to remember. I suppose I did think of dying. I don't know. I suppose I thought especially about H., as she was only two. I don't think I dwelt on that, really—I just didn't allow myself to.

S. How do you get yourself out of dwelling on things?

E. I don't know how, except my mother had a long and very painful illness. She died when I was 19. I remember when I first learned that she had only eighteen months to live I almost went out of my mind. I think somehow, somewhere along there, you develop that, just for preservation when you've been through something like that. And obviously I have. And she was very good. And that of course helps, too. Perhaps if she'd been terribly, terribly upset and hadn't been such a strong person herself, perhaps I would have had a different reaction. But she was.

S. She made it easier for you.

E. Yes. Then you somehow . . . I can't really explain how I do that. I know that when I lived with girls before I was married, that was something they used to say about me, too—I never worried. But I do worry, of course. But I don't worry about things that I can't change, somehow. And I only worry for so long. And then if I can't change it, that's it. I'm finished.

S. It sounds as though coping is really important for you.

E. Yeah. But I have to do it in a certain way—sort of a slow way. Now some people have to talk quite a bit and get involved with people—that's their way of coping. And other people draw in, and I think I'm that sort of person. I had a friend who a few years ago lost her husband very suddenly in a helicopter crash. She was just like that—she drew into herself for two years, really. But now she's just fine. And that was her way. I know other friends of hers kept trying to get her out into doing things and taking
courses. She didn't want to do any of those things. She drew in to get a strength, really.

S. That's really interesting. And so you found that you did this, too—kind of going inward? Your inner life was important to you?

E. Yes. Right. Yes. I'm not a religious person, although I'm not an unbeliever. I don't go to church on a regular basis, but I have a certain belief, I guess. I can't say that I called on that or anything.

S. It was like connecting with a strong part of you inside yourself?

E. Yes. Yes.

S. Do you remember any dreams or fantasies you had that were important to you at that time?

E. Interesting that you're talking about dreams. My husband had dreamt about this several months before. He had dreamt that I had cancer and had to have a breast removed.

S. This was before you knew about it?

E. Oh, both of us have had dreams like that—precognitive dreams. Why, don't ask me. (Laughs). I said, "Well, how did I act?" He said, "Well, you just coped with it fine." (Laughs). But I guess he forgot about it and then it came up again.

S. He remembered it afterwards.

E. Mmhmm. He didn't tell me at the time about it.

S. When you were saying "going inward", this was for a period of time after the surgery?

E. No, before. I just kept busy and did my thing. I know we had a guest here from B, so I was busy.

S. Then after your surgery did you feel more like talking?

E. No, I've never really talked a lot. I'm not adverse to talking, but I never really talked that much. But at that time I didn't really know anyone who'd had a mastectomy. Sometimes people feel awkward if you talk about it to someone who hadn't had it.

S. Did you find there was an awkwardness with people at all in terms of their reaction?

E. Not my close friends, I don't think. Thinking back now, I remember the following summer going to Edmonton. And my sister-in-law had a friend who had had a mastectomy—two friends—and she invited them
over for tea. And I was really rather annoyed because I didn't want to talk about it. I'd forgotten that. I didn't want to talk about it to them. And I didn't—I just didn't talk about it. I thought "Well, what's she doing this for?" And I remember... she probably thought I had a real hangup about it. And I don't think I had a hangup about it. But maybe I'm just a private person.

S. It sounds like kind of an invasion of privacy.

E. Yes. Yeah. I just didn't like her arranging it, I guess. (Laughs). She'd asked this woman to write to me after I'd had the mastectomy, and she wrote a very nice letter. But I don't know—I guess it was just me. And maybe I wasn't quite ready to talk a lot about it. When I visit people I do now, I don't mind at all. Maybe if it had been someone I knew. But I just don't...

S. It just wasn't a thing you wanted to do. And especially someone not asking you first—that would be really hard. Did you talk about it with her afterwards?

E. No. And I've also forgotten this—I've had a lot of help, too, maybe more than the average person, because my husband's at the university and a friend in the medical faculty arranged for us to go and talk to Dr. G., Head of the Cancer Clinic. He talked to me about it and was very helpful. He made a lot of suggestions. He was the one that said not to look at yourself in the mirror the first while.

S. So knowing what to expect was important?

E. Yes. He went through that a bit. So that was helpful. So though I didn't talk to anyone who'd had a mastectomy before, I don't think I would have wanted to, really. Because that wasn't what was important at that point. Maybe later. But there are all sorts of people I'm friendly with who don't know I've had a mastectomy and I don't tell them about it or anything; I don't really think it's pertinent.

