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To my father whose unconditional love, generosity, and strength have always been my inspiration; and to the six extraordinary cancer survivors in this study who so kindly shared their courageous stories.
Abstract

There has been very little systematic investigation of the long-term effects of the cancer experience. Data produced from the medical mainstream derives from the implicit but pervasive theory that recovery and survival are a function of surgery and/or treatment, and although these advances clearly facilitate healing, this study reveals that recuperation is very much a function of an individual's ability to accept and integrate the many transformations that come with living with cancer. In order to gain further insight into the residual effects of conquering cancer, this thesis explored the needs and concerns of six cancer survivors. A qualitative methodology was selected, and data were gathered via open-ended, in-depth interviews with each participant. The interviews were tape-recorded, transcribed verbatim, and analyzed in order to identify trends regarding survivor's experiences. The research indicated that by continually appraising the meaning of their disease as it related to every aspect of life, the participants in this study experienced varying degrees of Authentic Transformational Integration (ATI). ATI defines a theory that describes a phenomenon which occurred for every research participant enabling him or her to cope more effectively with remission.
Acknowledgments

My gratitude and heartfelt thanks to the following people who have been an integral part of this magnificent and transformational journey.

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The six very special participants in this study whose honesty, courage and wisdom I feel deeply honoured to have shared.

A very special thank-you to all, you have made the struggle worthwhile.
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CHAPTER I

Break free, learn to say the word CANCER. It's only a word, not even a dirty one! It's not contagious or a death warrant. It's not a person, it's a disease, pure and simple. We live with it longer and longer as medical research pushes rapidly ahead.

- Gai Thomas, Cancer Survivor

Introduction

Cancer touches people of all ages, races, incomes, and geographic locations. The Canadian Cancer Society states that one in four Canadians will develop cancer, and because of medical progress, "one in three persons treated for cancer now has a normal life expectancy" (Listen with Your Heart, 1990). The American College of Physicians claims that early in the 21st century more than 65% of all patients with cancer will survive long-term (Welch-McCaffery, Hoffman, Leigh, Loescher, and Meyskens, 1989). As survival rates continue to increase, many more people will understand what it means to beat cancer. Survivors need support, information and new ways of thinking and being to adjust to life after cancer.

The shock of having a potentially fatal illness results in wide-ranging and often tortuous shifts in life and lifestyle. Traditional treatment protocols can be painful, traumatic, antiseptically impersonal and dehumanizing. The anxiety of facing family, friends and colleagues, coupled with that most caustic of responses - pity, leaves many cancer survivors feeling isolated, lost and abandoned by the system. Dr. Alistair Cunningham, from the Ontario Cancer Institute, notes that, "clinical experience shows that many patients, although coping adequately, are privately anguished" (Cooper, 1988, p. 135).
During the diagnosis and treatment phase of their disease, cancer patients are generally offered an abundance of support options by the medical team. Family, friends, co-workers, and other patients are often very generous with their compassion and assistance. Once in remission, however, few support people seem interested in discussing it further; they want to put the ordeal behind them and move on with their lives. Cancer survivors are often alone with their fear of recurrence and the need to understand and organize their experience.

Few studies have systematically examined the long-term effects of the cancer experience (Cella, 1987; Schmale, Morrow, Schmitt, Adler, Enelow, & Murawski, 1983; Shanfield, 1980). The intention of this thesis is to understand the experience of cancer survivors and identify their specific needs and concerns in order to gain further insight into the residual effects of conquering cancer and the challenge of living in remission.

There are, indeed, many "experts" in the field of cancer care. Physicians, oncologists, immunologists, psychologists, therapists, etc., all provide valuable information, insight and resources. It can also be argued, however, that the real experts on the remission experience are the cancer survivors themselves.

Definition of Survival

Who are cancer survivors? Defining survivorship, is difficult because so little information has been obtained on the subject. Dr. Fitzugh Mullan, physician and cancer survivor, maintains that, "No one really knows when he or she passes the line from cancer patient to cancer survivor " (Mullan, 1984, p. 89). He further explains, "There is no moment of cure but rather an evolution from the phase of extended
survival into a period when the activity of the disease or the likelihood of its return is sufficiently small that the cancer can now be considered permanently arrested” (Mullan, 1985, p. 271). Survivors, then, can be those who are living with controlled disease or those who are disease free.

The survivors selected for this study were one or more years past their last cancer treatment with no evidence of cancer and living relatively symptom-free. The experiences, circumstances, personalities and reporting abilities of cancer survivors participating in this study will no doubt differ, as will their individual needs. Because no case of cancer is typical, this research will focus on identifying an underlying experience common to these cancer patients in remission.

The Question

In 1990 the Ontario division of the Canadian Cancer Society commissioned a major survey on the needs of cancer patients. The survey found that “existing agencies are falling woefully short in meeting the non-medical needs of most cancer patients” (Mickleburgh, 1991). Cancer survivors, it seems, have been neglected by a medical model that addresses mainly the physical and tends to ignore the obvious emotional and psychosocial factors of the disease, and by a psychological model that is just beginning to understand the recovery process.

The thesis will endeavour to determine the special needs and concerns of cancer survivors in terms of coping effectively with their remission, as well as address the following questions;

i) What impact has cancer had on the lives of survivors?
ii) Where do cancer survivors seek support?

ii) What do survivors feel is important in terms of cancer education?

I feel it is of the utmost importance to listen openly to the cancer survivors with the assumption that they are my teachers and I am there to learn from them. Each survivor has a very important story to tell, and sharing his or her experience will provide valuable insight into the remission experience and be potentially therapeutic for the participant.

Significance of the Study

By attempting to understand the recovery process this thesis may provide further insight into how cancer survivors can best encourage and maintain their health, assist newly diagnosed remission patients cope with this phase of their disease, enhance the effectiveness of counsellors, social workers and health therapists in reducing survivors' distress, as well as give direction for further research in the area of patient education.

Formal Background of the Researcher

My interest in the area of cancer and the mind-body connection began over three years ago when I became familiar with the work of Dr. O. Carl Simonton and Dr. Bernie Siegel. Inspired, I studied Art Therapy with Dr. Joyce Wilkinson, which focuses both academically and experientially on their methodologies.

After studying many books, articles and journals, as well as attending numerous lectures and conferences on psychoneuroimmunology, expressive arts therapies and alternative healing methods, I accepted an internship with the Cancer Counselling
Centre (CCC) in Toronto (see Appendix VI, Curriculum Vitae). The CCC offers counselling for individuals, couples and groups, based on the Simonton method of integrating mind and body in the healing process.

My work with the CCC provided an opportunity to speak at length with a number of cancer patients in almost every phase of the disease. The clients in remission were having a surprisingly difficult time coping. Many survivors stated that although their diagnosis and treatment was sometimes very painful and difficult, they were comforted by the abundance of physical, mental and spiritual support offered during this time. Once they "decided to get better", however, they felt abandoned. Those close to survivors tend to make the assumption that they are "cured" and life should return to normal. Yet, cancer is a chronic disease and, according to many survivors I questioned, there is not a day that passes that they do not think about their cancer and not an ache or pain that is not coupled with the fear of recurrence.

I searched for agencies or programs that dealt specifically with cancer patients in remission. I found nothing. The support groups I contacted focussed on fighting for recovery or coping with disease and although they welcomed cancer survivors they did not address their needs specifically. My assumption was that it may be somewhat difficult in a group situation to voice the problems and hardships of being in remission in a room full of patients fighting cancer.

I then met with Dr. Cunningham at the Princess Margaret Hospital in Toronto, and gained permission to observe and participate in his Cancer Coping Skills Training Program. The majority of people attending these workshops were newly diagnosed cancer patients and those experiencing a recurrence. The survivors I spoke to in this
group confessed to feeling a little misplaced. They wanted to talk about their fear of recurrence and the difficulties of survival, but claimed they felt selfish “complaining” about remission when others were so obviously distressed. One survivor admitted that although many of the techniques and exercises were helpful, he would have preferred to discuss his situation with others in similar circumstances.

In an effort to gain more insight into the cancer experience I contacted the Canadian Cancer Society and trained as a facilitator for the Living with Cancer (LWC) support group. My contact with survivors in this group was entirely different. The majority of these people were long-term survivors (six to 20 years), had experienced a stage IV cancer, and had literally been given a death sentence by the medical community. Most survivors had been regularly attending LWC for the past three to fifteen years. I wondered why they kept returning to this group. Why the need to discuss their experience again and again so long after the fact?

Many newly diagnosed cancer patients and their supporters would attend the LWC meetings totally distraught, confused, shocked, in despair, and the survivors gave them what they were looking for -- hope. Each meeting I would hear the same survival stories over and over, and each time a glimmer of hope would shine in the eyes of someone who thought his or her life was over. These cancer survivors were living miracles, giving not only assurance, but providing valuable information regarding: dealing with doctors, second opinions, coping with treatment, diet, family issues, guilt, body image, insurance, wills, etc. The joy of giving this gift was obvious -- and I understood why they felt compelled to return year after year.
I had another opportunity to meet with cancer survivors at Wellspring, a support centre for people with cancer and their families. Because of my interest in imagery and visualization, I offered my services facilitating a weekly program using the techniques of Simonton (Simonton, Matthews-Simonton & Creighton, 1978), Siegel (Siegel, 1987, 1989), Fezler (Fezler, 1989), and Cunningham (Cunningham, 1992, 1993), all of whose workshops I had attended. This was, of course, a different atmosphere than the Cancer Copings Skills Training Program or Living with Cancer groups; however, I developed very close bonds with both cancer patients and survivors. The cancer survivors in this group were very interested in discovering tools for maintaining their health, as well as sharing their experiences and providing support for others going through treatment.

After over a year of meeting with cancer patients and survivors, listening to their stories and sharing their victories and set-backs, I began to design my research with a deeper understanding of the complexities of cancer survival and the cancer care system.

Throughout these very rewarding, enriching experiences I noticed a personal change. Often people would ask me why in the world I would want to work with cancer patients; how depressing they thought. Yet I gained so much insight from these remarkable individuals, and experienced far more joy than pain that I considered my work exhilarating rather than depressing. The energy, the love of life, the vibrant nature of people living with cancer is contagious. These people, having faced their own mortality have learned to live, and I find myself seeking to emulate the ideals and the lifestyle of the survivors I have known.
CHAPTER II

Literature Review

Twenty years ago ... patients who survived a few years were regarded as physiologic miracles bereft of psychological needs.

- Dr. Jimmie Holland

Introduction

Numerous resources aid cancer patients and their families in understanding their illness, asking appropriate questions, and coping with their problems more effectively (Borysenko, 1987; Dreher, 1989; Gawler, 1984; Morra & Potts, 1990; Sveinson, 1977). There are also a number of encouraging accounts of those who fought cancer and won (Glassman, 1983; LeShan 1977; Williams, 1990). Many offer practical techniques for getting well (LeShan, 1989; Cunningham, 1992; Siegel 1987, 1989; Simonton, Simonton-Matthews, & Creighton, 1978; Simonton & Henson, 1992). Few, however, provide information for cancer survivors concerned with altered body image, self esteem, discrimination, fear of recurrence and staying well once physical health is achieved. The assumption seems to be that once all the tests are clear, cancer survivors should be able to return to life as usual.

The analysis of the long-term impact on cancer survivors is a fairly recent trend. It has only been within the last decade that research has been conducted in this area. Nearly all the material written begins by acknowledging how little is known about cancer survival and concludes by recommending multiple interventions in the physical, neurological, mental and psychosocial realms of long-term survival. Although the majority of the research has focussed on survivors of childhood cancers, this thesis will
focus on the exceptions, beginning with a brief historical review of psychology and cancer, and then examining the survival research in the following categories:

i) Psychology and Cancer Survival, ii) Social Support, iii) Education, and iv) Survivor Reports.

**Historical Review**

Although the modern combination of psychology and oncology is barely two decades old, the notion has been around for centuries. The Roman physician Galen (200 A.D.) observed that "melancholic" women were more cancer prone than "sanguine" women (Leshan & Worthington, 1956). According to Gendron (1701), anxious and depressed women were at greater risk of developing cancer, and Walshe (1846) believed that mental dysphoria was directly related to cancer cause (Derogatis, 1986).

Elida Evans (1926) believed that cancer was a result of unresolved problems in the patient's life. Based on her research with one hundred cancer patients, she concluded that people who had experienced a loss of an important emotional relationship coupled with the difficulty of developing and expressing their own individuality, were likely candidates for developing cancer (Simonton et al., 1978).

LeShan and Worthington (1956) in their review of the literature from the first half of this century found that depression, loss, hopelessness and helplessness frequently emerged as a cancer predictor. In subsequent inquiries, LeShan and his associates confirmed that patterns of isolation, unresolved loss, inability to express anger, and
hopelessness were highly characteristic of cancer patients (LeShan, 1966, 1977).

Similarly, Schmale and Iker (1964) concluded that feelings of depression, hopelessness and helplessness, although not the cause of cancer, were significantly associated with its development.

In 1966, Bahnson and Bahnson developed the theory of "psychophysiological complimentarity", which associated the likelihood of developing cancer with repressed emotional conflicts related to loss (Derogatis, 1986).

The National Cancer Institute, founded in 1971, set up the first co-ordinated research on psychology and cancer care, and in 1975, the first conference on the psychosocial aspects of cancer was held in San Antonio, Texas (Cullan, Fox, & Isom, 1977). In 1978, Dr. O. Carl Simonton published his best selling book entitled *Getting Well Again*, which outlined a holistic approach to healing based on experience with hundreds of patients at the Cancer Counseling and Research Center in Dallas, Texas. Simonton and his colleagues were convinced that emotional factors could contribute to the onset and progression on cancer, and invited patients to actively participate in the healing process by developing a health plan based on: exercise, diet and nutrition, creative imagery, laughter and play, social support, and the exploration of life purpose.

By 1980, the field of psychosocial oncology was blooming, and in 1981 the American Cancer Society sponsored the first Working Conference on the Psychological, Social, and Behavioral Medicine Aspects of Cancer (American Cancer Society, 1982). In the same year psychologist Robert Ader published
Psychoneuroimmunology, a highly technical yet seminal text on the importance of the mind on the immune system.

In 1992, Temoshok and Dreher presented their ground-breaking research on the mind-cancer link in The Type C Connection: The Behavioral Links to Cancer and Your Health. This book provided an overview of the research and clinical experience of Lydia Temoshock and outlined her important discoveries regarding the relationship of behavior patterns and the progression of cancer.

Because of the outstanding research of LeShan (1956, 1966, 1977), Simonton (1978, 1992), Siegel (1987, 1989), Cunningham (1992, 1993), Pert (1986), Locke and Colligan (1986), and others, most people in this decade are convinced of the strong impact of the mind on the body. Yet, the separation of the mind and body proposed by Descartes over 350 years ago still dominates modern medicine, and medical training still stresses the importance of distinguishing between psychological and physical diseases. Physicians since Hippocrates have understood the importance of treating the whole person; however in an age of high-tech medicine, this is increasingly difficult. As the research continues on the psychosocial aspects of cancer, attitudinal healing and the study of the body/mind, no doubt the Cartesian approach to medicine will wane.

Psychology and Cancer Survival

The first reports proposing the relationship between the length of cancer survival and psychological attributes appeared during the 1950's (Bacon, Renneker, & Cutler,
In these studies, cancer patients described as emotionally expressive tended to live significantly longer than patients described as polite and co-operative. In 1968, Stravraky, Buck, Lott, and Worklin observed a similar relationship between emotional expression and survival (Derogatis, 1986).

In 1979, Derogatis, Abeloff, and Melisaratos studied a group of metastatic breast cancer patients and discovered that although the prognosis of long versus short survivors was essentially the same, the longer surviving patients reported significantly higher levels of anxiety, hostility, and alienation (Derogatis, 1986). The same year Greer, Morris and Pettingale studied the relationship between psychological status and survival in breast cancer patients and found that a "fighting spirit" or "denial" was far more favorable in terms of survival than "stoic acceptance" or "helplessness-hopelessness". Subsequently, in a 15-year follow-up study, Greer concluded that a patient's psychological attitude could determine the course of certain cancers, and a fighting spirit and positive avoidance (formerly called denial) was associated with long-term survival (Greer, 1991).

Although little systematic research has been conducted on the relationship between psychological factors and survival rates, voluminous conclusions based on clinical conjecture by physicians and retrospective accounts by patients reveal that psychological variables can, indeed, influence the length of survival (Achteberg & Lawlis, 1978; Blake 1987; Cousins, 1989; Glassman, 1983; LeShan, 1977; Siegel, 1987, 1989; Simonton & Henson, 1992; Smith, 1976, Williams, 1990). Dr. Alistair Cunningham, for example, observes that: "The great majority of people with cancer will
not change; they will carry on with their lives. There is a small fraction who become very dedicated to their own healing. I think -- but I cannot prove -- that these people live longer" (Scotton, 1993).

There are many contributing factors related to long-term cancer survival including early detection methods, advanced medical treatments, as well as progressive psychological interventions. The fact that cancer patients are living for extended periods of time is certainly encouraging; however, it is important to consider the astute observation of Izak and Medalie (1971) declaring that: "Survival rates while justifiably important in themselves cover only a portion of the total problem. These rates do not relate to how the patient survives; at what cost to his physical functioning; how he adapted to his condition from a psychological point of view; and how he is fulfilling his roles, in his family, at work, among friends and in the wider society". Current research continues to address these crucial issues.

Regardless of the type, stage or treatment of their disease, the majority of cancer survivors experience difficulties with re-entry into "normal" life. Dr. Fitzhugh Mullan, drawing from his own experience with cancer, confessed that the victory of survival was "often tempered and even haunted by anxieties and angers brought on by the disease that were not simply vanquished by the success of the medical treatment" (Mullan, 1984, p. 88).

Heinrich, Schag and Ganz (1984) noted that although there is a general clinical awareness of the problems and difficulties living with cancer, very little is known about the specific problems confronted by survivors and their families or the impact it has on
their daily lives. They claimed that "The paucity of such information is due to the absence of instruments specifically designed to document these problems" (p. 972). As a result the authors developed The Cancer Inventory of Problem Situations (CIPS), a self-administered questionnaire, which demonstrated that cancer patients do indeed have significant problems with psychosocial and physical functioning. Their findings suggested that survivorship problems occur frequently and can disrupt interpersonal situations (including sexuality and communication), employment, finances, ability to concentrate, and peace of mind. They also stressed a desperate need to develop programs that "include family members and that teach strategies to reduce stress and communicate effectively with illness-related issues" (p. 979).

Welch-McCaffrey et al. (1989) agreed that "there is little information on the many psychosocial variables that affect an adult's long-term cancer survival trajectory" (p. 517). Their research, which addressed the psychosocial implications of cancer survival by a comprehensive review of the literature, identified 7 major themes:

1) fear of recurrence and death
2) relationships with the health care team
3) adjustment to physical compromise
4) alterations in customary social support
5) isolationism
6) psychosocial reorientation
7) employment and insurance problems.
This study also concluded that there is a need for more educational research and support interventions for survivors, as well as the need for rehabilitation beginning during the initial diagnosis.

David F. Cella has made a significant contribution to the field of adult cancer survival (Cella, 1986, 1987; Cella & Lesko, 1988; Cella & Tross, 1986, 1987), and postulated that factors contributing to psychosocial dysfunction in cancer survivors are often familial and sociocultural rather than personal. According to Cella's research (1987), cancer patient's problems after treatment fall into four categories:

1) intrapersonal distress
2) interpersonal disruption
3) health policy and system difficulties
4) occupational difficulties.

Cella cautioned that survivor problems are not mere extensions of the problems of the cancer patient in treatment, and added that: "The recent impressive success of cancer treatments in increasing survival must be accompanied by an equally impressive effort to examine the quality of life they provide" (p. 66).

Cella and Tross (1986) discovered when comparing 60 male Hodgkin's disease survivors with an aged-matched sample of 20 healthy men, that survivors experienced considerably lowered intimacy motivation, increased avoidant thinking about illness, prolonged difficulty in returning to prior work status, and heightened illness-related concerns. Within the patient group, late stage or aggressively treated patients were
found to be at highest risk for psychological suffering and psychosocial difficulties during the first two years after treatment.

Cella and Tross explained that psychological difficulties are due to three major "survivor stressors": anticipatory stress, a result of confronting mortality and fear of early death; residual stress, a type of traumatic disorder "that follows catastrophic situations and is anchored to the past stress of life-threatening diagnosis" (p. 616); and current stress, caused by the problems of re-entry into "premorbid lifestyle". Current stress, they added, may include problems with stamina, social estrangement, financial and job insecurity, discrimination, and insurance issues. The authors also expressed that "there is growing evidence that cancer cure may be achieved at significant risk to general physical health and psychological well-being" (p. 616), as a result of: the delayed physical complications of therapy, the consequences of being labelled a cancer patient, and the psychological tumult of facing mortality.

Perhaps the most problematic psychological difficulty plaguing the cancer survivor is the fear of recurrence. Maher's research indicated that the reactions to the fear of recurrence range from "worry and anger in the middle of the night to panic and thoughts of suicide" (Welch-McCaffrey et al., 1989, p. 518).

Dr. Mullan (1984) agreed that the fear of recurrence is unpredictable in how it effects the individual, either turning them into hypochondriacs or avoiding medical attention all together. Mullan is convinced that the fear of recurrence is a problem that affects every cancer survivor, and if this fear is expected and understood by patients, it will help to reduce the anxiety and loneliness in the recovery process.
Koocher and O'Malley (1981) found the fear of recurrence such a prevalent theme in their research with cancer survivors that they coined the term Damocles Syndrome to describe this general pattern of fear and uncertainty.

Arthur Schmale et al. (1983), in their research with over one hundred cancer survivors three years past their last cancer treatment, discovered that although they did not find major evidence of depression or anxiety when compared with the healthy control group, they did find that survivors experience lower sense of control and greater health worries during post-cancer follow-up, up to twelve years after a single course of cancer treatment. Dr. Jimmie Holland agreed that most cancer patients do not suffer from true depression, and similarly found that "subtle depression and anxiety are common after therapy is finished, even when the patients appear to be cured" (Rosenthal, 1993, p. B9).

Schmale et al. concluded that although many cancer survivors feel physically and psychologically vulnerable even years after their cancer experience, a number of survivors experienced a new zest for life and considered themselves better people as a result of reassessing their priorities. They specified that "the study of specific cancer patient groups might reveal more or less adjustment difficulty" (p. 168).

Other researchers have likewise explored the advantages of surviving cancer. Redd and Jacobsen (1988), pointed out that "some patients can even derive certain positive benefits from their disease" (p. 1875). Cella (1987) noted that the cancer experience can often strengthen the family unit, and Taylor (1986) found that in his research with breast cancer survivors, women tended to make adjustments to enhance
their self esteem and gain control by taking responsibility for the solutions not the cause of their disease.

Regardless of the extent of psychological disruption, Derogatis, Forbair and Mages (1983), Cella and Tross (1986), and Welch-McCaffrey et al. (1989) concur that the psychosocial impact of cancer survival decreased with time, affording the survivor greater emotional distance from the acute traumas of diagnosis and active treatment.

Social Support

In 1976 Stanford University psychologist David Speigel set out to disprove that psychotherapy could help cancer patients. Dr. Speigel's unanticipated results with 86 metastatic breast cancer patients showed that women who received structured psychological support not only improved their quality of life, but actually doubled their survival time (Speigel, Bloom, Kraemer & Gottheil, 1989). Speigel credited extended survival to "well-constructed" therapy groups that minimized patient's depression, allowing them to follow the best diet and exercise regimes and comply better with treatment.

Many other researchers concur with Speigel's deduction that social support is associated with extended survival and positive adjustment. Dr. Holland stated that "studies show ... people who have social support live longer across the board" (Kelleher, 1992, p. 154). Levy's study showed "fairly indisputably" that psychosocial intervention helps cancer patients (Winokur, 1990). Shanfield (1980) reported that social support is important to cancer patients during the diagnostic, treatment and
healing phases of illness. Taylor, Falke, Shoptaw, and Lichtman (1986) indicated that support groups that facilitate adjustment to cancer are extremely beneficial, and in most cases, highly valued by patients. However, they reported that only a small minority of people utilize these groups — predominantly, white, female, with high socio-economic status.

Social support can also help to ease the stigma, discrimination and irrational attitudes currently held toward cancer patients and survivors. Kudsk and Hoffman observed that "otherwise knowledgeable persons may believe that cancer is contagious, that radiation therapy renders the patient dangerously radioactive, or that sexual activity is harmful until recovery is completed" (1987, p. 384). They added that although the majority of recovered cancer patients return to work, approximately 90% face serious discrimination, not only in hiring, but also promotions, transfers and layoffs (p. 387). Dr. Mullan estimated that 22% of former cancer patients will experience insurance discrimination on an annual basis (Mullan, 1984). It comes as no surprise that when possible, many survivors elect not to reveal their medical history to new acquaintances, friends, or colleagues in order to avoid such problems (Nessim & Ellis, p. 118).