S. Sounds as though getting through this time was important to you and you were really able to get through it. In terms of strength—being really strong in the experience—this was something you were able to do.

E. Mmhm. Mmhm.

S. I'm wondering if in any way you feel you've changed.

E. I think I'm probably a bit more tolerant of people who don't cope as well. I think I'm a bit more tolerant than I would have been in the past, perhaps. I find it's rather interesting when I go to visit people—I found that people who find it the hardest are the elderly women, which always amazes me.
S. Is this the breast loss?

E. Yeah. So it must have something to do with the different view older women have from the female perspective. I think modern women are much more liberated. And I don't think they take the loss of the breast quite as hard as an older woman does. I think when you're able to cope really well, sometimes you're not as sympathetic to someone who perhaps doesn't cope as well. But I think probably I understand it more. Also the fact that my mother didn't have a chance, really. I kept telling myself that she didn't have a chance, and I had.

S. She didn't have a mastectomy?

E. No, because it was too advanced by the time it was discovered. . . . And I think also if you've faced the disease at one point, then maybe it's a little bit easier. Well, it's still hard, even if it's yourself. I was told by the first surgeon that it was in situ, so that's why there was such difficulty in diagnosing it. That's quite different than someone who hadn't been told that, if they just thought that they had invasive cancer, I think that's quite a different thing. I probably wouldn't have faced it nearly so well. (Laughs).

S. Is there any other way that you've changed through your experience? For example, did your sense of meaning in life change?

E. When you lose your parents when you're very young, you realize how tenuous life is, that it's very short, really. But I think from my husband's point of view, it made quite a change. After I had my operation he began taking a month's holidays, which he never did. It was either just a week or sometimes two weeks. He hadn't lost anyone close at that point, and I think it was quite different for him.

S. And so time is really precious to him now?

E. Yes, exactly. To realize what was really important in life—more time with the children and with me.

S. A real change in his priorities as a result of your experience.

E. Yes. Yeah.

S. And for you there wasn't the same kind of change at that time. But earlier on?

E. Right.

S. How did you get involved with the volunteer program?

E. I was saying I didn't have a volunteer. I did--I had a volunteer
after my surgery. She was such a lovely person—very full-busted. (Laughs). I really enjoyed her. So I decided when H. was older—when she got into kindergarten, I guess, then I would volunteer.

S. So this is something you decided to do early on, on the basis of being really impressed with your volunteer.

E. Yeah. She really made me feel very good. At that time I remember having to ask—that was something Dr. G. had told me to do—to have one of these volunteers come in. Now automatically the doctors ask for us to visit. At that time a lot of them were rather skeptical, I think. So I remember having to ask Dr. M. I asked him several times. He said, "It's too early. You haven't got your bandages off." And this sort of thing. But because I persisted, then he did.

S. You really wanted to talk to someone at that time.

E. Uh-huh.

S. What was good for you about that, do you remember?

E. Just someone who looks healthy, and comes in and looks normal.

S. Looking like anybody else?

E. Right. Because she didn't really... she just sat back and assessed the situation slowly, and she didn't push herself on me or anything. She didn't ask very many questions. She didn't volunteer a lot of information, only if I asked. Whether she was just a very good counsellor, I don't know.

S. You felt really comfortable with her and that was helpful for you.

E. Yes. If I'd had a bad experience, perhaps—I can think of one volunteer that we have who would really turn me off completely.

S. Can you tell me something about that—like what would bother you?

E. This particular volunteer goes into great detail about her problems and surgery and so on. Just someone who hadn't made the best of it, I think. I think they're trying to phase her out. I think someone who hadn't been cheerful, either—who took it just a bit too serious.

S. Not too sensitive?

E. Yeah. Yeah. Yeah.

S. Volunteering is something that you enjoy doing now?
E. Yes. I get a bit fed up because it's so last-minutey, and I always have to drop something and rush out. I keep thinking oh, I'm going to quit. But then I enjoy it after I've gone. Most people are so appreciative that I do enjoy going.

S. Would you say it's an important part of your life now?
E. No. . . . No.
S. Just part of everything else?
E. Yeah. You know, I'm always impressed at how well people cope, actually. And again, I don't get involved. I go and I do it and that's it.

S. One visit with someone?
E. Yes. We call back, usually. But I don't get involved. I have a friend—she's not doing it now because she hasn't been well—she got far too involved in the people. You can't do that—getting involved in their problems. Somehow I don't think it's good for you to do that. You can go and give them support and give them suggestions about what to wear and this sort of thing. But I don't think that you can really get emotionally involved with them—we're really not trained for that.