In 1992, the Ontario Division of the Canadian Cancer Society published a major survey on the needs of cancer patients. The survey, polled 620 patients, 195 family members, 431 volunteers, 140 staff and 102 health care professionals. According to the survey, patients expressed a widespread need for emotional support for themselves and their families specifically "to come to terms with the diagnosis of cancer; to learn to
live with the fear of recurrence; and to accept the changes in lifestyle, body image, etc. brought about by cancer and its treatment" (Canadian Cancer Society, 1992, p. v). The study confirmed that not only are the emotional needs of cancer patients widely unmet, but more than 63% of the patients and families surveyed did not seek help in this area largely because of the lack of awareness of existing counselling programs (p. 53).

Unfortunately the majority of medical institutions are not equipped to manage the psychosocial requirements of cancer patients and survivors; however, because of consumer demand some organizations are beginning to address this area of need.

In April 1992, Wellspring, a centre for cancer patients and their families, opened its doors in Toronto, Ontario. At the Wellspring launch, Dr. Simon Sutcliffe, vice-president of the oncology program at Princess Margaret Hospital, acknowledged that the cancer patient will never be the same person again. Life after cancer, he added, doesn't take place in a hospital, "it takes place in your own environment, in your own home, in your family, with social and domestic problems and your working problems" (Morrison, 1992, p. 4). Wellspring attempts to help patients to re-adjust to normal life outside the hospital by offering a variety of support programs, information services and lectures, social events, as well as massage, imagery, reiki, art therapy, yoga, etc.

Dr. Holland, an internationally recognized pioneer of psychoneuroimmunology, argued that: "Patients get bombarded by family members who say: 'You aren't trying hard enough', I think we're overdoing it, trying to make everyone into a warrior. Some people are not good at it. Each of us has a different style of coping, and many work equally as well" (Rosenthal, 1993, p. B9). At Dr. Holland's urging, a "post-treatment"
center at Memorial Sloan-Kettering Cancer Centre was set up to address the emotional needs of cancer survivors.

The literature reveals that the majority of recovering cancer patients both need and want psychosocial support. It is vital for the future that health professionals, including physicians, recognise and encourage participation in support programs for both patients and care-givers.

Education

Because the majority of survival problems are predictable, Dr. Mullan (1984) proposed that educational interventions need to be developed and used routinely in the cancer care system. Mullan maintained that although education can do nothing to alter reality, it can help ease the re-entry process by informing patients of what difficulties may arise regarding the fear of recurrence, economic and social shunning, insurance and employment discrimination, and learning to live with compromise. He concluded that: "Cancer leaves metaphorical and mental as well as tangible scars. The process of wound-healing and scar formation is a crucial one, because it is proof positive of the body's ability to heal. The challenge, it seems to me, for the health education of cancer survivors is to make the metaphorical scars as neat and trim as possible" (p. 93).

Kudsk and Hoffmann concurred that "early and accurate information will go far in eliminating much fear and misunderstanding and will help the patient and family to be less anxious and less depressed" (1987, p. 382). The authors noted that rehabilitation
considerations must be individually tailored to include the type and stage of cancer, the
effects of treatment, the age, sex and abilities of the survivor, general health and
coexisting disease or disability, family support, occupation, communication skills, and
level of motivation. It is extremely important, they added, that rehabilitation begin
immediately at diagnosis.

Welch-McCafferey et al., on the other hand, reported that: "We have not yet
identified anticipatory education to be effective in the survival trajectory; however
survivors themselves reported that education was significantly important for their
well-being" (1989, p. 522). The authors acknowledged that although more evaluation is
needed, it appears that ongoing support may help survivors adapt to the psychosocial
stress of survivorship.

It is important to note that research on the long-term effects of chemotherapy,
radiation therapy, hormonal therapy, immunotherapy, and bone marrow transplants is
just beginning to accumulate. This information must also be made available to
survivors and integrated into survivor education to enhance the nature and quality of
re-entry.

**Survivor Reports**

A literature review of this nature would not be complete without acknowledging
the plethora of dramatic, inspiring, and optimistic personal accounts of cancer patients'
return to life as survivors. The stories of Quain and Coyle (1988), Broyard (1992),
Wallin (1978), Bishop (1986), Cousins (1981, 1989), Pearsall (1991), and Dosdall
are among the many important and beneficial books for cancer patients and survivors alike.

Of special note as well are: The Power Within, by Wendy Williams, which explores true stories of ten cancer patients that learned that there is life after cancer and focuses on the issues of healing rather than curing; The Healing Journey, by O. Carl Simonton, which follows the journey of cancer survivor Reid Henson from terminal illness to health, as well as outlines the Simonton Cancer Center's health-building program; and Cansurvive: The Challenge of Life after Cancer, by Nessim and Ellis, intended as a survival guide for the recovered patient. This comprehensive book explores the personal account of one woman's struggle with cancer, and investigates the problems of survival without glossing over difficult issues.

There are also a number of newsletters that deserve recognition and can be very helpful for survivors and their families including: Make Today Count, Surviving! A Patient Newsletter, Y-Me, Living Through Cancer, NABCO News, Cancer Communication, and News of the Cancer Self Help Group, as well as those published by the The Well Spouse Foundation, The Canadian Breast Cancer Foundation, and, The National Coalition for Cancer Survivorship (see Appendix VII). In addition, many hospital and university publications can prove very useful.

Conclusion

The experience of having had cancer is a permanent one, characterized by a number of serious consequences including: treatment side-effects, altered family and
social relationships, modified personal perspective, changed physical appearance or ability, financial, insurance and employment issues, diet and nutrition issues, fear of recurrence or death, and an enduring sense of vulnerability. According to the survival literature these concerns are present, to some extent, for everyone touched by cancer regardless of: the age or sex of the survivor, type or location of the cancer, whether or not there was some real risk of recurrence, or whether there were one or many bouts with cancer.

The studies noted in this chapter concur that further research in the field of psychosocial oncology is necessary to aid cancer patients struggling with the above concerns and that social support and education in the field of cancer survival is crucial. In addition, Dr. Cunningham observes that: "Spiritual/existential issues are also of vital importance to people with cancer and other life-threatening illnesses, and should not be avoided by a mature society" (1988, p. 150).
CHAPTER III

Methodology and Procedures

You have never lived until you have almost died, and for those who fight for it, life has a flavour the protected will never know.

- Survivor's observation

Methodology

In order to hear the voices of cancer patients in remission and truly understand their experience, I have chosen a qualitative methodology as the procedure most suitable to investigate the recovery process. Stemming from the theoretical perspective of phenomenology, qualitative research offers more of a 'human science' approach than a 'natural science' approach. Qualitative methodology has been described as "research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss & Corbin, 1990, p. 17). Smith (1987) explained that: "What sets qualitative research apart most clearly from other forms of research is the belief that the particular physical, historical, material and social environment in which people find themselves has a great bearing on what they think and how they act" (p. 175).

The goal of this research is to remain true to the phenomenon being studied rather than to the scientific method of the natural sciences, and to understand the participant's story from his or her perspective without imposing a priori assumptions, other research or theoretical frameworks. Guided by the grounded theory approach of listening, reflecting and allowing the knowledge to emerge from the data (Glaser & Strauss, 1967), qualitative methodology naturally lends itself to the study of the long-
term impact on cancer survivors.

In order to understand the experience and special needs of cancer patients in remission, data were gathered via in-depth interviews with each participant. The interviews were taped with permission, transcribed verbatim and then analyzed in order to identify trends regarding the survivors’ experience and needs (see Chapter IV).

The Participants

Because of the unpredictable occurrence of remission in the cancer population, accidental sampling must, by necessity, characterize this study. Participants were recruited through various support groups attended by the researcher as well as personal acquaintances. The study sample is comprised of six cancer survivors -- three men and three women.

All the survivors in this study readily agreed to participate, yet each asked that a pseudonym be used in the written report. This unanimous request is perhaps further evidence of the stigma attached to cancer patients and survivors as discussed in the previous chapter.

William Power, the first research participant, chose his own pseudonym believing that name Will Power served as a metaphor for his survival. I met Will during my internship at the Cancer Counselling Centre. He attended the week long seminar based on the Simonton method in order to explore personal and family issues surrounding his cancer, and to learn the techniques of relaxation and imagery. Will had stage IV adenocarcinoma (stomach cancer) a year and a half previously, and was told by his oncologist that because of the nature and extent of his cancer, he could
never be 'cured', he may have a normal life span, but he would be in remission for forever. Indeed, it was after speaking at length with Will that I became cognisant of the plight of the cancer survivor. The following excerpt from Will’s personal journal inspired me to further explore the survivorship struggle, and it is with his permission that I reprint it here.

Having cancer is similar to being sentenced to death by a court of law and put on death row in prison. But it is worse because:

1) You did nothing to deserve the sentence.
2) You may receive several extensions, but the governor is never going to pardon you or even take you off death row to live the rest of your life in prison.
3) There is no appeal process available.

Will and I maintained contact after the CCC program commenced, and subsequent meetings and telephone conversations convinced me to focus on cancer survival for this study.

The next participant I encountered was Iva Estavan, a peer support volunteer at Wellspring. Iva had attended the Cancer Coping Skills Training Program at the Princess Margaret Hospital and was cancer free for over a year when I first met her. Iva’s humor and positive energy was contagious and she was totally dedicated to helping other cancer patients. Iva shared her struggles and victories with cancer on a daily basis at Wellspring, and when I asked her if she would consider being interviewed for my research, she graciously consented.
I also met Annie Stern at Wellspring. Annie, who had finished her chemotherapy two years prior, had attended my visualization workshop every week since its inception. It was common practice after each session to discuss what transpired during the imagery process. During this time, Annie shared her feelings of isolation, fear of recurrence, chronic fatigue as a result of treatment, and anxiety about returning to the work force. When I told her about my research she was very excited and eager to participate.

I met Jesse Tremblay when I was living in the University of Toronto student housing building. During the winter months many residents would gather in the hallway and allow our toddlers to play with the other children while we discussed our research, toilet training, and other important issues. Although Jesse had no children of her own, she would often take a break from her studies to join us. One evening while describing her recent trip to the Caribbean, one of the mothers asked: "Where is your tan?" and Jesse confided that she had cervical cancer as a young woman and was "not about to take any chances". When I informed her of my research with survivors and asked if she would be interested in participating, she immediately said yes.

During my work with the Cancer Coping Skills Training Program I met my next research participant, Gene Djiti. In the first session Gene disclosed that he survived both colon and lung cancer and had never participated in any type of group therapy. Although he was initially very nervous speaking so candidly about his disease, by the end of the seven week program he was so comfortable discussing his illness that when I told him about my research he asked to participate.
Finally there is Jack Robbins. Jack had been my acting coach over 12 years ago when I was doing my undergraduate work in Quebec. I was at a health club in downtown Toronto, and I didn't recognise Jack at first; he looked so good, so fit, ten years younger than when I had seen him last. To be honest, I never liked Jack; I always found him to be pompous, arrogant and brash. I approached him none-the-less and was pleasantly surprised by the warm reception I received from a man I was sure never liked me. A few weeks later I ran into Jack again and this time we spoke at length; it was as if the tension between us had never existed. When I informed him of my research, Jack told me that he had had two bouts with cancer in the past seven years. I asked Jack if he would consider being interviewed for my research and he accepted without hesitation.

After this incredible encounter I couldn't help but recall the insightful words of cancer survivor Paul Pearsall when he said: "Each coincidence in your life provides you with a choice of whether or not to use that coincidence as a life lesson or to dismiss it as a statistical fluke" (1991, p. 18). Each cancer survivor I was fortunate enough to converse with provided me with a very unique and important "life lesson".

According to medical records, all the cancer survivors in this study were free of disease from one to twelve years with no evidence of cancer, and living relatively symptom-free. At the onset of illness, subjects ranged from 23 to 66 years of age, and when interviewed, the ages ranged from 36 to 68 years.

There is a wide spectrum of cancers (Table 1). One subject had malignant melanoma seven years ago, and lymphoma six years before the study; another had colon cancer ten years ago, and a recurrence of lung cancer seven years later. One
individual had stomach cancer, and the female participants had either ovarian, cervical, or breast cancer.

The course and type of cancer resulted in different bodily effects. Some had surgery of 'invisible' organs resulting in minimal physical defects, such as scarring from biopsies or colectomy procedures, whereas others had significant physical alterations as a result of surgery. Some cancers necessitated removal of primary sexual organs such as the ovaries, or removal of malignant secondary sexual organs such as the breast or uterus. All six participants underwent surgery, and four were adjunctively treated with either radiation or chemotherapy.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Type of Cancer</th>
<th>Years Free of Disease</th>
<th>Age at Diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Power</td>
<td>Stomach</td>
<td>3</td>
<td>45</td>
<td>Surgery/Chemotherapy</td>
</tr>
<tr>
<td>Iva Estevan</td>
<td>Breast</td>
<td>1</td>
<td>66</td>
<td>Surgery/Radiation</td>
</tr>
<tr>
<td>Annie Stern</td>
<td>Ovarian</td>
<td>2</td>
<td>58</td>
<td>Surgery/Chemotherapy</td>
</tr>
<tr>
<td>Jesse Tremblay</td>
<td>Cervical</td>
<td>12</td>
<td>23</td>
<td>Surgery</td>
</tr>
<tr>
<td>Gene Djiti</td>
<td>Colon</td>
<td>10</td>
<td>33</td>
<td>Surgery</td>
</tr>
<tr>
<td></td>
<td>Lung</td>
<td>3</td>
<td>40</td>
<td>Surgery</td>
</tr>
<tr>
<td>Jack Robbins</td>
<td>Malignant</td>
<td>6</td>
<td>41</td>
<td>Surgery</td>
</tr>
<tr>
<td></td>
<td>Melanoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymphoma</td>
<td>5</td>
<td>42</td>
<td>Surgery/Radiation</td>
</tr>
</tbody>
</table>

For each of the participants in this study the ordeal was enduring, and all were quite eager to discuss and explore their experiences. There was a vivid quality to the
recounting of the events surrounding the diagnosis and treatment of their cancer regardless of when it commenced.

It is important to note that the majority of this test group is comprised of survivors seeking support and control over their lives and disease; consequently the study may not necessarily reflect the attitudes and problems of all cancer patients.

The Interview

Ideas for the content of the interview derived from two sources. One was extensive reading of the literature by: physicians and psychologists involved in cancer care (Holland, 1982, 1989; Greer, 1991; Cunningham, 1986, 1993; Locke & Colligan 1987; Mullan 1984, 1986; Rossi, 1986, 1988; Pennington, 1981; Shanfield, 1980; Siegel, 1987, 1989; Simonton, Matthews-Simonton & Creighton, 1978; Simonton & Henson, 1992, Speigel, 1989); psychological theorists (Cella, 1986; Derogatis, 1986; Kudsk & Hoffman, 1987; Leshan, 1977, 1982, 1989; Temoshok & Dreher, 1992), as well as cancer patients and survivors (Dosdall, 1986; Nessim & Ellis, 1991; Gawler, 1984; Williams, 1990; Broyard, 1992; Quain & Coyle, 1988). The second was the difficulties and challenges articulated by participants in the numerous cancer support sessions I attended. As I read the literature or reflected on a particular program, I noted the topics which seemed particularly relevant to the needs and concerns of cancer patients living in remission, and designed the questions accordingly.

The initial draft of interview questions was far too extensive, and would have generated much more data than required for this study. After a lengthy editing session
with my thesis advisor, I tested the revised interview questions with survivors at the
Living with Cancer group I was facilitating. Guided by their valuable input, I established
the final version of the interview (Appendix I).

Open-ended questions were utilized in this study in order to allow survivors to
express their thoughts and feelings about their disease with as much freedom as
possible. I felt fortunate that I had an opportunity to spend a considerable amount of
time with each participant prior to the interview. This no doubt contributed to the
intimate and relaxed atmosphere in which this research was conducted. Keen, claimed
that: "The nature of the relationship between people obviously has a powerful effect on
what is heard and what is said" (1975 p. 58). The interviews took place at the
participant's home or office, and ranged between 11/2 and 4 hours in length. Most
subjects were interviewed for a total of two hours.

The purpose of the study was clearly stated in the consent form signed by each
survivor before the interview began (Appendix II), and areas to be covered were
outlined prior to the interview date. The intent of the interview was to reveal what being
a cancer survivor meant to the individual; the impact it had on family, work, and social
situations; how cancer had influenced lifestyle, beliefs and attitudes, and physical
functioning; the significance of social support and education; as well as what was
anticipated for the future. At the end of the interview I also questioned the survivors'
comfort level and asked them to fill out a short questionnaire concerning the factual
information about themselves and their disease (Appendix III). When the interview
ended I turned the tape off and spent some quiet time with each survivor either sharing
a meal or a cup of tea.
**Personal Reflections as Interviewer**

I noticed a definite transition from the first to the last interview. Initially I was excited, but nervous, and although I knew each participant quite well, I felt that the personal nature of some of the interview questions may bring up painful or embarrassing memories. As the interviews progressed, however, I realized that my distress was completely unfounded. Each interview was certainly confidential, but all were very comfortable and enjoyable.

In the beginning I was also worried that I needed to ask the questions in the order outlined; I was very concerned that I might miss something. But again, as I proceeded I became more comfortable with the content and confident that I would gather the information required regardless of the sequence. By the third interview I was able to allow the survivors to delve into the issues as they occurred to them.

Keeping a personal journal was also part of the research process. I felt it was important to be aware of how I was feeling throughout the course of this study. Because of the intimate nature of the interview, I found myself becoming emotionally involved with my work. In fact, a rather bizarre episode occurred following my first interview. After I turned the tape off, William Power confided some very personal, quite heartbreaking news about how his young daughter was coping. Initially I was flattered that he would disclose such private information, yet as my journal reveals it had quite a disturbing impact:

March 8, 1993.

... because Will had disclosed such private information (while the tape was off), I left his office feeling very up, very
close to him, and I was also happy to finally get this study off the ground! But then when I went to pick up Dallas [my son] at Daycare, I passed by a display for International Woman's Week and saw a photograph of a Zulu woman who had been stoned to death. I started to shake uncontrollably -- it was as if every nerve, every fibre of my being had been stirred up to the surface. I felt raw, and I began to cry. This is crazy, I thought, the media is flooded with images like this everyday. Why am I reacting like this? Perhaps sharing someone's personal crisis on such a deep level has affected me more than I anticipated. Maybe I'm not a very good researcher, but I genuinely care about Will and his obvious distress is very disturbing!

As I reflected on the subsequent entries in my journal, I realised that as I became accustomed to hearing the personal tragedies of the participants in this study I did not react quite so drastically. I was certainly not numbed to their pain; I just learned that being a cancer survivor meant much more than simply overcoming a disease.

Often cancer patients comment on how their experience has made them nicer, kinder, more tolerant people. Bernie Siegel recounts the words of one cancer survivor who said:

I've learned to live. I love living. I love my family, my friends, my job, everything. And everyone. Every day I wake up and feel alive! At peace ... I'm almost glad I got it.
It's changed my whole outlook on living. I live from day to
day. I make the most out of every day (1989, p. 193).

I think in many ways I have adopted this notion. Throughout the experience of
conducting this research I found that I have become a more aware, compassionate and
charitable person both in my work and personal relationships. I am not only more
considerate of what I previously perceived to be irrational, intolerable or rude
behaviour, but I genuinely appreciate life more. I have learned to look beneath the
obvious, and no doubt this gift has allowed me to be more
sensitive to the complex dilemma of the cancer survivor.
CHAPTER IV

Data Analysis

We never know what we might find until we're forced to look.
John Dewey

Introduction

The analysis is designed to identify and clearly articulate the impact and meaning of the survivor experience as understood and expressed by each participant in the study. This chapter will outline four phases of analysis and the procedures utilized in the development of theory. As researchers inevitably bring their own biases, assumptions, knowledge and experience to the analysis of data, the techniques for coding and enhancing theoretical sensitivity proposed by Glaser (1978), and Strauss and Corbin (1990), proved invaluable in overcoming blocks and freeing up thinking about the phenomena. Although Glaser and Strauss (1967) recommend that data collection and analysis be a simultaneous process in order to maximize the generation of categories and hypotheses, the analysis of this study began prior to the fifth interview as time and availability of participants did not permit proceeding otherwise. Each interview was analyzed separately and sequentially, building on the previously coded interviews, and as theoretical saturation was evident, no further interviews were scheduled.

Data Base

The data base represents the participants' expression of the needs and concerns of the cancer survivor as a personal, transformational experience. Interviews
were conducted from March of 1993 to July of 1993 resulting in a total of six in-depth interviews completed in a five month period. The number of pages of each interview ranged from nine to twenty-one typewritten, single-spaced pages, yielding a total of 84 pages. The data were analyzed over a sixteen month period, from June of 1993 to October of 1994 (see Appendix V: Sample of Raw Data & Coding Procedures).

**Phase I**

In order to become more fully acquainted with the data, I personally transcribed each interview verbatim including vocal pauses, laughter, sighs, repetitive words and statements. I then began the process of open coding defined by Strauss and Corbin as: "breaking down, examining, comparing, conceptualizing, and categorizing data" (1990, p. 61). Line by line I sifted through the data extracting all statements that seemed to convey the essence of what the respondent was expressing, collapsing similar statements into one. Next, I rewrote the transcript by singling out the meaningful statements. I was conscious of imposing my own interpretations on the data, and in order to help validate my choices I enlisted the help of a graduate class at O.I.S.E. After briefly explaining the purpose of the study, I asked students to intuitively underline all the meaningful or relevant statements in the first transcribed interview. My selections concurred with those of the students by over 80%, producing confidence in my own informed intuition, and the fortitude to proceed with the analysis. The six interviews generated 722 meaningful statements, ranging from 93 to 155 statements per interview. Each statement was provided with a reference number (see Figure 2), before proceeding to the next step.
Throughout this first phase of analysis I was constantly asking the questions: what is this? what does this mean? what does this seem to be about?, and, how is this similar to or different from the previously coded interview(s)? I noted my responses in a journal which later aided in the formulation of theory.

The next step involved organizing the relevant statements into units, with each unit representing the assemblage of similar phenomena. This was a long and arduous process in that many statements related to more than one unit. The units were serially numbered and given conceptual labels according to the 69 actualities represented.

At this point frustration, insecurity, and 'coding burn-out' overwhelmed me; I found it increasingly difficult to conceptualize the data -- to see it as data, not people. I did not want to lose touch with the humanness and eloquence of the raw data, and all the codes and labels seemed to violate the beauty of the participants' stories.

I needed a new approach, and at the suggestion of my supervisor, I decided to write a content analysis of each interview (see Appendix IV). This process was very important in that it allowed me to spend more time with the data. At this point, actually
writing about each participant was far more refreshing and inspiring than continuously arranging the voluminous fragments of data. I proceeded to share the content analysis with the study participants in order to verify the data and provide an opportunity to make additions and/or evaluations.

This strategy enabled me to discover underlying patterns in the data, and although I sensed that there was a common denominator or 'golden thread' that united the individual experiences of each participant, I was unable to identify all the pieces that, when woven together, created the essence of survivorship. I took my content analysis to several readers who assured me that basically my thesis was complete: "just write it up and don't worry about being brilliant" they suggested. But I still felt stuck; I wanted a grounded theory, not a summary. I therefore took a break, put my notes away, and decided that perhaps this thesis was never meant to be written.

Six months later, the shock of having one of my research participants experience a metastatic recurrence of bone cancer and die within weeks, jolted me back into action and I dusted off my notes determined to try again.

Phase II

This time the coding sessions were nowhere near as gruelling; in fact they were quite enjoyable. After the long break from my work I came back fresh, motivated, with a clearer understanding of how to proceed. I began by re-coding each response from the raw data, merging the results with the initial codes and units, then integrating the content analysis. This re-organization led to the development of preliminary categories and subcategories. Under each category the units became the conceptual elements or
properties of the category.

This phase of analysis also involved axial coding. Strauss and Corbin defined axial coding as: "A set of procedures whereby data are put back together in new ways after open coding, by making connections between categories" (1990, p. 96). The subcategories were hypothetically linked to the categories by considering: the causal conditions, phenomenon, context, intervening conditions, action/interactional strategies, and consequences of their individual properties (Strauss & Corbin, 1990, p. 99). By re-arranging the data in this manner, I was able to clearly define the categories generated from each of the six interviews and reduce redundancy and overlap.

During the axial coding process there was a constant shift between deductive and inductive thinking, by first deductively proposing that certain properties (formerly called units) were related to specific categories or subcategories, and then inductively verifying the proposition(s) against the data. In order to assure that the emergent theory was truly grounded in the data and that none of the relevant information had been excluded, I reviewed each individual analysis to check that all properties had been assigned to an appropriate category. The data fit all but a few categories illustrating the common aspects of the survival experience; these unique properties will be included in Chapter V: Participant Profiles.

The categories were constantly being shaped, re-shaped and organized into three sections reflecting the original thesis questions outlined in Chapter I. The first section entitled Impact encompassed the bulk of the data, as the cancer experience influenced nearly every facet of the survivors' life and lifestyle. Four themes emerged
in this section as the base from which the categories, subcategories and properties were classified: i) Personal Impact, ii) Family Impact, iii) Social Impact, and iv) Professional Impact. Personal Impact was by far the dominant theme generating the largest number of categories and subcategories.

Section 2 focussed on Support. This section explored cancer survivors' needs and concerns in terms of support, for themselves and for others. Also included was the availability and accessibility of support programs offered to cancer patients and survivors.

The third section concentrated on Education. Here participants speculated on the educational needs of cancer survivors, patients, and the general public.

The final structure generated 19 categories, with 13 categories common among all six participants, four categories common among five participants, and two categories common among only four participants. A graphical representation of the first two phases of analysis is provided in Figure 3.

The following is an outline of the themes, categories, and subcategories that emerged as a result of the first two phases of analysis, including specific examples from the corresponding properties and relevant statements.

Section 1: IMPACT

Theme 1: Personal Impact

This theme focuses on the meaning of cancer for the individual survivors in this study and how it affected their daily lives, thoughts and behaviours.
Category 1: Reaction

Although participants were not asked directly what their reaction was to the diagnosis of cancer, they inevitably disclosed its broad consequences. This category included the subcategories: fear, denial, and depression.

Subcategory 1-1: Fear

All six participants experienced fear as a result of the cancer diagnosis. One survivor recalled waking up in the middle of the night thinking: "I'm only 20 years old
and I could die from this" (j-v,117-118), while another confessed that "I was trying to get myself to be not so scared, well ... not scared so much as uneasy about what was happening in my body" (A-v,195-196).

Two survivors had family members who also suffered from cancer and revealed: "I'm frightened of going that way.... I must have dignity" (W-vi,224,228), and: "I have a real fear of breast cancer because of the way they did my mother's mastectomy, they took way too much!" (j-7,207-208).

One survivor confessed to his "ridiculous" fear that he might be contagious (J-2,36), and another revealed her fear of treatment: "You see, the unfortunate thing about cancer cures is that they destroy that which they should not, its frightening!" (I-i,65).

Subcategory 1-2: Denial

Three survivors in the study group felt that denial worked to their advantage, as it centred around the denial of death rather than the denial of cancer. Participants made comments such as: "My conviction [was] that it wasn't this that was going to kill me at that time" (G-3,147); "I told my doctor, 'I'm not dead, you can't call me terminal because I'm still alive.... If there is one chance in a hundred, I believe that that one person is me'" (W-12,508,516); and, "I just know I'm not going to die from it" (j-1,21).

Two survivors experienced denial of a different sort, as neither had ever been sick previous to the diagnosis of cancer: "You're out of your cotton pickin' mind. I don't have anything of the kind!" (I-1,16-17) reacted one participant, while the other responded with: "I can't believe it ... ME? I've always been so healthy" (A-5,270-271).
The survivors in this group did not allow their denial to extend beyond the initial recovery phase, and each acknowledged the necessity and importance of follow-up care for the rest of their lives.

**Subcategory 1-3: Depression**

Only one participant experienced what she considered "debilitating" depression, while the others mentioned feeling "sad" (J-2a,38), "unhappy" (j-5,188), or "melancholy" (G-5,155) at times. In some cases survivors believed their depression was coupled with treatment side effects:

I think that my depression relates to the radiation treatments (I-1,64).

I don’t know whether the chemo effected my brain or what, but I must admit sometimes I would put myself down and feel real bad about the things that happened that were outside my control (A,2e,95-96).

The worst is not being able to feel good. Since they fooled around with me nothing works properly (W-1,27-28).

For five of the six survivors depression was a brief phase in the recovery process that allowed for further "self-exploration" (A-2f,115) and "growth" (I-2f,54).

**Category 2: Facing Mortality**

Every survivor in the study commented at length on the impact of facing their own mortality as a result of living with cancer. Participants responses included:

I guess I always thought I would live forever, I never thought about not living forever (A-1a,34-35).
Well, it certainly focuses your life in the sense that you realize for the first time that you are not immortal (G-2f,58-59).

[Cancer] means facing up to your mortality (I-1,5).

It does make you look at death, that's for sure (j-v,117).

Facing mortality involved self-examination, redefining priorities, and finally an acceptance that enabled survivors to move on with their lives. This process also had a major influence on beliefs, attitudes and behaviours (See Category 3 and 4).

**Subcategory 2-1: Self-examination**

Every survivor in this study described a process of re-evaluation, and questioning about his or her life in response to facing mortality, and in each case this had a positive impact according to the respondent. Properties of this subcategory included: discovery of inner strength, goal setting, self-knowledge, self-acceptance, and appreciation. Survivors made the following comments:

After all the usual doubt, guilt and questioning, I also realized that it was a positive thing because then I started to re-examine and re-question and look at things in a different light (J-2a-33-35).

I learned that I better live life to the fullest, and I developed an understanding of how I should approach the rest of my life. I'm more serious about how I want to spend the rest of my life. I feel I know myself better (W-10,423-426).

I had an opportunity to re-evaluate what is important and what isn't (I-1,5).
I realize now that I should plan, try to think in the long term, goal setting is really important, and I didn't do that before (A-10,318-319).

I learned to face myself (G-2de,50).

I went into what I call a hell period, where I wondered around in hell, you know, really taking a close look at myself, and then I thought let's make a choice, you are either going to live or you are going to die, and I figured well, I'm going to die someday anyway, so why not live in between? (j-v,119-121).

**Subcategory 2-2: Redefining Priorities**

All six survivors mentioned how their priorities changed drastically once they faced their own mortality. A sorting out process occurred wherein survivors deliberately made choices about what was meaningful or important to them. Survivor comments included:

- It resets your priorities in many ways, and makes you more aware of what can happen to you, you become less materialistic (G-1,13-14).
- I think it gives you a different perspective, just in general, your priorities are very different after (j-iii,102-103).
- I value things more than ever, and I don't feel the obligations. Now I'm able to say no to people (A-2a,128-129).
- And I looked for different things too afterwards, in my friends and in what I wanted to do with my life, it brought it all front and centre (I-iii,83-84).
- My priorities have changed and I feel less and less of a need to impress people and to make a mark (J-2f,107).
Certainly I wanted to do well in my work or whatever, and get ahead, but now that's a very low, low priority (W-2e,78-79).

**Subcategory 2-3: Acceptance**

Participants in this study did not suffer from prolonged death anxiety; in fact the process of facing mortality seemed to help them accept the inevitable:

Since working it through, I'm no longer afraid of death (W-7,354).

I think I've lived a pretty good life so far, sure I don't want to go because there are things I want to do, but it is not this huge thing hanging over me (J-v,197-198).

I guess I've just kind of accepted the fact that it's going to come and there is no sense, literally there is no sense worrying about it until it gets here....

[Cancer] is just something I have, it's part of life (J-v,121/l-7,205-206).

I finally realized I'm not going to live forever, and I don't want to (A-1,5).

I have adjusted to it, I'm quite at ease with it.... It's been ten years so I've got used to the idea (G-5,82-83,87).

For one survivor, a previous brush with death made her acceptance even easier:

I was very close to death in my teens and reconciled myself to living on borrowed time. I'm not afraid of dying but then I'm thoroughly convinced that you couldn't destroy what is my spirit. I'm quite prepared to be quite excited about what it is going to be (I-v,93-96).
Category 3: Attitudinal Shift

Every participant in this study mentioned an altered outlook on life in response to the diagnosis of cancer and the experience of facing his or her own mortality. Subcategories included: a shift in values and beliefs, the maintenance or adoption of a positive outlook, a change in disposition, and a reduction in stress. In every case survivors mentioned a renewed appreciation or zest for life. The word "precious" appeared in four of the six interviews in statements such as: "Life is very precious and it makes me really upset when I see people deliberately throwing it away or puncturing themselves" (A-v,185-186); "Life is very precious to me, you should utilize it, Jesus every minute" (W-v,230); "life is pretty precious, its pretty short" (J-10,342); and "I appreciate things much more, it's made life precious, very, very precious" (j-10,277).

Subcategory 3-1: Values

Along with a renewed appreciation for life, the majority of survivors experienced a change in values. Participant claims included:

[Cancer] changed my perception of life, and the value of life.... re-focused everything I believed in too (j-1,8,16).
I value life much, much more. Thanking God everyday I wake up (J-iii,114).
I appreciate what I have more, I appreciate life more (A-2f,112).
My values have changed, in a strange way my life is enriched (I-ii,78).
I value my family more than before (W-2c,51).
You realize you only have one life and you try to maximize everyday and try to attach less importance to certain things that seemed, you know -- very
important before that.... I am looking for a stability I wasn't looking for before (G-2a,21/G-iii,110-113).

Subcategory 3-2: Beliefs

Most cancer survivors felt the need to explore or reaffirm their spirituality, and went through a period of questioning their beliefs. Although the participants in this group basically maintained their original beliefs, they tended to have more conviction about them:

When it first happened I had to ask a few questions like is there a God? But I thought if this has got to happen before I pray to a God, then I'm sorry but I had my chance and I didn't. You know if there is a person up there, I mean surely to Christ He's got to know -- She's going to know that this jerk has just suddenly decided to pray because he's in trouble (W-v,212-216).

I still have the beliefs I've always had, they are maybe stronger. I think probably in my prayers there is more of an emphasis on asking for strength and wisdom, where as before it was just: "Please, just get me through the day!" (J-v,184-186).

It didn't change my faith aside from when my son died [of cancer], because I was very, very angry at God at that point, and it shook my faith. But with my cancer I just thought these are the realities of living (j-v,114-115).

I'm getting a lot more spiritual not religious-wise, but alternative. I pray sometimes now, people prayed for me when I was sick. I'm exploring my spirituality (A-v,162-164).
After my first cancer I had this need to seek God, I couldn't be convinced from what I remembered from childhood. In fact, I sought discussions with believers to try to be convinced, but when I saw I was shaking their faith, I stopped. So, no, nothing has changed (G-v,124-127).

Subcategory 3-3: Positive Outlook

Four of the six participants in this study credited survival, in part, to their positive attitude both before and after diagnosis:

I always considered myself a survivor. If you are positive there is a chance.... positive attitude and will power is the most important thing I do for my health (W-1,10,18-19).

I think my positive outlook on life ... and being actively aggressive about being positive, enabled me to heal.... the cup is always half full to me (J-3,245-246, 256).

I believe I have a cheerful approach to living, I think that really helped (I-5,118).

I knew they would just operate and take it out, I remained pretty positive throughout, I just figured you don't need the thing anyway (the cervix), just lop it out, and I would be O.K. (j-1,12-14).

Subcategory 3-4: Disposition

Survivors in this study noticed altered personal characteristics and awareness as a result of facing their mortality, and in some cases believed they were "kinder" (A-
"more compassionate" (I-2f,49), and "better" (G-ii,65) people. Participant's remarks included:

I'm a lot stronger than I realized, and I can be a hell of a lot more aggressive when push comes to shove, and I can get very tired and moody and that's O.K., but to watch that... It gives you a different empathy toward people, now I always look behind what people do (j-10,253-56/ j-iii,102-103). The biggest impact cancer has had is on my attitude, it's definitely changed, I joke now, I talk to strangers, I find more fun in things which is great (A-ii,120-121).

I knew certain things about me and my personality that were changing, characteristics were changing dramatically (J-i,46-47).

I've changed in that I'm getting in touch with myself. I'd like to know myself better, not the facade the world sees, although that's changing too, but I believe deep down there's somebody else and I'd like to meet that person (I-i,72-74).

I'm not the same person. I mean I've turned around from being someone who was a wild and crazy guy, or whatever, right, and it's not there any more. I still have my moments and I still joke and laugh, but I'm a lot more serious than I ever used to be.... I think honesty becomes very important to you. Like I can almost guarantee that the only kind of lie I would tell now would be one that protects my family ... like a little white lie. Where before, you see, I was a very, very guarded person, I only told people what I thought was right. (W-2b,46-49/W-15,622-627).
Survivors also mentioned becoming "moody" (W-2b,49), "angry" (I-3,103), "resentful" (A-5,268), or "sad" (j-5,181) when thinking about their cancer, although these moments were generally quite rare.

Subcategory 3-5: Stress

All six participants made a concerted effort to reduce the stress in their lives, and realized through the course of facing their mortality that most things in life are simply not worth worrying about. Comments included:

- I'm not concerned about tomorrow, I'm worried about now. Things I used to worry about.... I can't understand why anyone worries about them (W-ii,108,112).
- Things don't bother me so much any more, so many things just don't matter. I think you get rid of a lot of crap in your life (J-2f,52-54).
- I don't worry as much as I did at one time, I don't push myself the way I did (G-ii, 66).
- ... when I hear people bitch about the weather or something I think: Oh Please! I don't let myself get worked up about too much any more (j,3,97-98).
- ... they talk about stopping to smell the roses, well I make sure I do that (A-i,112).

This conviction also spilled over into the fear of recurrence in that these cancer survivors were not about to worry about it until it happened. There was a definite 'Life's too short' philosophy in comments such as:
I can't say I have a fear, but I wouldn't like it by a long shot. I don't let it preoccupy me. Maybe I don't have a very deep character or something, I can't sit down and brood over cancer because there are so many other things to do.... If it's going to happen, its going to happen, why make it happen a million times in your head by worrying about it? (I-7,141-143,149).

I've lived through worse than that, let's just get on with it in between, you know. Cry if I want to cry, and if I don't that's O.K. too (j-7,212).

When you face up to it you realise you can step outside and a car will hit you, so why the hell worry? (A-1,23).

I deal with it by being very positive. If it happens it happens (J-7,327).

I think I've convinced myself it's not going to happen (W-7,348).

**Category 4: Behavioural Shift**

All six participants noticed changes in their behaviour as a result of facing their mortality, and made efforts to improve their health and well-being. Subcategories included prevention and maintenance, time management and motivation.

**Subcategory 4-1: Prevention and Maintenance**

Every survivor made significant changes in the area of prevention and health maintenance. Cancer served as the catalyst to a deeper awareness of health and taught participants to listen to their bodies, and watch their minds. Five participants made major changes in diet and/or exercise regimes, and all six participants mentioned slowing down activities and not working as hard. Properties of this subcategory
included: relaxing, taking control, seeking pleasure, keeping informed, and physical
and mental awareness. Examples included:

I watch my diet and my sleep very carefully, I exercise, and I also watch my
mind. Yeah, 'cause if I get tired then my thinking starts to go a little out of
wack, but if I find it's ever becoming a problem I just go and see someone
and get help. I have to be really sensitive to my stress level, I don't want to
die from this (j-4,169-172f-12,321).

To maintain my health is to look at myself in terms of my diet, physical
activity, and again -- thought processes, you know keeping things positive.
And not to worry so much about things, and not try to save face so much,
and all these things about pride, ego, whatever. These things are important
but not when they're going to get in the way of moving forward
(J-3,254-259).

I try to, the operative word is try, to take things easier, I don't always
succeed. I try to work less, I try to eat better, I have tried to do some
exercise, but I have to admit I have failed on that score (G-4,153-155).

I try to do all the right things and read all the literature.... I think nutrition is
an absolute essential, and the doctors think you don't eat. We are what we
eat for God's sake (I-11,191,196).

I try not to let anything get to me. I try to stay up, I try to keep my sense of
humour going ... I think that is the key to staying healthy, as long as I'm
happy (W-4,260-62).

Getting more joy in my life has really helped me to heal (A-3,263).
Other strategies for maintaining health included visualization, yoga, meditation, Benson's relaxation response, radiance technique, listening to 50's music, watching sitcoms, dancing, laughter and play.

**Subcategory 4-2: Time Management**

Facing mortality brought the issue of time to the forefront. Survivors' concept of time shifted quite drastically, making the most of and not wasting time were prominent properties. Participants' responses included: "Time is precious, I'm impatient about doing things that I don't want to waste time on" (A-1,16-17); "It's really made me ration my time, my time is more valuable... I'm trying to cram an awful lot into a day" (j-2de,88); and, "I stay up a lot later, in my own little way I'm pushing life a bit, trying to live a bit more" (W-v,235).

**Subcategory 4-3: Motivation**

Facing mortality also instigated change regarding personal goals and ambitions, motivating participants to find their life purpose. Behavioural shifts ranged from making career changes to developing artistic talents to simply enjoying life more. Survivors disclosed:

I'm looking for a bit of a change, I want to feel like I'm doing something important, I want to be happy and interested in what I do (W-2de,80).

I decided to take grief counselling, death, and dying as one of my majors at school, so I've had a lot of opportunity to be forced into looking at it, really
evaluating it so I can move on... and then I had the sense that maybe I wanted to be in the ministry, so I thought O.K. I'm going to go for it!

I would like to find out what really fuels me.... One of my initiatives is to get more joy into my life, so I'm really packing it in now, doing things I really like, the newest thing is the art classes and feldenkris. Oh, and I also belong to this singing group since I've been sick, I didn't do that before (A-1,30/ A-d,77-79).

When I was convalescing I thought [of] setting up some kind of service where people can find out how to get answers to independent medical questions.... Maybe I should be the one to do something about the system (G-ii,78/G-12,250).

Category 5: Adjustment

Respondents unanimously made reference to the lingering emotional effects of cancer. One survivor noted that: "It's something you never get by" (W-1,9), while another observed: "it's not that I put it out of my mind because it's always there" (J-1,7).

Four of the six participants made an inadvertent Damoclean analogy:

There is something hanging over your head that's difficult to live with, there is not a day that goes by that you don't think about it (W-ii,335).

... there is this thing looming over you called cancer. early death, whatever, so these other things you spend far too much energy on worrying about -- they just go (J-2,55).
I guess because it's like a hammer hanging over your head, anyway there is always that possibility, there is no magic cure for this. Even when you get a clean bill of health there is still that nagging doubt that doesn't go away (j-12,310-312).

I guess just this thing hanging over your head, that you have it and you can't really plan, I mean do I invest for another five years or make it cashable in two? (A-ii,144-145).

Although this state of uncertainty and apprehension, dubbed the Damocles Syndrome by doctors, is frustrating for survivors, every participant in this study commented on cancer's diminishing impact:

It becomes less as time goes by (W-5,282).

It's not a day to day thing anymore (J-1,5).

[Cancer] has much less impact as time goes by, we used to have to plan our holidays around it (j-ii,88).

I've adjusted to it, I'm quite at ease with it.... at first I used to think about it a lot, but it's not a daily concern anymore (G-5,82-83/G-1,8).

Having faced up to the seriousness of what has happened ... I don't think it preoccupies me (I-5,120-121).

One survivor voiced concern about this phenomenon stating: "I don't think I think about it enough because I think being aware of it smartens me up a little" (A-5,262).

**Subcategory 5-1: Future**

Every cancer survivor in this study had positive anticipation about the future with
goals to accomplish and interests to explore. When asked about the future, participants replied:

I'll be accepting an Academy Award, I think. It's funny because I keep working on this speech to thank all the fools who didn't hire me, because here it is.... I don't say that jokingly either, that I'm going to be accepting an Academy Award, the work I'm doing is very good and I think it will make a mark in the industry (J-13,394-395,399-400).

Oh, I'll be enjoying myself. I'm looking forward to my kids, maybe they won't, but getting married, having their own kids.... I want to go South for the winter, and I want to live up North (W-13,567-570).

I'll be finishing my doctorate ... I'll probably always go to school, doing other things too, but I'll still be in ministry (i-13,331-333).

I don't think I'll be very much different than I am now, I still will talk too much (I-13,221-222).

... living a happy and contented life with one less problem.... I intend to go on forever (G-13,266, 270).

I'm going to be living further out in the country (A-13,340).

Summary

Cancer strips life down to the bare essentials, often re-arranging values, beliefs, and priorities, while altering behaviours and attitudes. The theme Personal Impact encompassed the majority of properties in this section, and during this phase of analysis I noticed a specific sequence emerge. Figure 4 is a representational diagram
The reactions to cancer diagnosis prompted the process of facing mortality which included self-examination and redefining priorities. As a result, survivors experienced both an attitudinal shift and behavioural shift. These shifts aided in the adjustment to cancer and encouraged positive anticipation about the future.
Theme 2: Family Impact

This theme concentrated on the impact of cancer on the primary support person and the immediate family of the survivor. All the participants in this study reported difficulties surrounding family adjustment to their condition. The categories that emerged in this theme included: distress, transitions, and secrecy. It should be noted that the issue of family support is covered in Section 2.

Category 6: Distress

The crisis of cancer generally has a profound effect on family members, and every survivor in this study recounted concern regarding the impact of their cancer on loved ones:

My daughter was so shattered by the whole thing, she was more distressed than I was I think (I-5,137).

I have put [my family] through a lot, and that has caused me a lot of concern (G-2bc,26).

Life is important to me, but I think it's almost more important that I'm there for my family, even than I'm there for myself. I'd hate to leave my kids now, because I think they really need me.... You know, telling your family, that's the toughest. How would you like to phone your mother and say: "Mom I've got cancer"? (W-v,237-239/W-12,558).

My mother had a terrible time, she couldn't believe I could die from it when she didn't, see 'cause to her I was going to die. Suddenly she wanted to be there all the time. No, we were never close that way so why start? (j-11,298-299).
[My partner] was more worried than I was actually, it really disturbed her. She's really shaky about me even still. She thinks about it and she gets sad and she'll cry, and get depressed (A-2bc,40-42).

One survivor only presumed that his diagnosis would have a devastating effect on his family: "Basically my family, right or wrong, don’t really know the extent of it, and that’s understanding my family more than ... well, for instance if I told my mother the extent of it she’d be beside herself with grief and never be able to function" (J,2bc,60-63).

Category 7: Transitions

Long after diagnosis and treatment, cancer continued to transform the family dynamics for the survivors in this study:

I really set down the ground rules, and now [my mother] is actually being considerate. It's taken a load off me.... I hope I didn't get cancer just to get her off my back. But we have actually become more loving and caring, even a few hugs and kisses now and again -- we never used to do that (A-2bc,56-57,70-71).

One of the worst things is the impact it has on everyone around you, they are all part of this, and they treat you differently.... It is bad enough you have it, but everyone is just sitting there watching and worrying (W-2de,64/W-1,18-19).

When you’re not feeling well your sex life deteriorates, but in some ways the
relationship heightens because it throws you together (W-2de,39-40).

I avoid talking to my daughter as much as possible ... she couldn't face up to
the fact that I could possibly get anything serious like cancer (I-6,136-138).

I was told by my doctor that the cancer I have is hereditary, so I decided not
to have children ... that has caused the break up of a relationship I had
(G,2d,36-37).

One participant noted that because cancer was so common in her family,
transitions were minimal:

Because Mom had had it, there wasn't the shock to it you know. Yeah, and
my father had lymph, lung and brain, and Dad's sister died of brain cancer,
and my mother's mother -- no, my mother's father died of leukemia, so we've
got lots of it around.... It was kind of like well, what you have they can cure,
was kind of their attitude (j-1,23-24/j-2c,58-59).

Category 8: Secrecy

All six survivors mentioned keeping some aspect of their cancer a secret from
their families. Participant comments included:

In fact, I don't even tell [my family] when I'm having tests, so as not to cause
them anxiety (G-2bc,27-29).

I didn't even tell [my mother] at first that it was cancer, I just told her it was a
hysterectomy ... but then I felt compelled to tell her because she was starting
in with her stuff again, her demands and everything (A-2bc,60-63).
I didn't really tell [my husband] what I had wrong with me, 'cause I just figured, you know, it was in the past, we'll just leave it there and if it comes up again we'll discuss it (j-2bc,40-41).

I wouldn't let [my daughter] cancel her plans, because I said: "Look I'm fine", when I wasn't (l-2bc,31-32).

[My mother] knew when I had melanoma it had been eradicated and there was no more recurrence of it. Boom, end of story for her because I knew after that if I had told her that I had lymphoma it would be over for her because she's a worry wart (J-2de,66).

I can walk around the house with a pain you wouldn't believe and there will be a smile on my face 'cause I'm not going to tell anyone about it, they'll worry about it for weeks. It's almost like living a life of secrecy (W-ii,123-125).

Theme 3: Social Impact

The social implications of cancer were quite extensive in this study; only one participant indicated that his cancer experience did not affect his social life (J-2d,80), although he confessed this was partially due to the fact that he had a quick recovery, and chose not to inform most of his friends of his illness. Again, the issue of social support is covered in Section 2.

Category 9: Transitions

Personal relationships and social involvement underwent significant changes,
both positive and negative, according to these survivors. The properties of this category included disruption, frustration, fatigue, avoidance, appreciation, and improvement.

Participants noted:

The disruption to my life I found very, very frustrating. It really affected my social life for a long time because I was in bed for periods of time.... I had surgery every, well every three to six months for about four years (j-2, 68-69,79).

It has certainly disrupted my life. I certainly didn't want any long term commitments for a long time because of my own uncertainty about my future (G-2de,39-40).

I feel I've never really got back into the swing of things, 'cause as I say you can still feel sick at times and stuff, so we don't go out a hell of a lot (W-2de,62-63).

When I was getting chemo, I was pretty sick most of the time so I didn't do a lot of things. But I've started back in and it has really made me appreciate my friends more, my social life has actually improved (A-2de,74-76).