My children were—my seven-year-old was quite upset. He didn't know what it was all about. We didn't tell them. I'd gone to the hospital for the biopsy and then I came home. Then when I had to go back, I guess he picked up my husband's concern. He was very difficult. He had to call me every morning in the hospital before he went to school.

S. Wanting to know if you were O.K.?
E. Yes, and if I was still there, I think. (Laughs). We just had a dog that had gone into the hospital for an operation and hadn't survived.

S. Oh, dear. Yeah.
E. He finally wanted to know—I guess I told him—he wanted to find out "Why is she back in the hospital?" It all came out, anyway. And J. said well, it was a lump I'd had removed in the previous operation. He didn't know why that hadn't fixed it. And so when J. explained that I had to have more work on it and that I'd be fine, much better, but he did go on. I was kept in the hospital longer than normal, but I think maybe because Dr. M. thought I had small children. And I was there over Easter, too. I guess I was there for 10 days, which is quite long for a mastectomy. But after a week after that he was all right. He was fine. And then later I told him quite a few years later, when it just sort of came up in a normal conversation about cancer, I said "I've had cancer." They were quite astounded.
S. They were too young to remember.

E. Yeah. Do you have children?

S. No, I don't, but you know, I can imagine it. When you talked about it afterwards...

E. It was in a car. It's always in a car when we have all these critical conversations. (Laughs). C. wanted to know what I wore. I explained to C. "You remember that rubber thing that you used to float in the sink sometimes?" Sometimes I used to leave it on the sink. (Laughter).

S. Something to play with. (Laughs). And so when they found out it was cancer, this was kind of a shock for them?

E. They were quite surprised. By that time it was in the past. Some people tell kids too much. It puts quite a lot of pressure on them. Certainly when they're older they have to be told. But when they're little...

S. Are they concerned for you?

E. No. It was something that happened.

S. They were able to understand.

E. Yes. And my daughter eventually asked why I only had one on one side (Laughs). That was when she was older. But I think it's a completely different problem if you have chemotherapy and hair loss and all this sort of thing—the ravages of the disease or at least the results of treatment.

S. For you, it was being rather lightly touched and getting on with your life?

E. Mmhmm.

S. I was wondering what healing means to you, and what helped you heal or made healing difficult.

E. Well, I suppose support of friends and family helped... Oh, I remember in the hospital being absolutely furious. But I think a lot of people do have anger when they suddenly realize the result of the operation. Dr. M. had a lot of students and they used to come in. And he had this particularly obnoxious intern. He annoyed me quite often. And the day that I had my bandages off—actually he took them off—he came in with a very good-looking female student and he was obviously trying to impress her. And he came in and took these bandages off and was talking to her about it and so on. That initially made me very annoyed. And I was very surprised at my doctor doing this. He was quite a sensitive
man: Whether it is just normal for him or whether he didn't assess me properly. . . Then he came in with—it must have been about five students. And discussed my operation. Well, he discussed it until he saw how angry I was. And then he got out and so did the others. So that really annoyed me. I thought it was very poorly done. And I think if he were going to do that he should have asked my permission.

S. That was again a kind of invasion of your privacy.

E. Yes. Yeah. And I hadn't sort of healed inside to be able to cope with that. And that really upset me. It was the day I was going home, too.

S. So you went home with some of those angry feelings?

E. Mmhmm. Yeah.

S. Were you able to talk about it with him?

E. No. Well, I think I could have, but. . . .

S. He got the point that you didn't like it.

E. That's right. (Laughs.)

S. Feeling like an object for all those people must have been really hard.

E. Yes. Yeah.

S. The healing inside—were you aware of that happening?

E. No. Looking back now, I realize. I think that anger was the same type of anger my husband had problems with. I think anger is good as long as it's directed in a certain way.

S. Is there anything else you'd like to share that I haven't asked you about?

E. I can't think of anything, I don't think.

S. How do you feel about my asking you all these questions now?

E. Oh, I don't mind. No, not at all.

S. Not uncomfortable for you?

E. No.

S. That's good. Because I was just kind of concerned that I might have been invading your privacy, too.
E. I think there's probably a closeness between people who . . . . I have quite a few friends now who've had mastectomies. I think you're sort of . . . you're closer to them than you would have been otherwise. There's just a specialness about those people, and you're concerned that they're well.

S. I really appreciate your talking to me, E. (Tape ends here.)