I never realized how important I was to some people and I never realized how wonderful my friends were.... but it's like going to your own funeral, they start the oratory and you may have been a real bitch but that doesn't matter, they don't say that about you ... I think I'm much closer to my friends now ... and I met people I would never have met, I've met wonderful people (l-1,21-25/l-iii,81-83).
Category 10: Shunning

Four of the six participants in this study made reference to social shunning:

I think initially it throws people off ... it made other people uneasy, and by their reaction I was uneasy too (j-vi,149).

Well, one fellow, a cabinet maker, was supposed to come and do some work, and then he didn't show up, I think he was having some trouble with fact that I had [cancer] (A-vi,204-205).

Listen, I'm not kidding, if you take a bite out of something no one else is going to touch it, I'm serious -- they would have with anyone else. Like people are frightened to touch things you've touched in some cases, you are a leper.... People are very scared of getting the disease, some people think its contagious. A lot of people who you felt were good friends don't want to know you (W-10,425/W-11,481-484).

Maybe some people are uncomfortable with me because they think I am going to die. I honestly don't know what is bothering people but I think if you find out what those things are, they are wrong (G-11,234-235).

Subcategory 10-1: Secrecy

Secrecy was not as prevalent an issue with friends as with family, as participants confessed it was much easier to confide in their friends. Only three participants made reference to social secrecy:

I think people do act differently when they know you have cancer or are in remission, I've decided I really don't want that many people to know, I don't
want to be treated with kid gloves, or have people feel sorry for me  
(J-2bc,71-74).

... it got to the point where I thought: "Gee, I better not tell anybody, its like  
the Black Plague" (j-v,154-155).

... you are reluctant to tell people anything after a while, because they worry  
(W-ii,117).

**Theme 4: Professional Impact**

For the majority of people in Western society work is essential for both economic  
and emotional well-being, and cancer has the potential to either jeopardise or enhance  
this important source of security and self-esteem. This theme focussed on the  
umerous changes experienced in the professional lives of the survivors in this study  
as a result of cancer.

**Category 11: Transitions**

Two study participants mentioned that the only impact cancer had on their  
career was that it encouraged them to slow down. One survivor recalled: "I was putting  
in 18 hour days and commuting over two hours each way, or sleeping in my dressing  
room because I knew I had to be back. I don't do that any more.... I've slowed down in  
that respect" (J-2f,102-104,110); and the other disclosed: "When I came back I looked  
at things certainly in a more detached way.... I try to leave early and come in late, and  
not simply do everything because I think I can" (G-2e,45-46,49-50).
The remainder of the participants noted a far more radical professional impact as a result of their illness, and participants made the following comments:

I didn't get a card, I didn't get anything, I didn't get a visitor. These are people I've worked with for twenty years. I didn't get one visitor. That's why I couldn't go back. I couldn't go back to that environment. I thought these people are assholes, they really don't care about anyone but themselves.... So I am looking for a bit of a change, not for improvement necessarily or promotion, just something I would like better (W-6,451-452/W-iii, 80-83). The disruption to my life I found very, very frustrating. I was in university at the time so what I did was took it by correspondence (j-2,82). I'm uptight about money, that's one of the reasons I've gone back to work, I mean if I could afford it I probably wouldn't go back (A-2f,100-101).

I'm in a strange position because I'm retired ... if I were not volunteering at Wellspring I'm not sure what I'd be doing, but I feel it is very fulfilling (I-9,181-182).

Subcategory 11-1: Attitude

Survivor's also experienced an altered attitude toward their work:

My attitude toward work has changed, now I don't care, I see everybody fighting and I step back and I have no intention of getting into the fight -- it doesn't interest me, it's not important to me at all. It's become a very low, low priority (W-2de,73-76).
I think my attitude has changed, I'm doing more living right now. And I think I'm definitely less efficient at work (A-2de,90-91).

... the first time I plunged into my work and I thought in fact it was a good way of forgetting I had cancer. The second time I decided to play it another way by being much more relaxed about my work, to try to leave early and come in late (G-2de,46-50).

**Subcategory 11-2: Advantages**

Five of the six participants were able to associate their illness with a positive outcome with respect to their work:

I'm able to talk now in ministry, to go to someone and say, you know, I've been there. I have a sense, I'm not you but I have a sense of what you're going through. It's made my ministry easier, that's very beneficial (j-iii,107-110).

So I mean there is an advantage in that my secretary probably takes care of me more so than if she didn't know (J-iii,133).

It's one hell of a good excuse. When you use the big 'C' word you're automatically forgiven. It's amazing what you can get away with at work, like no one ever asks me if I'm away or if I leave my desk (W-iii,153-155).

Well now I have a very frequent and very real association with people with cancer through my work at Wellspring. It makes the cancer -- having the cancer -- it gives me a reason for it being (I-8,153-154).
In my own business I was working about seventeen hours a day, with no weekends off, and I didn't have a holiday for years, but now, I don't do that to myself. I want to find work I really enjoy (A-ii,135-136).

Subcategory 11-3: Financial Stress

Only two survivors felt that their disease affected them financially. One participant said: "It also took a financial toll too, because we were up North, and then we didn't have the subsidies, we had to pay to come down [for treatment] each time" (j-2f,90-91); and another mentioned: "So, as I say, it has taken a bite out of my savings. It's very stressful, it was ... but now disability has kicked in" (A-2f,101-102).

Category 12: Discrimination

Although participants in this study did not directly experience discrimination in the work place, some made assumptions that their illness would have negative repercussions:

I mean if anything it's a disadvantage, 'cause people won't ... I don't care about human rights or anything else, I don't think people will consider you for a job.... I won't be given certain jobs, they are going to pre-judge the fact that I can't do the job, the same as if I were a pregnant woman (W-iii,152-153/W-vi,188-189).

I thought; who would want to hire someone with cancer? (j-2e,85).

I don't think people are going to consider you for a job, and also I don't think
that I'm that employable.... I also find, regarding work, I am surprised when there is not discrimination, I'm very pleased, but surprised.... I think it's bad enough that I discriminate against myself (A-2f,105/A-vi,206,209).

Two survivors anticipated discrimination in the work place and mentioned they did not intend to tell prospective employers of their illness (J-ii,156) (j-2e,84).

Summary

One of the major questions posed in Chapter I of this thesis was: What impact does cancer have on the lives of survivors? The four themes that emerged in Section 1 clearly indicate that cancer influenced nearly every facet of life for participants in this study, striking at the very core of his or her identity. Comments such as: "I learned to face myself" (G-2e,50); "It's enriched my life in many ways" (I-ii,81); "It's changed my whole life ... because I'm not the same person" (W-2a,21); "It's changed my perception of life and the value of life" (j-1,8); "I would like to find out what really fuels me" (A-1,29-30); and "I knew certain things about me and my personality that were changing dramatically" (J-2,46-47) imply that a genuine transformation occurred, inspiring a shift in attitudes and behaviours. As their priorities shifted these cancer survivors embarked on a journey that encouraged them to make choices about how they wished to conduct their lives and allowed them to accept and appreciate who they are and what they have, in a way that would have been impossible prior to their illness.

Chapter V, entitled: Interpretation and Discussion will explore and examine the meaning of this transformation and propose a theory with respect to the impact of cancer on survivors.
Section 2: SUPPORT

Section two examined what survivors in this study felt was needed in terms of support for themselves and for other cancer patients. Participants also disclosed who offered support, where they sought support, as well as the availability and quality of the support programs they attended during their recovery. The categories included: family support, social support, peer support, and professional support.

Category 13: Family Support

Half of the participants in this study mentioned the importance of family support, with comments such as: "My immediate family is my primary support, invaluable at times" (G-2bc,33-34); "Both guys [first and second husband] were very supportive, I was a priority" (j-2bc,49); and, "Once I hit remission, my family, they kind of went with me, you know, supported how I felt" (W-iii,183). However, all six survivors noted that they felt unable to disclose many of their fears and concerns to family members (see Theme 2: Family Impact, Category 8: Secrecy). The participants in this study group were more prone to protect their family than call on them for support.

Category 14: Social Support

Five of the six survivors interviewed considered the support of their friends to be a significant part of the recovery process. Comments included:

I never realized how important I was to some people and I never realized how wonderful my friends were, they were prepared for a lot more caring than they would normally be, and they weren't escaping the fact that I had
My friends keep an eye on me, they check up on me.... I usually discuss my anxieties with my friends (G-6,163-164/G-2d,41).

I must say my friends rallied around me, I had friends I didn't even realize I had, people were just wonderful (A-2d,75-76).

People were phoning and praying for me, friends were very caring (j-3,162).

Although one survivor mentioned feeling abandoned by some of his friends, he was surprised by the support he received from others:

Some people don't want to know you because they are afraid you are going to die, and some people don't want to know you because they are scared of getting it themselves, and it brings reality right there. Some people don't want to know you because they don't want to get involved. You may be somebody they have to visit or maybe do something for, or whatever. And yet, the most unlikely people come through for you, it's amazing actually (W-10,426-430).

Because cancer changes survivors' perception of themselves and others, participants in this study generally experienced a re-negotiation or re-evaluation of their friendships.

Category 15: Peer Support

Five of the six survivors in this group attended workshops or support groups that helped them with the challenge of living with cancer:

Our visualization group is very helpful.... I think Wellspring is wonderful in
In the beginning I found the peer support at Alastair's very, very helpful, especially the relaxation and meditation we did. Also to see the different reactions of different people with the same kind of cancer (I-6,127-128).

I still talk to other cancer patients I've met in various support groups. You're all in the same boat, you know (W-6,337-338).

The Coping Skills Program is quite helpful.... All of us cancer patients have, well, some of us I should say, we have sort of a secret weapon, you know, a secret conviction that is going to pull us through all this, and I felt I could finally talk about my cancer with people who understood (G-7,177/G-8,182-186).

The self help groups I went to were very important (j-11,244).

The only participant who did not seek peer support made the following comment: "I never felt the need for support groups.... that doesn't mean others don't" (J-8,300,302).

Four of the six research participants were involved in providing support for other cancer patients at some point during their recovery:

Obviously I could give support, I felt that I was giving a lot of support just by volunteering in the wig department (J-8,295-296).

I worked as a palliative care volunteer for years afterward, and that made a big difference to me, and to them, I think.... It helps me to say at least out of where I've been I can do something to help somebody else, you know. And, maybe someday, well probably some day, I'll be laying there and I hope somebody does the same for me (j-11,215-216/j-11,232-233).
Here at Wellspring I talk about [cancer] with patients who are looking for support, and it helps them to know that you've had cancer and you've been there, it's almost a kind of fraternity. You know the ropes and you know what they are going through.... I think it's making me whole — well it is, because whatever you give you get back more than you've given, so to have somebody come in very distressed and go out smiling is a great gift. You can't ask for more than that (I-8,164-166/I-8,155-157).

I certainly have a very deep empathy for people who come in and are terribly distressed and I do help them. I think the most important thing to do is listen. I've been there so now I can talk (A-6,128-130).

The other two participants made reference to the fact that they would like to, or still intend to, help cancer patients:

More than anything [this interview] has focused me on my own realization that I haven't done what I thought about doing a long time ago which is to change this bloody system. We have to do something about it, I would really like to find a way to reduce patients' anxieties (G-14,273-275).

I believe I could help. That's why I say I'd like to get a group together (W-12,600-601).

The importance of giving and receiving support was very evident from the survivor's responses, yet every participant in this study voiced concern about the support needs that they felt were unmet by the cancer care system:

All of a sudden you are better, like in quotes, you know, and suddenly people aren't running around cheering you on, trying to keep your mood up.
Then suddenly you go home and Baaaaaam!, it seems like the world has fallen out. Even like if somebody from the Cancer Society or something could call you up and say: "Well how are you doing? ... Is everything O.K., is there anything we can do?" Like not everybody is fortunate enough to have family. Even in remission people probably need a place where they can talk and be heard and not judged, or not poked or prodded (j-11,247-252). There doesn't seem to be enough optimism and positive reinforcement and support, it's all like band-aid treatment ... I think it just needs more people who are going to get in there and be very positive, I don't know if it's an ex-cancer patient, but someone who has really been in, been close to it. You don't have to know how I feel but you have to be somewhere in the vicinity (W-9,382-386).

I think [survivors] need their own, they need to form their own group of people who are at the same level, because I think that people who are at the same level have different concerns than people who have just found out they have cancer. I think the attitude changes as you get further and further away from date zero (G-9,191-195).

I think it would be better if you had a group, if I had a group of people who were all in remission as well, to discuss and compare our problems (A-11-307-310).

I don't believe you can generalize, it's a very individual thing, but all patients should be informed of what groups are available, so often that doesn't happen, or it doesn't happen soon enough (I-9,169-172).
I think in terms of support, not necessarily for myself, but there needs to be some sort of support system for people in remission that is going to be very positive and say: "Come on, let's get on with our lives... it's over now and if it happens again, it happens again and we'll deal with it when it happens, not now" (J-9,310,322-333).

The participants' responses revealed that peer support can be a vital part of the recovery process, as can providing support for others. Although most participants were able to locate support groups, they were not always appropriate according to these survivors.

**Category 16: Professional Support**

This category involved professional support both in and out of the hospital setting. The properties of this category included: doctor dismissal, doctor (in)sensitivity, patient/doctor disagreements, communication problems, and unprofessional behaviour. Five participants in this study disclosed that they encountered difficulties with unsupportive members of the medical profession:

You're assigned a doctor or an oncologist or whatever, I changed three times because I didn't like them, because I felt they were treating me like a machine that they had to examine me, and I told them outright too, I said: "I don't like you, I want somebody else" (J-11,375-377).

I had one young intern come in and say: "I need to examine you right now", and I said: "I'm sorry, I just don't feel like it right now", and he said: "Well you can't do that, you are in a teaching hospital", and I said: "Watch me!". You
know, like I have boundaries and don't think that because I'm sick I don't have them.... I also had to hunt around a bit for the right doctors, because I got the sense that I wasn't being told the truth initially, like don't patronize me, it is my life we are dealing with, not yours. Luckily I was assertive enough to do that (j-10,261-263/ j-4,175-177).

My fights with three doctors were that I want to fight this, and basically what they said is don't be ridiculous, if I believed them I'd be dead!.... The oncologists just don't care, they are not geared to it, they are meat packers: "Move on! Next!", and they could certainly develop a better attitude, because you hang off what these people say (W-12,603-604,546-548).

I think that all of us have within our make up the ability, not to cure yourself, but certainly to make your situation a lot better, to help whatever help is available. I don't think that the medical profession realizes it or encourages it, and I think it is a grave mistake (I-v,100-102).

I sort of fell between the cracks. I was operated on in one place, then sent back to live in another place so a lot of information was just not made known to me (G-11,216-217).

Despite confronting these difficulties, three survivors mentioned receiving positive reinforcement from members of the medical profession:

The gynaecologist I see now is very sensitive to my needs, she's good, she'll always call me back (j-6,199)

My doctor, actually she sees me quite regularly because of medication, so she always asks me how I am, and we have about a fifteen minute talk,
beyond the visit kind of thing. So that helps (W-6,316-317).

I had excellent medical treatment, they all listened when I wanted alternative stuff, they didn't necessarily do it but they didn't pooh pooh it (A-3,219-320).

Only one participant was offered psychological support as part of his routine care. He made the following comment: "The two psychologists, not psychiatrists, that I talked to, I didn't like them either. Sure they were kind and not detached but I just thought you are the wrong people for doing this" (J-12,377-378).

All six survivors believed that their emotional needs were not being met by the medical profession. Participants noted:

If I could make a recommendation to the medical people it would be that if you had a patient, first time diagnosis, immediately, without asking him if he wants it or not, immediately someone should come in and talk to him about what is available in terms of help, emotional support.... Someone should sit down and talk to the patient without making it sound like it is charity work or a mental institution. There is a way of approaching people and explaining what is available that is not being done, which is too bad because those things are available, it's just communicating it to the patient which hasn't been perfect yet (G-10,218-222,228-231).

I thought: "They need somebody around here with life!", because you see, the whole concept, it seemed, at the clinic is you go through these two sets of double doors and everybody in here is dying.... and these people treating you like: "You poor thing, you've got cancer and you're going to die, well let's be nice to you" -- it's so patronizing, and I don't think they mean to be either
because it is a difficult subject (J-12,384-387).

I feel really angry about not knowing about the mind/body connection before this, and the fact is that it has been around, it has been around for years and the doctors just ignore it (A-14,348-350).

I wouldn't actually suggest anything professional. Listen, I'll tell you something, you can get a hug from a cancer patient that will do more for you that what any doctor or psychologist can tell you in an hour, I'm serious (W-12,411-413).

There were times when I was under treatment that I felt I was a piece of meat in a butcher shop, and in the hospital where I went to recuperate from surgery was the worst! And it's a very bad experience when you are as vulnerable as you are at that point in time (l-3,103-106).

I'd really like to see some of the medical profession re-educated though, as far as their reactions go. This one nurse was filling out the forms and she nearly stopped breathing, I found her reaction really unprofessional, and at that point I really didn't appreciate it, I mean I understood it because I thought, you know, maybe she's concerned about herself or something (j-14,347-352).

The majority of cancer patients both need and want support during diagnosis, treatment, recovery and remission. Unfortunately, as the survivors in this study point out, suitable support is not always provided for or prescribed by the professionals involved in cancer care.
Summary

The second question posed in Chapter I of this thesis was: Where do survivors seek support? The data revealed that although survivors found it difficult to count on their families for emotional support, they were generally able to locate peer support groups or counselling programs for assistance when needed. These programs did not address the specific needs of cancer survivors; however most participants felt that the coping skills and relaxation techniques were very useful. The majority of survivors also found that offering support to others enhanced their own recovery. Professional support was generally noncontributory from an emotional stand-point for the survivors in this study, and every participant offered advice that could prove very beneficial for improving health-care methodology.

Section 3: EDUCATION

This section focused on what participants claimed was needed in terms of education. Categories included: patient education, survivor education, and public education.

Category 17: Patient Education

This category explored the research participant's views on the educational needs of cancer patients. Survivors comments included:

Patients need to remember that your attitude really affects if you are sick or not (j-12,319).

I would tell cancer patients to find out as much as you can about nutrition.
To lobby against the pollution I'm sure is attributing a lot to the fact that we are getting more and more cancers (I-12,206-207).

Patients need to learn not to panic, there is such progress everyday, new things are being discovered everyday that can really help patients, you still may have a lot of time ahead of you so don't panic.... I would also suggest which didn't happen for me, and that is to talk about it from the very beginning. That certainly would have helped me (G-11,212-216).

Don't listen to doctors, first thing, do not listen to doctors. Doctors with the tombstone eyes. They are more convinced that you are going to die than anyone else is. And I think that they help create the statistics because I've seen it again and again. Like why do they have to say that, who made you God, who gave you life and death? (W-12,503-507).

Good physical condition, of course, they really need to do that, and read, the books are wonderful, so helpful (A-9,309).

I think cancer patients need to learn to stop being so depressed and down on themselves, they need to get away from this depression and guilt thing, Okay, not get away from it, but let's talk about it and deal with it (J-11,371-373).

Category 18: Survivor Education

The survivors in this study also offered some very practical advice to cancer patients in remission:

Don't over react, you're not dying quite yet.... Just accept it, literally accept it
and just say that's part of life and get on with living, and don't focus on it. I mean come to terms with it however you come to terms with things, and go from there, and if you can't then get some help (J-12,016-318/J-10,208).

Simplify your life, meditate, find some sort of inner strength or inner peace ... none of that is easy (I-12,207-208).

You cannot take everything at face value and you cannot simply take one opinion, you have to do a lot of work on your own (G-11,235-236).

I think the whole idea of death is too much attached to cancer ... I think a lot of cancer patients give up before they even start the fight, they think there is no point in fighting because they are going to die anyway. So you need to find a way to change that way of thinking (J-11,355-358).

**Category 19: Public Education**

Western society, quite inappropriately, tends to equate cancer with death. Often the immediate response to diagnosis is: "How much time do I have?" It is not surprising therefore that the participants' basic message to the public was that a diagnosis of cancer is not a death sentence. Survivors comments included:

I think people in general need to be told that it's not the end of the world. I think because everybody thinks that way, you get cancer you're dead, you know, they've got you in the box before you've even thought about it.... I guess somehow the public needs to be educated that there are things that can be done and there are ways of treating it, etc., etc., and it's not a death sentence! (J-11,360-363,346-347).
I'd like to tell the public that you can live. You don't have to be a sick person to have cancer. It's an inconvenience in your life, you know ... and I'd say be sensitive and kind, and for God's sake, don't tell people they look fine when they don't. Like if you don't have hair, you don't look good, like let's be honest.... And allow cancer patients their space, if they want to cry, or just be quiet or they just want to go for a walk by themselves, chance that they'll be O.K. Don't treat them like a sick person and living, treat them like a living person and sick (j-11,287-291,301-304).

First of all, a diagnosis of cancer does not mean death, which is really what I thought the first time.... I really think that this whole system can be improved tremendously. I've talked to doctors, they listen then they shrug their shoulders and they say: "You know that it's very difficult to change the system". I really think it can be changed, I think waiting so long for tests is just torture.... There is no established structure that allows a patient to go ask independent questions and have that body give answers. There seems to be a missing link in the whole health-care program here, between: patients, the family doctor, the oncologist and the hospital. I think the public should be made aware of this because chances are they will have to face it one day (G-11,207/G-ii,68-71/G-12, 252-256).

It's not contagious! ... and I'd tell them that there is still a chance. Like I see too many people who have totally given up all hope of life.... I've seen it and I wish I could help, and I believe I could help. You see, the doctors should develop a better attitude, you believe what they tell you and you shouldn't
because it was the worst in each case.... I think the medical profession should, first of all there should be a better way of telling people, like in England the system is far, far better. When they tell a patient they have a social worker present, which I think is fantastic. So the social worker says: "O.K., fine I want you to think about it, I'll stay with you now and we can talk or I'll visit you when you are home in a couple of days", and there is follow up. And here they have to be so brutal (W-12,352-353,480,595-596).
I would tell them that there is a lot of things that they can do for their health to prevent things like cancer, the food, the nutritional part, and not smoking goes without saying, and there are things like herbology, iridology, meditating, visualizing, all that stuff you should do while you are healthy, then maybe you wouldn't get sick.... It's very important to make time for yourself and do the things that you want to do, and as a woman being able to say 'no'.... That's what I would tell the general public: "Don't be nice" (A-11,324-333).

Become very aware about everything that's going on, and if the predictions are correct; that by the year 2021 one in every two people in North America will have cancer, then this attitude: "If I don't know anything about it I won't get it", has got to be dispelled.... It's prevention that we need, not enriching doctors with cutting us and shooting us with all these chemicals and stuff, there's so much big money involved it starts to stink! We're lucky we have it but it's the wrong course of action. I think education is extremely
important.... and I think that you must start when you're young, education begins with the kids (1-12,191-197,203).

Public views regarding cancer are extremely important according to the participants in this study, and, as more patients become survivors, education will undoubtedly become a key issue in dispelling cancer myths and relieving survivor distress.

Summary

The last question posed in Chapter I was: What do survivors feel is important in terms of education? It is evident from the responses of these participants that cancer patients, survivors and the general public must learn that cancer is not a death sentence. It is also necessary for patients and survivors alike to take the initiative to educate themselves regarding prevention, particularly nutrition and mind/body awareness, and learn to assert themselves with the medical community. The participants in this study also urged cancer patients and survivors to adopt a positive attitude regardless of prognosis and to accept and integrate their experience in order to get on with their lives.

Phase III

The next phase of analysis involved the discovery of the core category or the central phenomenon around which all the other categories are integrated (Glaser, 1978, p. 94). Selective coding was utilized in determining the core category by "systematically relating it to other categories, validating those relationships, and filling
in categories that need further refinement and development" (Strauss & Corbin, 1990, p. 116). The integration of categories generates the formation of a grounded theory, and Strauss and Corbin suggest writing a "descriptive narrative about the central phenomenon of the study" (1990, p. 119) in order to achieve integration. Asking the questions: What is my research all about?; What is it I am studying?; What are my findings?; What phenomena are reflected over and over again in the data?; and, What about this area of study seems the most striking? were very helpful in identifying the story. The following journal entry is a general descriptive overview of the story:

The main story seems to be about how cancer transformed the lives of these survivors and how their perceptions, priorities, attitudes, and behaviours changed as a result. Accepting the challenge of living with cancer and integrating the experience into their lives was essential for these survivors to cope effectively with remission.

Participants in this study were able to either ask for the help they needed from care-givers or support people, or seek outside assistance when required. Survivors were not passive recipients of care during the treatment and recovery phases of their disease, but took the initiative in determining what they wanted from the health care team and educating themselves about prevention and maintenance. They were determined to live happy and productive lives and chose to learn from their experience by: facing their fears, honouring their feelings, respecting their body's ability to heal, and taking responsibility for their own well-being. These survivors learned new ways of being in order to cope effectively with remission. For each
participant this was a very unique and personal experience. Will discovered how much more his family meant to him than his career (W-2e,70-73). He learned to be honest with himself and others (W-14,611), and not worry so much about the past or the future, but to "live in the now" and enjoy "every minute" (W-ii,109-110). For Jack, cancer prompted "a period of self examination" that enabled him to become much more comfortable with himself, and not to worry so much about impressing others (J-2a,46-49/J-ii,105-107). Jack learned to relax and take care of himself, physically, mentally, and spiritually (J-2a,52-54/J-ii,98-100). He also gained an understanding of what it means to "live life to the fullest" and therefore how he wanted to approach the rest of his life (J-10,334-336,340-341). Iva became a more compassionate person as a result of her cancer experience, and finally realized how important she is to family and friends (I-2a,21-24/I-2d,43-49). She learned to "listen to her body" (I-iv,86), and embarked on a journey of getting in touch with herself emotionally by discovering who she "really" is (I-i,74-75). Jesse found out that she is much stronger and far more assertive than she realized (j-10,255-257). Her cancer experience "refocussed everything [she] believed in", and allowed her to realize her dreams (j-1,16/j-10,274-275). Jesse learned to "watch" her mind, reduce her stress level, and be more empathetic toward others (j-1,21/j-iii,112/j-4,169). Annie learned how to say "no" to the demands of others and deal effectively with difficult personalities, particularly her mother's (A-2c,54-58). She no longer "placates" with a "bad situation" and
“is learning how to express feelings of anger and joy” (A-2c,64/A-4,259/A-11,331). Annie is “doing more living now” (A-i,90), and has discovered how to enjoy herself (A-2d,77-79), appreciate friends (A-2e,81), and slow down and “smells the roses” (A-i,112). She doesn’t take anything for granted, and is not as: uptight (A-i,115), judgemental (A-i,129-130), depressed, or negative (A-4,248-251) as she was prior to her illness. Gene became less materialistic (G-1,23) as a result of his two bouts with cancer and more appreciative of himself and the people around him (G-1,14-20). He now has “more incentive” to take care of his body and mind (G-ii,64) and has learned to slow down and “face” himself (G-2e,49-50/G-iii,110-111). He has become “addicted” to fun and laughter and “hooked on” comedies and sit coms (G-4,157-159). Gene also found out he was a lot stronger than he thought (G-10,203-204) and learned how to talk about his feelings (G-11,214-217).

The story basically illustrates how living with cancer allowed these survivors to re-examine their lives and relationships and enabled them to be who they are (Journal Entry, November 4, 1994).

The next step was to move beyond description to conceptualization. This involved a review of all the categories in an effort to determine which one could encompass all that was described in the story and become the core category (Strauss & Corbin, 1990, p. 120). As no single category was broad enough to be satisfactory, the central phenomena or core category was termed; Authentic Transformational Integration. This term was created to depict an actuality that related to every category.
and many of its properties. The word authentic was chosen because the change that occurred for these survivors was so utterly genuine, as opposed to a strategy or role taken on in order to facilitate coping. Transformation is defined by Webster's New World Dictionary as: "to change the condition, character or function of" (1983, p. 634). This denotes an incident that took place for every survivor in this study. Integration means "to become whole or complete or to bring parts together into a whole" (Webster's, 1983, p. 316). Every participant in this study integrated their cancer experience into their lives and personalities. This is important because the transformation must be integrated or accepted in order for change to be authentic. Figure 5 is a graphical representation of this third phase of analysis.

Stauss and Corbin noted that "validating one's theory against the data completes its grounding" (1990, p. 133). This final phase of analysis will be investigated in Chapter V entitled: Interpretation and Discussion. Here the theory of Authentic Transformational Integration will be developed in terms of its properties and related to all other categories.
Figure 5. A Graphical Representation of Phase III

19 Categories

Section 1 → Section 2 → Section 3

Descriptive Narrative

Review & Revision of Categories

Core Category
CHAPTER V

Interpretation and Discussion

A critical illness is like a great permission, an authorization or absolving. It's
right for a threatened man to be romantic, even crazy if he feels like it. All
your life you think you have to hold back your craziness, but when you're
sick you can let it out in all its garish colors.

Oliver Sacks, M.D.

Introduction

The preceding chapter outlined the data coding system and how the methodical
procedure led to the discovery of the core category. Nineteen primary categories,
eighteen subcategories, and the core category of Authentic Transformational
Integration (ATI) emerged through this analysis. ATI defines a theory that describes a
phenomenon which occurred for every research participant enabling him or her to
cope more effectively with remission. In this study coping effectively is synonymous with
leading a happy, productive and satisfying life according to, or as defined by, the
individual survivor.

This chapter elucidates the properties of ATI and illustrates how these properties
relate to each major category thereby making them subsidiary categories. Using the
descriptive narrative from Chapter IV (p. 86-89) as a guide-line, the categories will be
arranged in terms of the paradigm in order to provide an analytic version of the story.
This ordering of categories will facilitate the construction of a hypothetical statement
regarding the relationships among the categories (Strauss & Corbin, 1990 p. 129).
This statement will then be validated against the data in order to determine the extent
to which it is applicable for each individual cancer survivor.
Properties of the Core Category

Strauss and Corbin (1990) maintain "if you tell the story properly, in addition to revealing the core category the story should also indicate its properties" (p. 123). In this study, three properties of the core category were identified, each with a dimensional scale of positive to negative, or high to low.

**Property 1: Constitutional Shift**

The first property termed "constitutional shift" represents the total shift in mind, body and spirit experienced by these survivors, and reflects the intrinsic change in perceptions, priorities, attitudes, and behaviors that transpired for each study participant. For this property, positive on the dimensional scale refers to a healthy shift in perceptions, priorities, attitudes, and behaviors that enhanced the level of happiness, productivity and satisfaction in the lives of these survivors and enabled them to cope more effectively with remission. Negative on the dimensional scale denotes an unhealthy shift that lead to general dysphoria and hindered effective coping.

Although there is much overlap, categories 1 - 4 provide the best support for the property "constitutional shift". The following section outlines how these four categories relate to this property.

**Category 1: Reaction**

A constitutional shift begins with an individual's reaction to diagnosis. A positive shift may even be dependent on this initial reaction. Dr. R. Shephard noted only weeks before his death from cancer that: "health is an attitude of mind, and good health or bad
health are not what happens to you, your soma or psyche, but how you react to whatever happens to you" (Ontario Cancer Treatment and Research Foundation, 1990, p. 14). The survivors in this study reacted to the diagnosis of cancer with fear, denial, and depression (see p. 43-45).

Fear is a reasonable and quite natural reaction to a potentially fatal illness, yet it can elicit a negative or unhealthy shift in perceptions, priorities, attitudes, and behaviors if, as Simonton et al. (1978) discovered in their research with numerous cancer patients: "fear becomes so overwhelming it is almost impossible for patients to develop a positive expectancy about the outcome of their illness" (p. 137). For the survivors in this study fear was not so paralysing, and after the initial shock of diagnosis all six participants took affirmative action in the recovery process, thus inclining toward a more positive constitutional shift.

Nessim and Ellis (1991) reported that "virtually every cancer patient uses a certain amount of denial in dealing with the news of diagnosis" (p. 47). Although this strategy is a valid method of coping with the immediate crisis of cancer, often replacing fear with hope and determination, it can evoke a negative constitutional shift "when you let denial interfere with your physical health or affect your emotional equilibrium" (Nessim & Ellis 1991, p. 50-51). The survivors in this group did not allow their denial to extend beyond the initial recovery phase, and each acknowledged the necessity and importance of follow-up care for the rest of their lives.

Five of the six participants in this study experienced depression following their cancer diagnosis. Each survivor noted that this was a brief phase in the recovery process that actually encouraged further self discovery and growth. Therefore, if
depression does not become chronic, it can actually help to facilitate a positive constitutional shift according to this study group.

It is interesting to note that none of these survivors experienced the helplessness/hopelessness reaction suffered by many newly diagnosed cancer patients (LeShan & Worthington, 1956; Schmale & Iker, 1964, Simonton et al., 1978). Again, this response presumably improved their tendency toward a positive constitutional shift.

Category 2: Facing Mortality

Facing mortality had a major impact on the participants in this study, and was an integral step in the recovery process. For these cancer survivors facing mortality involved self-examination, redefining priorities and a general acceptance that enabled them to move on with their lives (see p. 46-49).

The self-examination process experienced by every research participant evoked a positive constitutional shift according to these survivors in that they gained a new physical and mental awareness, a greater self-acceptance, and felt fortunate to be alive.

Redefining priorities also encouraged a positive shift. As survivors became more in touch with what was meaningful and important, they discovered what they really wanted out of life and learned to let go of negative and unhealthy perceptions, attitudes, and behaviors.

Contrary to much of the survivor literature (Mullan, 1984; Nessim & Ellis, 1991; Simonton et al., 1978), participants in this study did not suffer from prolonged death
anxiety; in fact the process of facing mortality seemed to help these survivors accept the inevitable and enhanced feelings of happiness and well-being, enabling them to cope more effectively with remission.

**Category 3: Attitudinal Shift**

The attitudinal shift experienced by the cancer survivors in this study included: a shift in values and beliefs; the maintenance or adoption of a positive outlook; a change in disposition; and a reduction in mental stress (see p. 49-54).

The shift in values and beliefs for these survivors was the result of examining and evaluating their ideals, convictions, and "personal truths" about life and death, which allowed them to consciously decide what to value and believe. For some survivors this shift was quite dramatic, and all mentioned a renewed appreciation or zest for life.

Every research participant noted the importance of maintaining or adopting a positive attitude during diagnosis, treatment and recovery. In fact, four of the six survivors in this study credited their survival, in part, to their positive attitude (see p. 51). It is important to note that these survivors did not adopt or maintain a positive attitude as a strategy for holding back negative feelings, as Dr. Temoshock pointed out in her discussion on the *Positive Attitude Trap*: "If the positive-attitude dictum creates only a forced optimism, a swallowing of sadness and anger, a mask over pain, then it can make the patient worse, not better" (1992, p. 238). A positive outlook seemed to help cushion rather than suppress the fear, anger and suffering experienced by some
participants during diagnosis and treatment, and served as a catalyst for a positive constitutional shift during the recovery phase of their disease.

The shift in disposition had a beneficial impact on these survivors in that they confessed to being more tolerant and compassionate people as a result of their cancer experience. The participants in this group also realized that most of the stress in their lives was unwarranted and they were able to eliminate much of the pressure and strain in their lives simply by acknowledging its source.

**Category 4: Behavioral Shift**

All six cancer survivors noticed changes in their behavior as a result of living with cancer and made alterations in the areas of: prevention, maintenance, time management and motivation (see p. 55-57). A positive constitutional shift occurred for every survivor in this study as they gained a deeper awareness of their physical and mental health and integrated new exercise, diet, and relaxation programs into their lives. Participants also made positive changes in their lifestyle by taking advantage of the time remaining in their lives, and aspiring to achieve their personal goals and ambitions.

**Property 2: Responsibility**

The second property of the core category was entitled "responsibility". This property denotes a phenomenon that occurred for these cancer survivors regarding personal accountability for health, health-care, support and education as it related to
their disease. Taking responsibility enabled these survivors to cope more effectively with their remission and enhanced feelings of happiness and well-being.

"Responsibility" has a dimensional scale of high to low. A high level of responsibility reflects initiative on the part of the cancer survivor for maintaining health, attending follow up appointments and participating in support groups when needed. Highly responsible survivors also tended to empower themselves by being assertive with their health-care team and acquiring the desired educational tools and materials. Categories 13 - 19 related specifically to this property.

**Category 13: Family Support**

Half of the survivors in this group mentioned the importance of family support, while the other half confessed that they found it difficult to accept the help of their families during the recovery phase (see p. 71). In many ways families are just as much survivors of cancer as patients are, and the urge to protect loved ones from undue anxiety is understandable, yet, protecting family feelings at the expense of their own may hinder effective coping. The participants in this study who accepted responsibility for their own well-being, rather than taking responsibility for the way their families chose to feel, were better able to manage and accept the many life transitions that cancer brings.

**Category 14: Social Support**

The survivors in this group relied heavily on the support of their friends, and considered them to be a significant part of the recovery process (see p. 72-73). Cella
concluded that approximately 1/3 of those living with cancer encounter friendship problems during the survival period, yet only one participant in this group mentioned such difficulties. The cancer survivors in this study generally took a high level of responsibility for surrounding themselves with people who helped to facilitate their recovery, and empowered themselves by re-negotiating or re-evaluating their friendships in order to fit their new way of being.

**Category 15: Peer Support**

The vast majority of participants in this study attended workshops, seminars and support groups that helped them to cope with the challenges of living with cancer. Every survivor in this group mentioned the benefits of such programs, reflecting a high level of responsibility for creating and maintaining mental health (see p. 73-76). Many survivors also took the initiative to provide support for other cancer patients, and noted how this endeavour augmented their own recovery.

Although these survivors sought to empower themselves by learning as many coping strategies as possible, they were also very aware of the deficiencies within the system. Participants discovered that many support groups simply were not appropriate for cancer survivors and offered numerous suggestions for improving current programs.

**Category 16: Professional Support**

The cancer survivors in this study group were not passive recipients of care during the treatment and recovery phases of their disease, and all took an initiative to
protect personal boundaries when dealing with doctors and other members of the health-care team (see p. 76-80). Survivors in this group did not tolerate what they perceived to be unprofessional or unacceptable behavior, and three participants went so far as to dismiss medical personnel. All six cancer survivors believed that their emotional requirements were ignored by health-care professionals and reacted with a high level of responsibility by seeking out other ways to get their needs met (ie. support groups, advocacy groups, seminars, etc.), and by offering practical suggestions to the medical community.

Category 17: Patient Education/Category 18: Survivor Education

Every survivor in this study offered informed advice regarding the educational needs of people living with cancer (see p. 81-82). The primary message to patients and survivors alike was that an individual must take responsibility for his or her own physical and mental health. All six participants in this study commented on how educating themselves about their disease helped to dispel a lot of fear and anxiety and allowed them to cope more effectively with their remission.

Category 19: Public Education

Every participant in this study was adamant about informing the public that a diagnosis of cancer is not a death sentence (see p. 83-85), and urged people to become more informed about: conventional and alternative treatment methods, nutrition, pollution, mind/body awareness, as well as the mythology surrounding cancer that leads to cancerphobia. According to this study group, a high level of responsibility
must be taken by cancer patients, survivors and health-care educators in order to ensure that the public receives accurate information.

**Property 3: Acceptance**

The last property of the core category is "acceptance" which reflects the participants' ability to integrate their experience in order to cope more effectively with remission. This property has a dimensional scale of high to low. A high level of acceptance refers to cancer survivors' capacity to: reconcile themselves to living with a potentially fatal illness; tolerate the transitions in life, lifestyle, personal and family relationships; and genuinely accept themselves and others in a new and profound fashion. Low on the dimensional scale denotes a degree of denial about their disease and an inability to cope with the many life changes caused by cancer. Categories 5 - 8 and 9 - 12 related specifically to this property.

**Category 5: Adjustment**

The ease with which cancer survivors adjust is directly related to their level of acceptance. Every survivor in this study noted that as they adjusted to their disease, their level of acceptance increased and cancer had less of a stressful impact on their lives (see p. 58-60).

Nessim and Ellis (1991), in their guide for the recovered cancer patient, informed survivors that: "Whether you realize it or not cancer strikes you at the very center of your identity. The post-treatment period is a time of reassessment, of trying to fit pieces of your old life into a new way of living. But absorbing the full force of these
changes can take time" (p. 46). The authors observed that cancer survivors generally adopted one of three approaches: i) Denial, when survivors completely disassociate themselves from the disease; ii) Involvement, when they make cancer the centerpiece of their lives, and; iii) Acceptance, when survivors accept their illness and find strategies to integrate the experience into their lives. Five of the six survivors in this study preferred the third approach, and all revealed a high level of acceptance by declaring positive anticipation about the future.

**Category 6: Distress/Category 8: Secrecy [Family Impact]**

All of the survivors in this study reported concern regarding the impact of their disease on family members (see p. 62-63). In fact, participants were so worried about causing family distress that every member of this group kept some aspect of their disease a secret (see p. 65-66). It was surprising to discover that the subject of secrecy occurred so frequently in this study, as it was never mentioned in the survivor literature ascertained for this investigation. These cancer survivors confessed to feeling very responsible for the well-being of their family and only disclosed as much as they felt their loved ones could handle. Although four of the six participants disclosed the truth about their illness when they felt it was appropriate, the need to protect their family far outweighed their need to be totally honest.

**Category 7: Transitions [Family Impact]**

In this study participants found that cancer continued to transform the family dynamics long after diagnosis and treatment (see p. 63-64). Nessim and Ellis pointed
As a cancer patient your role was clearly defined ... but once you've achieved remission and completed treatment, your status changes. Suddenly you are no longer a cancer patient. You are expected to shed that role as quickly and effortlessly as a hospital gown. Now that you've been declared disease-free, your family and friends are eager for a return to the status quo.... But like most survivors you've probably found that making such a transition is easier said than done (1991, p. 81).

No doubt it can be as difficult for the family to adjust to life after cancer as it is for the cancer survivor; indeed, a patient's recovery may be just as disruptive to family life as the initial diagnosis. However, the majority of participants in this study discovered that the more they accepted their disease the easier family transitions became.

Category 9: Transitions/Category 10: Shunning [Social Impact]

The social implications of cancer were quite extensive in this study and participants reported that personal relationships underwent significant changes (see p. 66-67). Dr. Fitzhugh Mullan is convinced that shunning "in some fashion is part of the social life of all cancer patients and survivors", although he admits it is hard to evaluate how pervasive this highly subjective phenomenon is (1984, p. 91). Four of the participants in this group reported incidents of shunning; however, they tended to accept this social adjustment as part of the recovery process (see p. 68), and most felt enlightened about the true meaning of friendship.
Category 11: Transitions/Category 12: Discrimination [Professional Impact]

Changes in professional, academic, and economic status required these survivors to make numerous adjustments in lifestyle (see p. 69-71). Five participants noted a positive outcome with respect to their professional transitions, and the sixth noticed no citable change. All study participants reported an improved attitude toward their work as a result of their cancer experience. Thus the survivors in this group generally experienced a high level of acceptance of the professional transitions they encountered.

The American Cancer Society, in its sample of 130 highly employable survivors, reported a high rate of "subtle mistreatment" including: hostility, ostracism, transfers, demotions, and failure to grant pay raises, along with a 22% job rejection due to the study group's cancer history (American Cancer Society, 1982, p. 3). Although social attitudes are still bound by many irrational fears it is encouraging to discover that none of the survivors in this study experienced the job lock or health insurance obstacles endured by cancer survivors in previous studies (Gray, Doan & Church 1991; Kudsk & Hoffman, 1987; Derogatis, 1986).

Conclusion

All three properties demonstrate how Authentic Transformational Integration enabled these cancer survivors to cope effectively with remission and eased the recovery process. A hypothetical statement regarding the relationships among the properties and categories looks like this:
When a cancer survivor experiences a positive constitutional shift of perceptions, priorities, attitudes and behaviors, and takes a high level of responsibility for personal health, health-care, support, and education, while accepting his or her disease and the transitions in life, lifestyle, and personal relationships, then Authentic Transformational Integration occurs enabling the survivor to lead a happy and productive life, that includes effective coping with remission.

In order to validate this theory and explain the complexity and variation ascertained in this study, it is necessary to revisit the data to see if the statement holds true for each study participant. The following six profiles reveal how each individual’s experience relates to the hypothetical statement.

In an effort to provide additional insight into the character of these cancer survivors and allow the reader to share some of the unique experiences and idiosyncrasies that would otherwise have been omitted, anecdotes taken from the raw data have been included in the participant profiles. These personal narratives help to further illustrate the essence of Authentic Transformational Integration.

**Participant Profiles**

**William Power**

Will experienced quite a positive constitutional shift. Although he claims to be far more serious than he was prior to his illness, and misses the “wild and crazy guy” he used to be (W-2b,47-49), Will is "at peace" with himself for the first time (W-14,619). He is invariably looking for new ways to make himself happy, and, although it is difficult
at times, he is generally successful (W-i,88-93).

Will says his attitude has changed more than anything else (W-4,260). His family has taken priority over his work (W-2d,69-71,78-79), and despite the deterioration of his sex life, Will enjoys a much closer relationship with his wife since his illness (W-2d,64,66-67).

Will tries not to let things bother him any more, and always attempts to stay positive and maintain his sense of humour (W-4,260-263). His attitude toward work has changed most drastically. Will is looking for more satisfaction in his job now, and wants to feel like he is doing something important and worthwhile. Money and status, he reports, have become a very low priority (W-2e,78-83).

Since living with cancer, Will no longer worries about the past or the future. He has learned to live in the present, which he says is a much easier and more healthful way to conduct his life (W-ii,108-112). Will appreciates and values his life in a new and profound way, and while he admits he isn't travelling the world and writing books, he is "living more" and "pushing life a bit" by staying up later and seeking enjoyment as he never has before (W-v,230-237).

During his recovery, Will explored his beliefs and attitudes about mortality, and had the opportunity to work through a lot of fear surrounding his father's "painful" and "undignified" cancer experience (W-v,222-226). As a result, Will is no longer frightened of death, and believes that this shift in attitude has had a positive impact on his recovery (W-v,217-221).

Essentially, Will experienced a positive constitutional shift, in that the majority of the changes in his perceptions, priorities, attitudes and behaviors served to enhance
the level of happiness, and life satisfaction, and therefore enabled him to cope
more effectively with his remission.

As a result of his cancer experience, Will accepts a great deal of responsibility
for his own health and well-being. In fact, he claimed he had no choice considering his
calamitous experience with the medical profession (W-9,411-417). Will was unable to
find a physician who would give him hope, or support his fight against cancer, and
dismissed three doctors in an effort to find someone who believed he could survive
(W-9,398-400/W-14,602). Will believes that if he had accepted the prognosis of his
doctors he would most certainly be dead (W-14,602-605). In order to find the kind of
support he felt he needed, Will located a number of cancer support groups, some of
which he found very helpful; others he pronounced unsuitable and a waste of time
(W-14,595-600).

Will says that although his cancer has less of an impact as time goes by, he is
not willing to accept the way he feels as "being normal" (W-5,285-286). His daily
health problems are very frustrating (W-5,287-290), yet, ironically Will observes that for
the first time he feels physically empowered by the knowledge and understanding that
his attitudes can either enhance or aggravate his health and well-being (W-iii,172-174).

Will is far more physically aware as a result of his illness, and has learned to "analyze"
his disorders so he won't panic every time pain or fatigue sets in (W-5,290-292). The
following is an excerpt from Will's interview wherein he discusses the physical
consequences of his disease:

[Cancer] has changed my whole life. Medically, I guess, mainly, because
I'm not the same person. I mean things have happened to me that should
never. I should be -- perhaps not able to run around quite as vigourously as I did twenty years ago, but I should be healthy, and I have daily health problems. So mentally that's difficult. I think that's the most difficult thing for me to deal with. Since they fooled around will me nothing works properly.... You see, I have a little bit of a kink in my throat and foods stick there, and what happens is that the esophagus goes into a spasm which is extremely painful. Even though in actual fact the food moves through, it thinks it is still there, and that's why it won't stop. It is extremely painful, because it won't stop. It's stupid! It goes on for about three hours before it figures out that there is nothing there. And I don't have any bowel, so anything, especially spicy foods, are a problem. Once things start to digest, just like now, things start to come up into my throat and it can get extremely raw. At times I even have to take something to coat it, because it does burn actual holes in the lining, and that's really nasty so you have to coat it because it won't heal unless you do.... It just seems like there is nothing that makes things work the way is does naturally. You take something that solves one problem and it creates another. And I haven't yet found anything that makes it work smoothly (W-2,21-26,31-32, W-iv,251-258, W-5,305-307).

Although Will has difficulty accepting some of the physical consequences of cancer, he has embraced many of the emotional ones. Since dealing with his cancer, Will likes himself better and accepts who he is (W-v,213-217). The following narrative further reveals this transformation:
I think honesty becomes very important to you when you have cancer. Like the only kind of lie I would tell now, I can almost guarantee, any kind of lie I would tell would be one that protects my family, so that they wouldn't have to face something -- like a little white lie. I may have lied about many, many things, but not any more, I mean I've told you about my sex life, I've told you a great many things I may not be proud of, and I don't see a reason to conceal things any more. I'm open, you can ask me anything, you can tell cancer jokes, I don't give a shit, you won't worry me now, because I feel very at peace in that respect. I don't want to cover things up, I don't want to lie to anybody, I feel very, very comfortable in being open. Some people have difficulty with that. Where before, you see, I was a very, very guarded person before. I only told people what I thought was right. I might want you to know this, but I don't want you to know that. So I'd tell you -- this, you -- that, you know, whatever the circumstances would dictate. And also your reaction, what I believed your reaction might be. If I thought you're not going to like this, or this will make you think something different of me, then I wouldn't tell you. Now I don't care. I still have the same feeling that everybody likes to be liked, or respected at least, but hey, I am an honest, open person and a relatively decent human being, and if you can't accept something that I have done, or that I am doing, then I'm sorry, it's your problem not mine. I could never say that or have done that before. I would be very concerned about what you thought. I guess I'm still concerned, but it doesn't stop me from telling the truth. I will
sometimes say in a meetings: "You know I wish you hadn't asked me that";
or: "If you don't want an honest answer, don't ask the question". I don't have time for this crap, you want honesty fine, but I don't want to go through the bullshit. I'll give you the truth, you don't like it -- I'm sorry (W-15,610-633).

Of the six research participants in this study, Will was the most vocal about the hardships of being a cancer survivor and the inefficiency of the cancer care system. This may be due to the fact that he had such a horrific experience with medical personnel, or because he was left with so many painful physical complications due to his treatments. On the surface Will appears to be having difficulty coping at times; however, close analysis reveals a positive adjustment to personal, family and professional transitions. Though he struggles daily with physical problems and emotional stress (W-7,351-353), Will continues to empower himself by seeking support when needed (W-6,322-325) and maintaining his sense of humour (W-4,261).

Will displays a fairly high level of acceptance in that he acknowledges many of the positive aspects of his cancer experience (W-iii,136-158), and seeks to improve the system by forming his own support group for cancer patients in remission (W-14,600-602). When he speaks of the future he imagines a "nice simple life" (W-13,564-565); he is looking forward to his children growing up and "hopefully" having grandchildren (W-13,568). Will is convinced that ten years from now he will be enjoying himself, with "no problem filling [his] time" (W-13,567-572).
Jack Robbins

Jack noticed a major shift in his perceptions, priorities, attitudes and behaviors during his recovery from cancer. He described a very positive period of: "re-examining, re-questioning, and looking at things in a different light" (J-2a,33-45). The following example reveals some of the changes Jack encountered:

I knew certain things about me and my personality that were changing, characteristics were changing dramatically. Like, probably I told you the other day that I had a gym bag for the longest time that had an enormous rip in it, but I didn't care. I finally carried it until it fell apart and I found a store on the street and bought a new one. And there was a time that I would've said: "I can't carry a bag that's ripped. My God, what are people going to think?" I think you get rid of a lot of crap in your life that you thought was important at some point. Well, now I don't care, well it's not that I don't care, I'm not really concerned about the smaller things that I might have been so concerned about one time. Hell, so I've got a rip in my bag. Do I care that I'm on the subway, and maybe 30 people are looking at my bag? So what! .... And where I'm living now, for instance, I'm living in a one bedroom apartment over a store on a busy street, and there might have been a time where I would say: "I'd never do that!", and I'd spend the money to live in a nice house somewhere. There are so many things that just don't matter as much anymore. You know, it's true that the smaller things that were supposedly important are no longer important. And I think it's probably because there is this thing -- perhaps this thing looming over
you called cancer, early death or whatever, and this is foremost in your thoughts so these other things that you spend far too much energy on worrying, they just go (J-2a,46-58/J-2f,87-90).

Jack mentioned that in many ways his life is easier as a result of living with cancer because he no longer feels "the need to impress" (J-2ii,106-107), or "save face", and has learned to let go of a lot of "pride and ego" (J-4,258-260). He adds that money and material possessions are not as important to him since conquering cancer (J-2f,90-93). Jack's constitutional shift also included learning to relax (J-2ii,98-100) and not expecting so much of himself (J-2ii,110-111), as well as a stronger belief in his faith (J-v,162-188), and more compassion and understanding towards others (J-vi,230-233). According to Jack, this transformation has had a very positive impact on his life and lifestyle (J-2a,33-35).

Jack integrated numerous healthy changes into his lifestyle which enabled him to reduce stress and find more joy and satisfaction in almost every aspect of his life (J-iv,144-160). He continues to take a high level of responsibility for his health by reading as much as he can of the literature that pertains to his disease (J-1,27-29), maintaining a wholesome diet (J-2iv,145-148), and exercising regularly (J-2iv,154-158). Jack claims he is healthier and in better shape now (J-2iv,144), and admits: "If I didn't have [cancer] I probably wouldn't have made any effort" (J-2vi,149).

One of the most important things Jack does for his health is monitor his thought processes in order to maintain a positive attitude (J-4,254-258). Albeit Jack never felt the need for group support (J-8,294-297), the following narrative demonstrates how his perpetual positive attitude and strength of character was instrumental in providing
support for others:

Just listening to [cancer patients] talking, I knew there were things, things that I didn't identify with at all -- like guilt. I kept thinking: "Why are these people feeling guilty?" I think the people that I knew who were in remission were not positive at all, you know, they were just waiting for the next one to come. And I kept saying: "Join a bowling league, do something", because most people, to some extent I guess, were lucky I would talk to them that way because most people don't, it's all this nambi pambi holding hands, caring and loving which is all nice, but there wasn't somebody saying: "Get off your fuckin' ass and do something". Because I knew a lot of them at this clinic needed that sort of thing, perhaps that's all they needed (J-9,305-307, 313-319).

Jack was equally assertive with his medical team. He changed oncologists three times because he was being treated "like a machine" (J-12,374-377), and changed psychologists twice because they were "the wrong people for doing this" (J-12,377-379). Jack's intolerance for health care personnel who did not facilitate his healing further demonstrates a high level of responsibility for his own health and well-being.

Very few people know the extent of Jack's illness (J-2c,70-75). In fact, of all the participants in this study he was the most secretive about his cancer. Jack says he felt compelled to protect his family, particularly his mother, from the "constant worry" and "grief" that the truth about his illness would cause (J-2c,60-70). Jack also claims that he knows from experience that many people treat cancer patients with "kid gloves" (J-2bc,72-75), and he doesn't want his friends, acquaintances or colleagues to treat
him any differently. He explains that:

It's not that I don't want to tell people, or have them feel sorry for me or anything like that, and it's not that it's none of their business ... I guess I've just decided I don't want that many people to know the extent of it because, right or wrong, I want people to be who they want to be, and treat me the way they want without that information (J-2c,70-71,77-78).

Rather than a form of denial, Jack's non-disclosure about his disease is a personal choice that appears to help him cope more effectively with his remission. Were he in denial, it is highly unlikely that Jack would have so readily revealed the fact that he had struggled twice with cancer during our second brief conversation, nor would he have been so brutally honest about the reality of his situation during the interview.

From the early treatment stages of his first cancer, Jack displayed a high level of acceptance by resolving to "get on with [his] life however long or short it may be" (J-4,260-266). The following excerpt gives further insight into Jack's character and reveals how his beliefs and attitudes enhanced his recovery:

I hear people say, you know: "This has been the greatest experience of my life!", and I've never thought that way. I've always thought that life is the greatest experience. If you look at it as an analogy of a book, and there are chapters in your book, and sometime the chapters are terrible and sometime the chapters are great. But I think it is the individual that has to make the chapter great. There will always be circumstances that will be out of your control, like cancer, and therefore the chapter will be terrible. But it's nothing more than all those experiences you're having in life. To
me, life is the big experience, and all those things that people call experiences are like little chapters in your life and you just move on -- you've read that chapter, let's go on to the next one. I guess I have a very positive outlook in that respect (J-3,234-241).

Jack confesses that he feels like he knows himself better since living with cancer (J-10,343-344), and he is much more serious about how he wants to spend the rest of his life (J-10,340-342). He adds that he is "not joking" when he says that five years from now he will be accepting an academy award, and in fifteen years, he envisions himself "still working and creating more" (J-13,394-417).

Iva Estavan

Iva described her cancer experience as: "an opportunity to re-evaluate what's important and what isn't" (I-1,5). This assessment served as a catalyst for greater self-awareness and self-knowledge (I-2i,70-75), and initiated a very positive constitutional shift.

As Iva explored her mortality, she began a search for "that person deep inside" (I-2i,75), and discovered how to "get in touch" with herself mentally, emotionally, and spiritually (I-2iii,82-84). Iva claims she knows herself better than she did prior to her illness (I-2i,72-73), and devotes more time now to doing the things she truly loves (I-2ii,76-78). Iva is also more physically aware. She has learned to "listen" to her body and respect its messages and instructions (I-2i,70-71/I-2iv,86-89).

Iva's perception of friends, family, even herself, changed almost immediately following her cancer diagnosis: "I didn't know people liked me that much!" (I-2a,23), she
declared. In addition, Iva was amazed to discover how "wonderful", "caring", and "supportive" her loved ones were (I-2a,21-25).

Iva states that she has learned a great deal from living with cancer (I-2i,56-58), and believes one of her biggest lessons derived from two brief bouts of "debilitating" depression following the termination of her treatment (I-2f,48). She described her depression as: "a real eye-opener" and "the most devastating experience I've ever had", but added: "Like many things, you grow from it" (I-2i,48-53). Iva says she is a kinder and more compassionate person since this "terrible" ordeal and has discovered even more about who she "really" is (I-2i,51-52).

Iva's constitutional shift also involved a change in values (I-2ii,77). She takes nothing for granted any more and confesses that living with cancer has: "enriched my life in many ways" (I-2ii,78-79). Iva's change in perceptions, priorities, attitudes and behaviors unquestionably enhanced her level of happiness and satisfaction, and eased the recovery process.

Iva has always taken a high level of responsibility for her health and continues to eat a well-balanced diet, exercise and dance in order to maintain her fitness. She has also added yoga, meditation and visualization to her daily regime (I-4,109-112).

Iva sought group support shortly after recovering from her surgery and found the Cancer Coping Skills program very helpful (I-6,127-128). She soon used her newly acquired skills to assist other cancer patients, and notes that by helping others she helps herself at the same time (I-2c,36-38). Iva claims her work with cancer patients is making her "whole" (I-9,164-166) and gives her own cancer a purpose and a "reason for being" (I-9,182-183).
Like other cancer survivors in this study, Iva was assertive with the medical community and demanded to be treated with respect and dignity (I-12,195). However, she was the only participant who credited her anger for augmenting recovery. When Iva was asked what enabled her to get well, she responded with:

Rage. Rage against the doctor. I think that all of us have within our make-up the ability -- not to cure yourself but certainly to make your situation a lot better, to help whatever help is available, and I don't think a medical profession realizes it or encourages it. I think that's a grave mistake. There were times when I was under treatment, not radiation -- the people there couldn't have been nicer, but with the surgeons I felt I was a piece of meat in a butcher shop, and in the hospital where I went to recuperate from the surgery was the worst! And it's a very bad experience when you're as vulnerable as you are at that point in time. So when I say rage, it is genuine, honest rage. So I thought I would get better so I could bomb this place (I-3,100-107).

Iva is adamant about the importance of education and says that the mythology and general ignorance surrounding cancer must be dispelled (I-11,191-193). She gives informed advice about nutrition, pollution, alternative medicines, and methods of prevention (I-11,195-203), and states that education should begin with the children, rather than those already in hospital beds (I-12,214). Iva is also a member of a patient advocacy group called: Let's Make a Difference, that endeavors to find solutions to problems encountered in the cancer care system (I-12,211-212).
Iva displayed a high level of acceptance by integrating her experience and actually embracing the many transitions that come with living with cancer. While Iva chose to cope with her disease by involving herself in cancer-related work, she was very careful to take plenty of time to tend to her own continual healing and quest for self-knowledge (I-2t,70-75).

Iva says she refuses to "brood over cancer, because there are so many other things to do" (I-7,143-144), and adds that she will deal with a recurrence if it happens, but certainly won't let it get in the way of enjoying life to the fullest (I-7,140-150). Despite the positive attitude exhibited throughout her interview, Iva made a somewhat disturbing comment while discussing her beliefs and attitudes about death:

I'm not afraid of death. It's the inevitable, it's the only inevitable thing in our life. I don't think I'm afraid of dying, but then I am thoroughly convinced you couldn't destroy what is my spirit. So whether it comes back in another form, or whatever, it's there, and I'm quite prepared to be quite excited about what it is going to be. This time around hasn't been roses. It should be an improvement on this one (I-2v,95-98).

Iva was certainly the only participant in this group that voiced being "prepared" -- much less "excited" about the prospect of dying. Her remarks also insinuate that she may have some regrets about her life. Iva explained that since a previous brush with death in her teens, she has reconciled herself: "to living on borrowed time" (I-2v,93-95). Now, as a lively "senior who stopped counting at 65" (I-133,220), she draws the following conclusions:
I reserve the right to move on whenever I feel like it. I think that's a right I've earned and nobody can take that away from me. So in 10 years from now I may have decided that it's time to go, and I plan to go in a blaze of light. I'll take every drug there is. I'll dance every dance there is. Take the last curtain call in an alcoholic haze! (l-13,228-231).

This narrative further illustrates Iva's acceptance of death, yet also displays a degree of responsibility and empowerment in that Iva will not allow the medical establishment to dictate her departure. She is determined to maintain control of her happiness and well-being to the very end.

As mentioned previously in this thesis, Iva is the only research participant who is no longer living. Initially I studied and compared her constitutional shift, and level of responsibility and acceptance with the other survivors in an effort to ascertain inconsistencies that might shed light on why she succumbed to a second bout of cancer while others did not. After exhausting numerous possibilities and taking special care not to impose unfounded assumptions on the data, it became apparent that living with cancer and coping effectively with remission is not about the quantity of time a patient survives, but rather the quality of survival. This search also brought into focus the primary intention of this study which is: "to understand the experience of cancer survivors and identify their specific needs and concerns in order to gain further insight into the residual effects of conquering cancer and the challenge of living in remission" (Chapter I, p. 2). Iva's positive constitutional shift and high level of responsibility and acceptance demonstrates that Authentic Transformational Integration can enhance coping and ease recovery regardless of survival time.
Jesse Tremblay

Jesse experienced a very positive constitutional shift, and claims that cancer has: "changed my perception of life, and the value of life" (j-1,8). Nearly thirteen years after her diagnosis, Jesse still thanks God every day she wakes up (j-2i,95).

According to Jesse, cancer has also given her the courage to realize her dream of becoming a minister (j-10,271-275).

Jesse says that cancer has effected her priorities in many ways (j-2i,103). Because she no longer makes the assumption that she has "a tomorrow" (j-10-283), Jesse is "more intentional with people" and always informs them of exactly what she thinks and how she feels (j-10,281-285). She also looks for different qualities in her friends, and is far more discriminating about how she spends her time than she was prior to her illness (j-10,270-271).

Jesse claims she has more patience and compassion for others, and says that since conquering cancer: "I always look behind what people do" (j-2i,102-104). When someone's behaviour seems harsh or inappropriate, she adds: "I can't help but think maybe they are sick" (j-2i,105). Jesse believes that this additudinal shift has been very beneficial, particularly at work where it makes her "ministry easier" (j-2iii,108-112).

Jesse has done a lot of "painful" self-evaluation in order to "move on", and confesses that she is much healthier as a result (j-8,236-238). Shortly after her diagnosis, Jesse recalls going through a period of "hell", where she suffered from death anxiety in the middle of the night (j-v,117-120). At her lowest point, she decided: "I'm going to die some day, so why not live in between?" (j-v,121). Jesse believes that this was the turning point in her recovery that initiated an emotional, physical and spiritual
healing, and enabled her to cope effectively with remission (j-v,122-126).

Jesse displays a very high level of responsibility for her health and well-being. After losing an aunt, a grandmother, her father and her son to cancer, she decided: "No! I'm going to do everything I can in my power to remain healthy ... and I'm not going to die from it" (j-1,20-21). Because Jesse is in such a high risk group, she is very prudent about seeing her specialist regularly, and having routine mammography and pap tests (j-1,25-28).

Like many of the other participants in this study, Jesse had several negative experiences with the health-care profession (j-5,191-193; j-10,259-263; j-14,344-374). Initially, Jesse's surgeon did not want to tell her what was wrong with her (2c,60-62). When she "got the sense that [she] wasn't being told the truth" (j-4,175-176), Jesse "hunted around" for the best medical help she could find (j-4,174-177).

In order to maintain her health, Jesse exercises, monitors her diet and sleep very carefully, and most important, she "watches [her] mind" (j-4,169). Jesse says she knows that if her thinking ever gets "out of wack", she must slow down. If she feels "out of control", she seeks help without hesitation (j-4,170-172).

Jesse claims she receives most of her support from her husband (j-2b-38-39), her gynaecologist (j-6,197-201), and her faith (j-3,160-164). She also credits her work as a palliative care volunteer for making a "big difference" (j-8,215-216) in her healthy recovery.

Jesse states that cancer has given her an accelerated course in self-discovery and self-acceptance (j-10,253-254). The following narrative reveals some of the lessons she has learned from living with cancer:
I learned that I am a lot stronger than I realized, and that I can be a hell of a lot more assertive when push comes to shove, and that I can get very tired and that that's O.K., but to watch that. And not to be passive with the medical community, you know, to say: "I'm sorry but that isn't good enough. I'm not going to wait for three weeks while you have the report sitting on your desk!" You know, and saying: "Smarten up! I am a human being here, not a number" (j-10,255-259).

Jesse says that overall cancer's biggest impact was the "very, very frustrating" disruption to her life (j-2a,31-32). Because of the nature of her illness, Jesse required surgery every three to six months for over four years (j-2d,78-80), and was often in bed for three or more months at a time (j-2d-68). For years Jesse was forced to plan her life around her cancer treatments (j-2f,88), and although she says her illness has less of an impact now (j-2f,86-87), she admits that the experience will probably always "haunt" her (j-12,314).

Despite the many difficult periods and paralysing "scares" she's had over the years (j-6,186), Jesse feels her positive attitude has enabled her to successfully integrate cancer into her life (j-12,319-321). She advises other cancer survivors coping with remission to:

Just accept it, literally accept it, and just say: "Well, that's part of living". Don't focus on it. I mean come to terms with it however you come to terms with things, and go from there. And if you can't, then get some help, you know. Because the mind and the soul and the body are all connected, and I mean we are seeing it more and more, your attitude really affects if you
are sick or not (j-12,316-319).

Jesse's ability to accept and integrate her cancer experience is most apparent when she discusses her work. The following narration provides further insight into Jesse's character and the impact cancer has had on her ministry:

I remember the lady that gave me those (points to her book shelf), that three little bears thing, she was a lady from my church. I walked in to her room and I said: "What are you doing here again? I just seen [sic] you here a couple of weeks ago!" She was in the hospital again, and I didn't know what she had, and I never asked. And I thought afterward, what a terrible thing to say when you just walk in. She said: "I have cancer", and I said: "Are you going to die?" And she said: "I don't know", and I said: "Do you want to talk about it?" and she said "Yes!" (Laughs). Like finally somebody has asked me that question! She said: "You sound like you've had it", and I said: "Yes, as a matter of fact I have". So when I left she gave me those bears and a card that said: "Your honesty allowed me to come back to the church and to come back to God, because of your faith". And I thought: "Wow!", 'cause you never know with people what -- if you've really blown it, or if you've reached them at all. But I guess I've always been pretty forthright, and I always say to people: "If I've offended you I'm terribly sorry, it certainly wasn't meant to", you know. But it's always been: "No, no, it's O.K., it's great somebody finally talked about it.... It helps me to say that at least out of where I've been I can do something to help somebody else, you know. And, maybe someday, probably someday, I'll
be laying there and I hope somebody does the same for me. Or they might not have any choice 'cause I'll say to them "Hey you want to hear about this?"

Jesse continues to accept the many transitions cancer brings, and realises that heredity as well as her cancer history puts her at very high risk for recurrence. When asked about her fear of recurrence Jesse replied: "Well the odds are it's going to come back, I don't know, I guess I've just kind of accepted the fact that its going to come and there is no sense, literally, there is no sense worrying about it until it gets here" (j-7-205-207). She adds: "I've lived through worse", and she is totally dedicated to enjoying her life "in between" (j-7,211-212).

Jesse's positive constitutional shift, and high level of responsibility and acceptance helped her to cope effectively with her remission and enabled her to enjoy a happy, productive, and satisfying life. Jesse is very positive about the future and looks forward to continuing to pursue her artistic endeavours and completing her PhD in pastoral counselling (j-13,333-335).

Annie Stern

Annie's cancer experience precipitated many positive shifts in perceptions, priorities, attitudes, and behaviours. She says her primary goal since conquering cancer is: "to get more joy in my life", and admits: "I am really packing it in now, doing the things I really like" (A-2d,77-78). Cancer has motivated Annie to: "find that thing that really fuels me", and as a result, she has embarked on a search for true happiness and satisfaction in her life (A-1,29-30).
Annie claims that for the first time she realises that her time is limited (A-1,4), and adds: "for that reason I value things more, yet I am impatient about doing things that I don't want to waste time on" (A-1,16-18). Cancer has compelled Annie to "ration" her time. She says: "I am more critical of what I am doing ... and how I spend my time and energy (A-2e,88-89).

Annie believes that living with cancer has made her far more appreciative of her friends (A-2d,81), and claims she is no longer as "inhibited or "repressed" about expressing love and kindness (A-2d,83-86). Annie does not feel as obligated to others now, and is able to say "no" to people, which she confesses has made her life easier and more enjoyable (A-2ii,128-131). Annie's relationship with her family has changed most drastically. The following excerpt from the raw data provides insight into how cancer has altered Annie's perception of herself and how she relates to her mother.

Now she is actually being considerate. She forgets occasionally, but I've told her she can't talk about depressing things with me, she has to be cheerful. She has to tell me at least one nice thing that happened to her that day. I really set down the ground rules, and she is being more considerate. It's taken a load off me.... I didn't even tell her at first that it was cancer, I just told her it was a hysterectomy, and she could relate to that because she had had one, but then I felt compelled to tell her because she was starting with her stuff again, her demands and everything. I don't know, I hope I didn't get cancer just to get her off my back! (Laughs). I decided to curtail a lot of my activities with her because: A; she would upset me, B; I found her exhausting, and C; I didn't have that much time.
But then I found myself getting dragged into it again, and feeling sorry that she is in [a nursing home] by herself. And she is such a crotchety old thing that she has alienated all the rest of the family, so there is no one to visit her; I'm really the only one. Would you like to visit an old lady? (Both laugh). She is quite a character, very strong willed, and every once in a while she gets a little bit out of control, and I just have to pull back again, but we have become more loving actually, since I was sick -- more hugs, you know, and a few kisses now and again, where we never used to do that (A-2c,54-71).

Although Annie's illness has made her "a little insecure" (A-2i,111), she appreciates herself more and is a kinder person as a result (A-2a,111-118). Annie says that: "My attitude has definitely changed, I'll even joke now and, you know, talk to strangers and make jokes ... I find more fun in things which is great (A-2i,120-122).

Cancer has definitely inspired Annie to take more responsibility for her health and well-being. She explains that prior to her illness her energy was "endless" (A-2ii,137), and although she worked 17 hour a day, rarely took vacations, and never got enough sleep, she "always felt very powerful physically" (A-2ii,134-138). Since her fight with cancer, however, Annie feels "vulnerable", "fragile" (A-2a,32-34), and "physically altered" (2ii,141), but she proclaims: "I'm willing to make changes so that I don't get sick again" (A-1,14-15). Annie currently practices: radiance, yoga, reiki, and visualization in order to maintain her health (A-1,18-19). She also keeps herself in "good physical condition" (A-9,303) and attends a weekly cancer support group.
(A-6,273). The following narrative further reveals Annie's impressions of cancer's impact on her health and well-being.

I'm still trying to determine what made me sick, and I know that I was pretty depressed, and negative feeling, and not having a lot of joy in the last few years, and I'm certain that participated in my getting sick. So when I feel myself doing it again now, I know I am not working for myself. I was not aware before. I was out to lunch -- O.T.L., really bad. And not expressing myself either, that is a really bad one too. So, I've been trying with my therapist to express joy and pain -- feeling it rather than squashing them in. You can't live in an ideal world where everything is just honey and oat cakes, I know that. I stayed in a bad partnership, business partnership for too long, that was really bad. I was really getting psychologically oppressed. I was really stupid, that was stupid, I should have gotten out of there as soon as things started going wrong, but I didn't. I was a bit of a masochist. I've been trained to take a lot of shit because in my family, my sister was a bit nutty, a bit crazy, and was always placated. So I was used to rotten things happening and just kept quiet. So, I'm getting over that. I mean if rotten things are happening, or if people are being rotten I have to speak out and not this placating and going along with a bad situation. I did in my partnership and I'm sure that contributed to [the cancer] too (A-4,248-260).

Unlike the majority of participants in this study, Annie had a positive experience with the medical community and believes she received "fine medical attention", and
"excellent treatment" (A-3,217-221). She does, however, feel "angry" that doctors generally "ignore" the mind/body connection (A-14,348-349), and acknowledges the current lack of education in the cancer care system (A-11,323-333).

Annie displays a fairly high level of acceptance in that she has identified and integrated many of the positive aspects of her cancer experience. She also confesses: "I'm trying to get myself to be not so scared ... about death" (A-2v,195-196), and feels that cancer has been a catalyst in her search for "inner peace" (A-2v,162-169). Annie says she is trying to adopt a different "philosophy about death", and wants to believe that rather than "disappearing", she will simply move on to her "next lesson" (A-2v,195-199).

Although Annie voices great concern about doing the "right things" and making the "right changes" to ensure she remains healthy (A-6,284-285), she anticipates living to a "ripe old age" (A-1,7), and looks forward to a struggle free future (A-13,340-341).

Gene Diiti

Gene experienced a healthy constitutional shift as a result of living with cancer, and enjoys an increased mind/body "awareness" and renewed zest for life (G-1,11-14). Gene says that cancer: "resets your priorities in many ways" (G-1,13), and claims that since his recovery he attaches much more importance to taking care of himself and his family, and much less importance to his work (G-2a,21-24).

Gene says that cancer: "certainly focuses your life in the sense that for the first time you realize that you are not immortal" (G-2ii,58-59). He adds that: "facing your own death certainly changes things [because] you realize you only have one life and
try to maximize every day" (G-2ii,61/G-2a,21). In order to "maximize" his days, Gene works fewer hours (G-2e,45-46), takes time to relax, and finds more fun and laughter in his life (G-4,153-158). Gene also mentions that coping with cancer has made him more appreciative of others (G-10,205), and far less materialistic (G-2a,21-24). The following narrative illustrates how Gene's reaction to cancer initiated a shift in attitude and behavior.

At first [Cancer] threw me rather than inspired me to do certain things. In fact, I remember after my first cancer watching a T.V. program at my sister's house, and they had three ex-cancer patients, three survivors who had all gone and done fantastic things since their cancer. One had gone and set up a company, one left his job and wife and whatever, and went on to -- he set up this other thing. And they've all done, you know, amazing things, and they were saying if it wasn't for the cancer they wouldn't have done that. And I was watching this, and I had the exact opposite reaction, and I was asking myself: "I wonder why, why -- why do these people react that way when my reaction is one of: "I don't want to move, I don't want anything to change until this is over?". And my sister reminded me that all my life I was doing all of those things that these people had never done and that they were dreaming of doing. All my life I was always the one who would go for the summer and do this -- or live in such-and-such a country for a year, and go there, travel, whenever I wanted to do something I just did it. And now that something terrible was happening, in fact, I was
looking for a stability that I wasn't looking for before. I had the complete opposite reaction. I really learned to slow down (G-2iii,99-110).

Gene's cancer experience led to an intense period of self-discovery, and he confesses that throughout his ordeal: "I learned to face myself" (G-2e,50). He adds that: "In some respects I am quite happy with what I have found out about myself.... In particular, I found out that I am a lot stronger than I thought, in wanting to fight this thing, and being totally convinced that I was going to attack it and win" (G-10,200-204). Gene also attributes much of his recovery to his positive attitude and his: "conviction that it wasn't this that was going to kill me at that time" (G-3,147).

Gene is far more serious about maintaining his health and well-being since he "beat cancer", and acknowledges that: "I must use every means to prevent it from coming back" (G-2a,18-19). Gene says that his illness has provided a "real incentive" to watch his diet, exercise, and thought processes, and figures: "[Cancer] has made it easier to take better care of myself" (2ii,64-65). Gene displays a very high level of responsibility for his personal health, and now approaches his work in a more "relaxed" and "detached" fashion (G-2e,45-49). He claims that since conquering cancer: "I really believe in the fun/laughter theory, I really do!" (G-4,153-158).

Gene says the "invaluable" support of his family and close friends has unquestionably improved his ability to cope with remission (G-2a,30-34). Although he did not seek outside support for seven years after his first cancer, and three years after his second, Gene highly recommends such programs and wishes he had participated sooner (G-8,177-186). Gene currently attends the Cancer Coping Skills Program and admits: "this is the first time I have been in a group like this to discuss anything besides
business" (G-8,187). Sharing "personal matters" with other cancer patients has been very therapeutic for Gene (G-8,189); however, he feels that survivors should "form their own group because people who are at the same level have different concerns than people who have just found out they have cancer, and different concerns than those who are in treatment". He concludes that: "With the passage of everyday your attitude changes a bit, as you become more relaxed with it, then you can begin to examine the peripheral problems surrounding having cancer" (G-9,191-197).

Gene speaks at length about the inadequacies of the current cancer care system, and the challenges of life after cancer. The following excerpt provides insight into Gene's analyses of the drawbacks of living in remission and the improvements he feels should be instituted.

The most difficult thing for me about having had cancer is, not the tests themselves, but waiting for the results of the tests, and I think that the medical profession has made it more difficult, rather than easier for that stage of my life. I really think that this whole system can be improved tremendously. I've talked to doctors, they listen then shrug their shoulders and they say: "You know that it's very difficult to change the system". But I really think it can be changed, I think it's just torture, it's the only thing that makes me suffer since I've had cancer. Every three months I have blood work and chest X-rays, and every six months I get all the CAT scans. And the way the system is set up is one that causes anguish and torture, unnecessarily I think, and if the doctors only realized the extent of the damage it causes to some patients like myself, maybe other patients don't
have that problem, I certainly do. And they can change the system ... You know, when I was convalescing, I thought: "Should I start working on this?"

Setting up some kind of, not a company, but some kind of service where people can go and find out how to get answers. There is no established structure that allows patients to go and ask independent questions ... you can only go through your family doctor who has other things to worry about, and who is not necessarily an expert on cancer. There seems to be a missing link in the whole health-care program here between patients, the family doctor, the oncologist and the hospital. There is some kind of missing link that should be put in place to help patients who want to know: "O.K., they have just given me this result, and they say I should have this operation, but is there an alternative? What next? Where should I be going? What should I be doing? Who should I be seeing? Is there something I should be worried about?" I've thought about it, and maybe I should be the one who will do something about this, put an end to this system (G-2ii,66-79/G -12,248-260).

Despite his disillusion with the health care system, Gene reveals a high level of acceptance and declares: "Because I have adjusted to it, I'm quite at ease with it. It's not a daily concern, certainly not, it's not like everyday: Oh my God I've got cancer!, or I wake up with that in mind, not at all" (G-5,82-84). He adds: "It's been ten years, so I've got used to the idea" (G-5,86-87). Gene certainly acknowledges the positive impact cancer has had on his life, but quips "if you can avoid it, by all means do it!"
He also displays positive anticipation about the future and foresees the next few decades as "living a happy, contented life with one less problem" (G-13,266).

Conclusion

The research indicates that by continually appraising the meaning of their disease as it related to every aspect of life, the six participants in this study experienced varying degrees of Authentic Transformational Integration. Every cancer survivor displayed a positive constitutional shift, a high level of responsibility for their health and well-being, as well as an ability to accept the many transitions and adjustments that come with living with cancer.

It is important to reiterate that ATI enhanced the quality, and not necessarily the quantity of life for these survivors. Cella (1987) notes: "There are voluminous popular press publications which portray the cancer survivor as a hero who, almost by definition, must emerge from the experience a better person with an elevated self-image" (p. 61). It must be stressed that although there seems to be many positive repercussions gleaned from conquering cancer, it is by no means a beneficial or desirable situation. Even though some survivors in this study acknowledged being grateful or enlightened by their cancer experience, this researcher is confident that, given the choice, they would have much rather not have had it.

Finally, in order to further validate this research it is important to include the participants' response to the last interview question which asked: How honest and comfortable have you been during this interview? The following excerpts from the raw data elucidate this most important question.
Totally honest and comfortable. One thing, well as far as your interview is concerned, there is nothing that hurt me or upset me, we got into a few things where I felt a little edgy, but that is going to happen. There is nothing -- I don't care if you would have asked me this a few months afterwards there is nothing that would have bothered me. I think it helps to talk (W-15,607-610).

Are you kidding? Very comfortable and very honest (J-15,433).

I feel I know you pretty well, I've meditated with you so I'm quite open. I think you're quite exceptional, it's been a pleasure (I-15,218-219).

I've been honest. Uncomfortable at times, just a -- I suppose it's -- Yeah, maybe it's because of my son, you know, more than myself. And myself too, I guess it brings back the idea that, yeah, you can't have children.... It touches my soul still, that part of it, and you walk on sacred ground. The whole topic is very sacred to me, because it can be a life and death issue, and when it hits you square in the face, it can take on a different magnitude. But even talking and thinking about it now, that helps (J-15,371-375).

I felt a little uptight, I think at the beginning, and I felt like I was straining for answers so I wouldn't take up time on the tape, but I think I told you everything I wanted to tell you. I feel very comfortable with you, as comfortable as one can be when one is on the hot seat (both laugh). Like some of these things I hadn't really thought about, like it might have been
better, I don't know, to have all the questions given to me before so I would have had some time to think about it. My answers to some of the questions were not as good as I would have liked them to be (A-15,352-358).

Honest? I think I've been honest. Comfortable? Almost totally comfortable. It's just that tape recorder, it is the first time someone has recorded me (G-15,292-293).

The participants' candid replies indicate that they perceived themselves as honest and generally quite comfortable with the interview, therefore giving more strength and efficacy to the research.

This chapter illustrated how the three properties of the core category related to each major category in order to facilitate the construction of a hypothetical statement. This statement was then validated against the data revealing a high level of applicability for each research participant. Validating the theory of Authentic Transformational Integration against the data completed the grounding. Figure 6 is a graphical representation of the entire analytic process.

The final chapter of this thesis investigates the implications for education and further research in the field of cancer care and survivorship. It will also explore how understanding the theory of Authentic Transformational Integration could be significant for individuals receiving a cancer diagnosis or currently coping with remission in order to help them determine the future quality of their health and well-being.
Figure 6. A Graphical Representation of Analysis

DATABASE: INTERVIEWS

FRAGMENTED DATA

RELEVANT STATEMENTS

UNITS/PROPERTIES

CONTENT ANALYSIS

CATEGORIES

DESCRIPTIVE NARRATIVE

CORE CATEGORY

PROPERTIES OF THE CORE CATEGORY

RELATING CATEGORIES TO THE PROPERTIES OF THE CORE CATEGORY

VALIDATING RELATIONSHIPS AGAINST THE DATA
CHAPTER VI

Conclusion

Life can only be understood backward. Kierkegaard

Introduction

This thesis is entitled: Surviving: An Exploration of the Residual Effects of Conquering Cancer. It was discovered through the qualitative methodology of grounded theory that the most important residual effect for these survivors was the occurrence of Authentic Transformational Integration. ATI evolves when cancer survivors experience a positive constitutional shift in perceptions, priorities, attitudes and behaviors as a result of facing their mortality. This shift leads to an increased body/mind awareness that fosters a high level of responsibility for personal health and well-being. This new found awareness coupled with a positive attitude and will to live, allows survivors to accept their illness and promotes a desire to genuinely enjoy and appreciate the remainder of their life.

The fact that ATI occurred for these survivors, enhanced recovery, and enabled participants to cope more effectively with remission is certainly encouraging. It should be noted, however, that the majority of these survivors were located through support groups and coping skills programs and were therefore actively seeking control over their lives and disease at the time of the interview. It should also be noted that the participants in this study group are: white, upper-middle class, articulate, well educated (two participants had post-secondary certificates or diplomas, and four had one or more graduate degrees), and living in urban areas. Consequently, this research may not reflect the attitudes and behaviors of all cancer survivors.
Research Implications

Prospective studies of large numbers of survivors are required, including research with people of different ethno-cultural and socio-cultural groups, socio-economic levels, education levels, and survivors in rural or remote areas. Age, stage, and site-specific investigations, as well as survivors of other degenerative diseases, and patients with non-cancer chronic illnesses should also be addressed in order to expand and further validate the theory of Authentic Transformational Integration. Subsequent studies might even include survivors of different types of crisis (ie. holocaust survivors, car or plane crash survivors, incest survivors, etc.).

By understanding the theory of Authentic Transformational Integration physicians, counsellors, social workers and health-care planners can enhance their effectiveness with survivors and/or newly diagnosed cancer patients by inspiring them to take affirmative action in exploring their mortality and seeking strategies that promote personal health and well-being. Health professionals might also help clients to encourage and maintain their health by: guiding them toward a positive constitutional shift, advocating the advantages of being highly responsible for personal health, and encouraging them to accept and integrate the many challenges that come with living with cancer. In addition it would be advantageous to study survivors who are coping poorly (ie. chronically depressed, in denial, or unable to anticipate a positive outcome) in order to determine why they are unable to accept and integrate their experience.

Because of the current lack of research in the area of survivorship, this study endeavored to identify the specific needs and concerns of cancer patients living in remission. The research revealed that the needs and concerns of these survivors fell
into three distinct categories: personal (including family, social and professional), support, and educational. Based on the cancer experience of the survivors in this study, Figure 7 outlines several needs and concerns that demand further investigation in the field of cancer care. The preliminary nature of these findings is clear, as is the need for a more comprehensive understanding of survivor needs and concerns in order to positively contribute to the quality of survival.

**Educational Implications**

In order to help relieve survivor distress, patient education programs require rigorous systematic investigation. The present study might be utilized to inform the development of an educational program that incorporates the elements of ATI to facilitate effective coping and ease the recovery process. Although educational programs can not alter reality, a program based on the theory of ATI that empowers survivors, appreciates the uniqueness of the individual, and respects their right to use their own tools in dealing with situations regarding health and well-being, could serve to enhance the nature and quality of re-entry.

The theory of Authentic Transformational Integration also has implications for the continued education of the population as a whole. Many of the techniques utilized by the survivors in this study (ie. relaxation, imagery, meditation, yoga, etc.) could be very useful in an educational setting for teaching students the importance of stress relief and the mind/body connection. An exploration of the transitions experienced by these participants could also prove very useful in the classroom.
Figure 7. A Graphical Representation of Survivor Needs and Concern

<table>
<thead>
<tr>
<th>Personal</th>
<th>Support</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>coping with fear (of death, treatment, recurrence, etc.)</td>
<td>locating positive medical personnel</td>
<td>obtaining site-specific pre and post diagnosis information</td>
</tr>
<tr>
<td>tolerating the toxic effects of therapy</td>
<td>effective communication with medical personnel</td>
<td>locating information about site-specific symptoms, side-effects, and probabilities of recurrence</td>
</tr>
<tr>
<td>dealing with denial</td>
<td>coping with the health care system</td>
<td>learning about proper nutrition during chemotherapy and/or radiation</td>
</tr>
<tr>
<td>dealing with depression and fatigue</td>
<td>dealing with delays in diagnosis and medical testing</td>
<td>learning complimentary coping strategies (i.e. relaxation, imagery, meditation, etc.) for tolerating treatment and maintaining well-being</td>
</tr>
<tr>
<td>coping with family, friends, and co-workers reaction(s) to diagnosis</td>
<td>locating appropriate emotional support during diagnosis and treatment</td>
<td>maintaining healthy diet and exercise programs</td>
</tr>
<tr>
<td>rehabilitation beginning immediately at diagnosis</td>
<td>coping with physical side effects during treatment</td>
<td>survivorship education programs that inform patients of the potential difficulties of living with cancer</td>
</tr>
<tr>
<td>evaluating time management strategies</td>
<td>communicating with other cancer patients</td>
<td>re-educating medical personnel about doctor sensitivity, dealing with patient anxieties, the benefits of psycho-social support programs, and the importance of patient participation in decision making</td>
</tr>
<tr>
<td>self-examination, redefining priorities, exploring spirituality, maintaining a positive attitude, and reducing stress during the recovery phase of disease</td>
<td>providing support for other cancer patients</td>
<td>re-educating the lay public about cancer mis-information and dispelling cancerphobia</td>
</tr>
<tr>
<td>coping with family distress, fears, and transitions</td>
<td>locating appropriate individual counselling and support groups during remission</td>
<td>patient participation in policy making that directs health-care planners to take into account biological, physiological, emotional, and spiritual needs of patients and families</td>
</tr>
<tr>
<td>coping with social transitions and limitations</td>
<td>locating support in rural areas</td>
<td></td>
</tr>
<tr>
<td>coping with professional transitions and limitations</td>
<td>locating group support and/or individual counselling for families</td>
<td></td>
</tr>
<tr>
<td>accepting personal transitions, limitations, physical alterations and challenges</td>
<td>accepting family support while trying to protect them</td>
<td></td>
</tr>
<tr>
<td>identifying life purpose</td>
<td>coping with delays for financial disability pension due to occupational disruption</td>
<td></td>
</tr>
<tr>
<td>planning for the future</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Programs that integrate the maintenance of proper nutrition and physical fitness, lifestyle analysis (including the continued investigation of carcinogens and environmental factors), as well as methods for encouraging self-examination, exploring existential questions, and defining life-purpose should be seriously addressed. Because of the rise in the incidence of cancer, few people will live their lives completely untouched by its impact; therefore, educational intervention cannot be ignored by a mature society.

Conclusion

Cancer is the second leading cause of death in Canada (after cardiovascular disease) and accounts for nearly one quarter of all deaths in both sexes (Morrison, 1992). The Ontario Cancer Treatment and Research Foundation estimated that between 1988 and 1994, the number of new cases of cancer in Ontario alone would rise from 38,334 to 48,000. By the year 2000, nearly 60,000 newly diagnosed cancer cases will presumably occur in Ontario, leading to a 50% increase in 10 years (Ontario Cancer Treatment and Research Foundation, 1990, p. 46). Increased longevity due to improvements in therapy coupled with the fact that patients are no longer passive recipients of health-care but are rapidly becoming aggressive consumers who demand access to quality physiological, psychological and alternative care, necessitates the investigation and assessment of immediate and long-term cancer control research including: psychosocial, rehabilitation, health prevention, promotion and education.
Author Notes

Near the conclusion of this study I learned first hand how deeply cancer can touch and transform the lives of loved ones. In October, 1994, at the age of 59, my father was diagnosed with stage iii colorectal cancer. No amount of research or education could have prepared me for the realization that it is not only the patient that feels the pain, knows the fear, and suffers the anguish, but it profoundly effects every member of a family. I had no idea the experience was so terrifying.

I will begin by saying that my father is the kindest, funniest, most intelligent man I know -- he is also a self-confessed hypochondriac. His cancer diagnosis was extremely frightening particularly considering that I had observed over the years how even a common cold could render him totally miserable and impossible to communicate with. Because he tended to ensconce himself in the basement and shut out the rest of the world until good health returned, my fear was that such a diagnosis would surely amplify his inclination to withdraw. Yet, coping with cancer revealed a side of my father I never anticipated. He was so positive, hopeful, open, brave, and easy to talk to about his fears and concerns regarding his potentially fatal diagnosis, that I was convinced that this was not a insouciant display to comfort and protect the family -- Dad is a brilliant actor, but this was no performance.

The strength and courage I observed was genuinely thrilling. Yet, I was afraid, in a sense, that I knew "too much". I had studied cancer intensively for the past four years, and although I was primarily studying survivorship, and knew many people who had been given a much more severe diagnosis and lived, I also knew a great many
whose prognosis was more positive and died. I was confident he could beat cancer only if he believed he could.

Although it has been only six months since his diagnosis, I am already beginning to observe what I believe to be the infancy stage of Authentic Transformational Integration. Dad seems to be experiencing a very positive shift in perceptions, priorities, attitudes and behaviors. He claims that cancer has made him more "personally aware" and "awakened him to the realities of life". Dad understands how "fragile and precious life is", and although he is still in the treatment phase of his disease he has begun to "re-evaluate" and "sort-out" his feelings surrounding his own mortality. He maintains that: "life has taken on a different flavour" since his cancer diagnosis, and he looks forward to: "finishing the fight before enjoying the benefits" (L.A.L. Toutant, personal communication, March 26, 1995).

Dad is taking more responsibility for his health now. He says he has every intention of keeping off the excess weight he lost during treatment, and has made numerous healthy modifications to his diet. He also received a set of bar-bells this past Christmas that he intends to utilize to regain the strength he lost in his upper body since surgery. He even attended a colostomy support group, much to my surprise, in an effort to learn coping skills. Contrary to the demands of his oncologist, however, he still enjoys the occasional cigar; yet perhaps allowing himself this source of pleasure helps to encourage well-being and ease re-entry.

Although it is much too soon to anticipate the extent to which he will be able to integrate his experience, Dad seems to accept his disease and the major life transformations that have transpired (ie. permanent colostomy) with admirable ease.
It is with great pride and immeasurable respect for my father that I include this personal excerpt, and I have no doubt that he will be a key participant in my subsequent studies of the long-term effects of cancer survival.
References


Appendix I
Appendix I

Interview for Cancer Survivors

TRANSITIONS
1) What does being a cancer survivor mean to you?
2) What is the biggest impact cancer has had on;
   a) you personally?
   b) your primary support person?
   c) your family
   d) your social life?
   e) your work?
   f) your financial situation/lifestyle?

Subquestions (if not answered in #1)
   i) Overall, what is the biggest change in your life as a result of your cancer?
   ii) How has your life become easier or more difficult as a result of having had cancer?
   iii) What were the benefits or advantages of having had cancer? Have you had to give them up now that you are well?
   iv) How has your cancer experience affected your physical functioning and/or appearance?
   v) How has cancer changed your beliefs/attitudes about life/death/God?
   vi) In what way have you been discriminated against as a result of having had cancer?

HEALTH/SUPPORT
3) According to YOU, not your doctor, what do you feel enabled you to get well?
4) What do you feel is the most important thing you do to maintain your health?
5) How often and when do you think about your disease? What is your experience during this time?
6) Who do you talk to about your cancer experience, and in what way is this helpful?
7) How do you deal with your fear of recurrence?
8) What kind of contact do you have with cancer patients or survivors?
9) What do you feel survivors need in terms of support?
10) What have you learned as a result of having had cancer?

FUTURE
11) If you were asked to educate the public about cancer, what would you tell them.
12) If you were asked to educate cancer patients about survival what would you tell them?
13) Where do you see yourself five years from now? 10 years? 15 years?

VALIDATION
14) Is there anything further you wish to add, or any significant issue you feel was missed during this interview?
15) How honest and comfortable have you been while doing this interview?
Appendix II
Appendix II

Consent Form for Participants

The intention of this study is to understand your experience as a cancer survivor and to identify specific needs in order to gain further insight into the residual effects of conquering cancer and the challenge of living in remission. This research will also inform the development of a patient education program that empowers survivors, appreciates the uniqueness of the individual, and respects their right to use their own tools in dealing with situations regarding health and well-being.

From my understanding this can be a difficult transition, at times, and I am committed to discover how to assist you on your journey to wellness.

Confidentiality will be insured by excluding names or utilizing pseudonyms in the written report. Participants are, of course, free to withdraw at any time and all interview tapes and transcripts will be securely maintained and never used without your permission.

I understand the above, and offer my consent for the taping and transcribing of this interview for use in the M.A. research conducted by Lindsay Toutant.

________________________  _____________
Name                      Date

Thereby consent to the use of this interview, when transcribed, for any further research conducted by Lindsay Toutant.
Appendix III
Appendix III

RESEARCH INFORMATION FORM

Date: ________________

Name: ________________________________________________

Date of Birth: ________________ Sex _____ # of Children ______

Phone: ______________________ ______________________
                     home                  work

1st Diagnosis: __________________________________________
               Diagnosis                  Date

 Treatment

Any Recurrences: _________________________________________
                   Date                  Site

 Treatment

Marital Status:  _____ Married (including common law)
                 _____ Widowed
                 _____ Divorced
                 _____ Separated
                 _____ Single (never married)

Education: __________ Some secondary school or less
           _______ Secondary diploma
           _______ Some post-secondary
           _______ Post-secondary certificate or diploma
           _______ One or more graduate degree

Usual Occupation: _________________________________________

Spouse’s Occupation: ________________________________________

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Appendix IV

Content Analysis for Jack Robbins

In April, 1986, Jack Robbins was diagnosed with malignant melanoma. Following treatment, his surgeon was thoroughly convinced the cancer had been eradicated; therefore, Jack never viewed his melanoma as life-threatening. Just over a year later, in June of 1987, Jack had a metastatic recurrence of lymphoma. During the diagnosis and treatment phase of his disease, he experienced periods of doubt, guilt, and fear. Jack even worried that he might be contagious, though he knew from reading the literature that this notion was absolutely absurd.

Soon after the initial shock, Jack started to re-examine and re-question everything in his life. He noticed his whole character was changing dramatically. Jack was becoming a kinder, more compassionate, and less materialistic person. He came to the conclusion that he had been spending far too much time and energy worrying about appearances and impressions, and consciously decided to let go of the "baggage" and "crap" in his life. Because he is less concerned with pride and ego, Jack enjoys a simpler, more contented life.

Jack believes that he is healthier and in better shape as a result of living with cancer. He feels more youthful and energetic, and takes care of himself by exercising, eating properly, and reducing the stress in his life. Jack confesses that if it were not for his cancer, he probably would not have made any effort.

Jack has slowed down his activities tremendously since his second cancer diagnosis. He is still just as ambitious, but he refuses to push himself so hard or keep
the ridiculous hours he did prior to his illness. He also tries to read all the literature that pertains to his cancer, in order to keep abreast of current medical information and technology.

Jack says he can not put cancer out of his mind because it's always there, yet he refuses to dwell on it. Should another recurrence happen, he will cope the best way he knows how -- when it happens -- not now.

Cancer inspired Jack to re-examine his beliefs and assumptions, and explore his mortality. He has never been afraid of death, and realized long before facing cancer that, although there are still many things he would like to explore, he could happily die tomorrow because he has led a pretty great life so far.

Jack feels that his positive outlook on life enabled him to get well. He has always looked on the bright side of things, and earned the nick-name "Jolly Jack" because of his perpetual positive attitude. Jack finds it very odd when people say: "Oh, that was the greatest experience of my life", because to Jack life is the greatest experience. He sees his life as a book with many chapters -- some great, some terrible, and all those things people call experiences are simply little chapters in his life. He is constantly moving forward, going on to the next chapter. Jack makes every effort to ensure his chapters are good by remaining keenly aware of his thought processes and being actively aggressive about being positive.

The Catholic Church has always been a strong support system for Jack, and he feels his illness has brought him even closer to his beliefs. Although he never felt the need for peer support groups, he definitely advocates their benefits. The main problem Jack observed in the few groups he attended was that they were not positive enough
for his liking. Jack discovered that most patients just could not seem to get past their
guilt, fear and depression and move on. When Jack volunteered in the wig department
at the clinic where he received his radiation treatments, he felt his positive attitude
made a big difference for a lot of people because he was able to motivate them to move
forward with their lives.

Jack is still unable to tell his family the extent of his cancer. He informed them of
the melanoma diagnosis after his recovery, but the lymphoma, he felt, was more than
they could handle. Jack believes his mother would not be able to function if she knew
the truth. In fact, very few people know about his second bout with cancer. Jack's
rationale for keeping his cancer a secret is that he does not want people to treat him
differently. He claims that he knows from experience that cancer can influence an
individual's impressions and behaviors toward patients.

Jack feels that the public is terribly ill-informed about cancer. He believes that
when someone hears you have cancer, they have you in the box long before you have
even had a chance to think about it. He says that because of the negative publicity
surrounding cancer, many people give up before they even start the fight. Jack feels
the public must be educated about the realities of cancer and the fact that it is not, in
many cases, a death sentence.

Jack feels patients and survivors must be educated to be more aggressive with
health-care professionals. He recalls dismissing two doctors and two psychologists
because he did not feel they were the right people for the job. He insisted on hiring
medical personnel he felt comfortable with, and who he believed could facilitate his
healing. Jack suggests that patients empower themselves by doing the same. He also
feels that cancer patients must learn strategies for moving on and enjoying the rest of their life, no matter how short or long it may be.

In addition, Jack believes that support people and medical personnel need to be educated to deal with patients in a much less patronizing manner. He has observed a lot of "band-aid" treatment that he feels does not necessarily have the patients' long-term best interests in mind. He says support programs need more positive people, like him, to help patients understand that cancer is not the end of the world.

Jack is an actor, director and university professor, and although he feels cancer has not affected his work in the least, Jack believes cancer taught him how to live life to the fullest and therefore altered how he wanted to approach the rest of his life. Through his extensive self-examination process, Jack feels he knows and understands himself better and is perhaps a more sensitive performer as a result.

In five years from now Jack anticipates accepting an Academy Award. He believes the work he is doing now is very important and will certainly make a mark in the industry. In fact, he has already written an acceptance speech to thank all those who didn't hire him over the years.

In ten years Jack envisions himself enjoying the world, and enjoying himself in the world, while he continues to work, write, and create. He does not foresee retirement within the next fifteen years, as he knows many performers who are still working in their 70's and 80's. He is confident that he will "still be up for the challenge".

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Appendix V
Appendix V

Examples of Raw Data & Coding Procedures

Open Coding of Questions 1 & 2: The extraction of relevant statements.


Place - William's Office in Downtown Toronto/ Interview Time: 3 hrs. 48 min.

1. L: O.K., the first question is what does being a cancer survivor mean to you?
   W: I means you survived cancer (both laugh). What's it mean? Hmm, you mean as opposed to
   others? How do I feel I came through it as opposed to others?
   L: Perhaps, but how do you feel about being a cancer survivor?
   W: Well, you know I'm not finished with it yet. I'm not cured. I'm in remission. I'll always be in
   remission. So I'm not through it. It's something that's there, I don't know how long it will be
   there. It might be there forever. Till the day I die, I have no idea. But it's something you never
   get by. I always considered myself a survivor. Even when they gave me like very little odds, I
   always figured, well - I buy a lottery ticket but I really don't expect to win, with the odds 10 million
   to one - it's just the one little hope that something may happen. If that were my chances I would
   be unhappy. But somebody said: "One out of ten" - they now say that might have been a little bit
   high - or ten out of a hundred or whatever. I just mentally pictured a hundred people, and I said:
   "O.K. what's your chances?" -- for whatever, forget life death, whatever - picked to go to the zoo
   - I don't care. It's a fair chance...
   L: Sure.

W: I don't consider one in ten that unlikely. You have a fair chance, right? It's got to be
   somebody. And then I realize that if you are negative about it you may be one of the ninety.
   If you are positive there is a chance. Is that what you wanted?

L: That's fine, just fine. What is the biggest impact that cancer has had on you personally?

W: It's changed my whole life. Medically, I guess, mainly. Because I'm not the same person. I
   mean when your body stops functioning and various things go wrong. My inlaws who are in
   there seventies have problems similar to mine for one reason or another. But I'm thirty years...
ahead of time. I mean things have happened to me that should never. I should be -- perhaps
not able to run around quite as vigourously as I did twenty years ago, but I should be healthy.
and I have daily health problems. So mentally that's difficult. I think that's the most difficult
thing for me to deal with. Not the threat of death -- that's always something that sits there - but
not being able to feel good. Like I told you as I ate here. In actual fact its O.K., but I figured that
with what I ate, it was going to stick. That is extremely painful. And for the rest of the afternoon,
for about three hours, that would -- I mean you would not be able to -- well I'll function. But,
it will be there 'cause you can't shake it, it's too painful. You know and this is a daily thing. And
digestive, bowels, everything else that goes with it. Since they fooled around will me nothing
works properly. That to me is the worst -- that and the impact it has on everybody around you.
It's bad enough you have it - but everyone is sitting there watching. I mean the little things
that you find, I mean I had trouble with my prostate, which is apparently something to do with
the chemo -- it did some damage. Well actually its the urethra but they can actually do
something if it gets any worse. But, I have a book, several books, one is Choices, which gives
you information on different types of cancer. I was looking at it because my mother-in-law
has some bumps in her thyroid she's getting checked out, and you see there is a marker in
it with my daughters writing on it with prostate cancer. Which I mean, I know what's going on
around me, that they are not telling me -- but they're all a part of this.

Place - YMCA (private lounge), Downtown Toronto /Interview Time: 2 hrs. 35 min.
L: What does a cancer survivor mean to you?
J: I don't think, because one reads so much about it, I never think in terms of: "Will I beat
the odds?" or something, I never think of those things. I don't even think like it's a day to
day thing; "I know I'm living today and tomorrow might be different". I guess I'm not that
philosophical about it, or I don't -- its not that I put it out of mind because it's always there, it is.
You always think about it but I guess it means that from the initial diagnosis which I was told
was nothing because in fact it was from a melanoma which was simply a mole that I was

going to have removed while I was in having my gall bladder taken out and was told by the

surgeon: "No, we'll do that tomorrow, that's nothing, there is nothing wrong with that". And
then of course later on that afternoon being told: "Well we're going to have to go back and do
a little more cutting because in fact the pathologist says it's malignant and it's melanoma,
and then of course, the only thoughts I had was: "This is cancer isn't it?" Because even then
in the hospital they didn't send somebody up to say to me: "You know this is cancer etc. etc."
So you go through all that, and it's taken away and they come back and they say they are quite
convinced they have eradicated it all and there won't be any further recurrence of this, and
they are quite convinced they got it all, then my doctor comes in, my GP comes in and says:
"That's what they say", then you say: "What the hell do you mean by that; that's what they say?"
and he says: "They can't tell you that they got it all, I mean they can tell you that but they're
never sure that they got it all".

L: You can't see a cell.

J: Yeah, you can't see it. But I wasn't worried, I didn't think I was going to die or anything,
but then of course what happened was eight months later I got lymphoma from it, as a result
of that, and I said: "Well I guess they were right, eh? It's all gone". And he said: "They don't
know a bloody thing". So then I was finally sent to Sunnybrooke, I can't remember the name
of it but the skin cancer clinic there. So, to get back to how do I feel about being a survivor or
whatever, I think it's just -- well this is what's happened and now you are living with it and you
hope that it won't re-occur or whatever and you just -- you just, no I, I -- like when some
people say one should ... I should do the best that I can keep myself healthy and do all those
things, and do all the right things and read all the literature. You know, diet for cancer patients
blah! blah! blah! Read as much as you can and just get on with life, you know, 'I mean if I am
surviving it's to me just normal life and this is something I have. I guess if you look at anybody
that has an infliction, somebody, well, they don't have any legs, well it's something like that.

L: What was the biggest impact that cancer had on you personally?

J: I think that a lot of -- well, two fold, first of all a lot of doubt, the usual things, doubt, guilt,
questioning, all that sort of thing. But in that happening also realizing that it was a positive thing
because then I started to re-examine and re-question and look at things in a different light, it
really does. Because you go through -- I go through -- I went through all these stupid things.
like can I pass this on and you know I had to ask all those questions even though I had read
literature, you have all these ridiculous doubts, and I'm sure for some people it must be
terrifying. It wasn't really terrifying for me because I then did volunteer work at the cancer clinic
in Regina. I mean a lot of people are just scared, terrified out of their minds and they know
absolutely nothing about it and even when they read the literature they still don't understand it,
or whatever. So I guess it was to a great extent it was a period of -- initially it was a period of
examination etc., etc. And I knew -- I was trying to figure it out because it happened at a time
in my life too when one might consider that I was having a mid-life crisis. Then I was trying
to figure out whether this was happening, was I going through the usual re-examination of
one's life that people do in a mid-life crisis anyway, or was this a result of finding out that in
fact I had cancer. I tend to think the latter, maybe they are coupled, but I knew certain
things about me and my personality that were changing, characteristics were changing
dramatically, -- like probably I told you the other day that I had a gym bag for the longest time
that had an enormous rip in it but I didn't care. I finally carried it until it fell apart and I found a
store on the street and bought a new one. And there was a time that I would of said: "I can't
carry a bag that's ripped, what are people going to think?" I think you get rid of a lot of crap in
your life that you thought was important at some point. Well, and I don't care, well it's not that I
don't care I'm not really concerned about the smaller things that I might have been so concerned
about one time. Hell, so I've got a rip in my bag, do I care that I'm on the subway, and maybe
30 people are looking at my bag? So what! You know it's true that the smaller things that were
supposedly important are no longer important, and I think it's probably because there is this
thing -- perhaps this thing looming over you called cancer, early death or whatever, and this
is foremost in your thoughts so these other things that you spend far too much energy on
worrying they just go.
Iva Estavan: Interviewed March 13, 1993/ DATA: TRANSCRIBED JUNE 6-17, 1993

Place - Wellspring, Toronto/ Interview Time: 2 hrs.

L: What does being a cancer survivor mean to you?

I: That's not an easy question. Now wait a minute let me think. Umm, it means that I had an opportunity to re-evaluate what's important and what isn't facing up to your mortality. How did you put the question.

L: What does being a cancer survivor mean to you?

I: If you learn enough about it, you realize it means that survival is no guarantee of not becoming sick again, and I don't know if that is the easiest thing in the world to accept. But once you face up to it you also realize you can step outside and a car will knock you down. so why the hell worry. It's that sort of thing. But I don't like the term survivor for some reason.

L: Well yes, I guess we're all survivors.

I: Yes, well if you're just breathing you're a survivor, you're lucky you've made it from one morning to the next. So when it applies to cancer -- I don't know why I object to it. I find it difficult to accept which is also a telling point. But also I think it's very difficult -- the trouble with cancer is it's not always -- certainly in my case I was never sick, and all of a sudden you have cancer and my reaction was: "You're out of your cotton pickin' mind! I don't have anything of the kind!". And it's denial, you show everyone they're nuts and then start chopping you up. You have to face up to that reality and denial -- I think there is a lot of anger you have to work through.

L: So what is the biggest impact cancer has had on you personally?

I: It's hard for me in a sense. Number one because I never realized how important I was to some people, and I never realized how wonderful my friends were. And so besides the rage there was a feeling you know -- I didn't know people liked me that much. I didn't know that my child would be that upset but you don't think in terms of that. It's like going to your own funeral, they start the oratory and you may have been a bitch but that doesn't matter they don't say that about you.

Place - Jesse's home, Downtown Toronto/ Interview Time: 3 hrs. 22 min.

L: Now, I realize that your cancer experience was a while back, so if you feel that any of the questions are not applicable to you, please just let me know. The first question is what does being a cancer survivor mean to you?

J: Oh, good one! (Laughs). I think it changed my perception of life, and the value of life, and with my son dying too, and he too, they think, they are not sure what it was but it was something, they were tumours, skin tumours, and they were malignant tumours probably cancer of some sort. But especially after he died, when it happened to me, I didn't figure -- well it happened to me, so I mean that was O.K., and I would live, and I would, you know. I had cervical cancer, and I knew that they would just operate and take it out, and I had lots of faith in that, you know, and I just figured you don't need the thing anyway, just lap it out, and I would be O.K. But when Robin got sick it was very ...

L: Now was this a son that you had adopted?

J: Yeah. That really re-focused everything that I believed in too, because I thought like this really is a type of disease that that kills. It really brought it home, my mother had had breast cancer, so she's had two radical mastectomies, so it was in our family. And then, after my son died, my father died of cancer. Yeah, he had lung, lymph and brain, you know, so it was kind of one of those things where it just started coming up like a big neon light, you know. And I just thought; NO, I'm going to do everything I can in my power to remain healthy for one thing, you know, and I'm not going to die from it. I'm not going to allow it to -- because I know even now I'm in a very high, high risk group for other kinds of cancer, because of our history. My dad's sister died of brain cancer, and my mother's mother. No, my mother's father died of leukemia, so we've got lots of it around. So it was always one of those things, yeah, we are living with it, but it's not the focus of our life either. I do all the, you know, I go to the specialist regularly and I do the mamograms and the pap tests and all that other good stuff -- poking and prodding, you know, so I think in that respect it's changed how I view, in my case I would say the sanctity of life.
L: So what's the biggest impact it's had on you personally?

J: Yeah, I would say it would be that. Up until this year though it was also the fact that I was sick a lot, and I had to take an awful lot of medication and stuff, and that disruption to my life I found very, very frustrating, you know, so that was another impact. But now suddenly I have a clean, like completely clean bill of health, the last time I went in January, so its kind of like -- yeah, this is good!

Annie Stern: Interviewed July, 9, 1993/ DATA: TRANSCRIBED JUNE 28 - JULY 12, 1993
Place - Wellspring, Downtown Toronto/Interview Time: 3 hrs. 17 min.
L: What does being a cancer survivor mean to you?

A: Well it means, like it never did before. I realize that my time is limited. I just never really thought of it before, I mean I am sixty, and I'm not going to live forever and I don't want to, but you tend to live as though you have all the time in the world, and I might have, I'm hoping and my doctor is hoping that I'll live to a ripe old age, and die of so called natural causes. That's what I'm aiming for but it shakes you, because you don't know. And I just -- one, you don't know how long you've got, although none of us really do, and two, you don't know if what you are doing is the right thing to stop you from getting it again, because obviously there was something, a combination of things, it wasn't just your genes, it wasn't just diet, it was something inside that permitted this to happen, and I'm not blaming myself -- because I think that's the reason I'm such a nice person. It's because, that's the way I manifest myself as such a nice person, because I don't let my anger out as much as I should, I tend to be very 'Southern Ontario', and be nice and not hurt anybody's feelings, and all that kind of stuff. And I'm willing to make changes so that I don't get sick again, but I'm not sure what changes I should be -- I mean I know what some of them are but I want to make sure.

Time is precious, and I -- for that reason I value things more, and yet I'm impatient about doing things that I don't want to waste time on. I had a wonderful response to therapy, I'm doing other things too like the radiance, reiki, and the visualizing that I do. I am doing all those things but I'm just not sure ... (sigh). I'm going back to work and the environment
there -- it's not the healthiest, because it is an office building and I feel sick in there
sometimes, and the work itself isn't exactly -- well lets put it this way; I took the job just
because it was pretty exciting that I got it. I needed it, I went for it, my business was slow
and I went for it. It was pretty exciting to get it, but now that I've got it, it is not the kind of thing,
I don't think, that is going to keep me happy. I mean we were just talking today in your group
about not going back to work, and I mean, if I could afford it I probably wouldn't go back.
L: A lot of people felt that way.
A: I know, I know.
L: Although there are some people that ...
A: Do enjoy it. But I'm not doing that kind of thing right now. I would like to find that thing
that really fuels me. That's what I am really trying to explore right now.
L: What is the biggest impact that cancer has had on you personally?
A: I was always energetic, and I was always able to work really, really hard, and I can't do
that any more. I feel fragile, I always felt very powerful as far as my body is concerned. I still
plan to get back to that but right now I feel very fragile. I feel vulnerable. I guess I always,
thought I would live forever, I never thought about not living forever, I never thought about
measuring out what I did. I wasn't as discerning and discriminating about what I did and
how I spent my energy and time.

Gene Djiti: Interviewed March 24, 1993/ DATA: TRANSCRIBED JULY 14-23 1993
Place - Gene's Office, Downtown Toronto/ Interview Time: 2 hrs. 17 min.
L: The first question is what does being a cancer survivor mean to you?
G: I means I'm doing well (Laughs). Well, in what sense?
L: What meaning does surviving cancer have for you?
G: Well from a medical perspective it means I have gone through it twice and survived twice,
and will continue to survive as long as I can. I has certainly affected the rest of my life,
in some ways, and less as the years go by since having it. So the first time I had cancer
by the fifth year it was really a thing of the past, by the seventh year, almost totally forgotten.
Then when it came back again, well another cycle started, and you are quite taken by it when you have it, and when you are being operated on, while it is in you and after its been removed. And then again with every passing day as you get further and further away from it, it has less and less of an immediate impact. It does also have a lasting impact in the sense that it makes you aware of certain things in your life, and it resets your priorities in many ways, and makes you more aware of what can happen to you.

L: What is the biggest impact its had on you personally?
G: I can't think of one thing. One example of the biggest impact -- it has certainly disrupted my life. It is a cause of anxiety every time I go for test results on a regular basis.
It is a constant reminder while I am still having these tests that there was a physical problem that has to be taken care of, and I must use every means to prevent it from coming back.

L: You mentioned having cancer changed you priorities, in what way?
G: You realize that you only have one life and you try to maximize every day and try to attach less importance to certain things that seemed, you know -- very important before that. You attach more importance to other things, such as taking care of yourself and other people around you, and you become less materialistic. I suppose.

Open Coding of Questions 1 & 2: The organization of similar phenomenon into units, and the designation of conceptual labels (note: the units become the properties of the categories).

U1 Uncertainty About Disease - (W-1,7-9) (A-1,9-13)

U2 Uncertainty About Longevity - (W-1,7-9) (W-1,12-13) (J-1,4-5) (A-1,8)

U3 Lasting Impact - (W-1,1-9) (W-1,28-29) (J-1,5-7) (G-1,7-8) (G-1,12-15) (J-1,25-26)

U4 Denial - (I-1,17-19)
U5 Vulnerability - (A-2,36)
U6 Fear- (J-1,39-42)
U7 Anger - (l-1,19) (l-1,19-20) (A-1,14)
U8 Doubt/Guilt - (J-2,36)
U9 Acceptance/Non-Acceptance - (W-1,33) (l-1,8-9) (l-1,11-15)
U10 Hope/Positive Attitude - (W-1,10) (W-1,12-16) (W-1,18-20) (W-1,28-29)
  (J-1,23-23) (J-2,37-39) (j-1,10) (j-1,20-21) (G-1,16-17)
U11 Increased Awareness (G-1,1-15)
U12 Physical Impact (W-2,22-37)
U14 Effects on Others - (W-2,34-35) (W-2,41-42) (l-2,22-27)
U15 Preventative Measures - (W-1,30-32) (j-1,26-27) (G-2,18-20) (G-2,25)
  (A-1,16-17) (A-1,19-21) (J-1,30-32)
U16 Medical Intervention - Positive (j-1,11-13) (A-1,19)
  Medical Intervention - Negative (J-14-15) (W-1,36-37) (l-1,18-19)
U17 Follow-up Procedures - (G-2,18-20) (j-1,26-27)
U18 Changes in Perception (j-1-6) (j-1,28)
U19 Changes in Behaviour (J-2,54-55) (A-1,31-32)
U20 Changes in Priorities (G-1,14-15) (J-2,54-58) (G-2,23-26) (A-1,31-32)
U21 Changes in Beliefs (j-1,15-16)
U22 Changes in Personality (J-2,50-52)
U23 Re-evaluation of Life/Purpose (J-2,45-46) (l-1,4-5) (J-37-39)
U24 Disruption to Life (j-2,30-32) (G-2,17-18)
U25  Releasing "Baggage"/Worries/Stress (J-2,54-63) (JI-1,10-11)

U26  Thinking About Death (j-1,15-16) (I-1,4-6) (A-1,4-6) (A-2,36-39) (J-2,60-63) (J-1,7) (W-1,28)

U27  Time Management Changes (A-1,18-19)

U28  Damocles Analogy (J-2,61)

U29  Health Prior to Cancer (A-2,34-35) (I-1,16)

Note: Subsequent questions increased the number of entries in each unit and other units were added. The entire raw data is available upon request.

The following is a preliminary list of categories generated by the first two interview questions.

REACTION: U4, U5, U6, U7, U8, U23

FACING MORTALITY: U11, U23, U25, U26, U28, U30

ATTITUDINAL SHIFT: U10, U18, U20, U21, U22, U25

BEHAVIOURAL SHIFT: U15, U19, U25, U27

ADJUSTMENT: U1, U2, U3, U9, U12, U13, U24, U30

FAMILY TRANSITIONS: U14, U15

SOCIAL TRANSITIONS: U14, U15

PROFESSIONAL SUPPORT: U16, U17
Appendix VI
Appendix VI

Curriculum Vitae: Relevant to the Study

LINDSAY ANDERSON

EDUCATION:

1989-1995 Ontario Institute for Studies in Education
   Toronto, Ontario
   Candidate for Masters of Arts
   Department of Curriculum
   Focus: Art Therapy

1981-1985 Bishop's University
   Lennoxville, Quebec
   Bachelor of Arts, Honours
   Focus: Performing Arts/English Literature

INTERNSHIPS:

1992 Cancer Counselling Centre - Dr. Cole Cohen
   74 Sparkhall Avenue
   Toronto, Ontario

1993 Cancer Coping Skills Training Program - Dr. Alastair J. Cunningham
   Ontario Cancer Institute
   The Princess Margaret Hospital
   Toronto, Ontario

1994 Polarity Therapy - Howard Kiewe
   Health Training Group
   Toronto, Ontario

WORKSHOPS/SEMINARS:

1991 *Praanayam: Techniques for Breathing Regulation* - Rebecca Carson

1991 *Conversations with Images* - Shaun McNiff

1992 *Peace, Love & Healing* - Dr. Bernie Siegel
1992  Body as Psyche/Body as History - Fred Schoessinger
1992  Cancer in the 90's: Relationships with Families and Friends Lecture
      Series - The Toronto-Bayview Regional Cancer Centre
1992  The Immune System - Charlene Day
1993  Seminar for Health Professionals - Canadian Cancer Society
1993  Fifth Symposium on Women & Health -- Taking Charge: Cancer in the
      90's - Mount Sinai Hospital Auxiliary
1993  Creative Imagery - Shakti Gawain
1994  Cancer: Challenges in the 90's - Canadian Cancer Society
1994  Quantum Healing - Deepak Chopra
1995  Connections for Healing: The Power of Transference and Counter
      Transference for Creative Change - Kathleen Keating Schoessinger
1995  Expressive Arts for Therapists - Dr Natalie Rogers

WORK EXPERIENCE:

1992-1994  Wellspring
           The Coach House
           81 Wellesley Street East
           Toronto, Ontario
Facilitator of a weekly workshop on relaxation and mental imagery as an aid for
personal healing.

1993-1994  Canadian Cancer Society
           Central Toronto Unit
           20 Holly Street
           Toronto, Ontario
Facilitator of Living with Cancer, a bi-weekly support group for cancer patients and their
families.
Appendix VII
Appendix VII

Resources: Newsletters for Patients & Survivors

*Make Today Count*
101 1/2 South Union Street
Alexandria, VA 22314

**Y-Me**
National Organization for Breast Cancer Information and Support
18220 Harwood Avenue
Homewood, IL 60430
800-221-2141

**Surviving! A Patient Newsletter**
Stanford University Medical Center
Patient Resource Centre, Room H0103: Division of Radiation Oncology
300 Pasteur Drive
Stanford, CA 94305

**NABCO News**
National Alliance of Breast Cancer Organizations
1180 Avenue of the Americas, 2nd Floor
New York, NY 10036

**Living Through Cancer**
Living Through Cancer Survivorship Center
323 Eighth Street S.W.
Albuquerque, NM 87102

**Cancer Communication**
Patient Advocates for Advanced Cancer Treatment
P.O. Box 1656
Grand Rapids, MI 49501

Cancer Self Help Group
7 Archwood Crescent
Scarborough, Ontario
M1R 3M1

Canadian Breast Cancer Foundation
261 Davenport Road
Suite 202
Toronto, Ontario
M5V 1K3

National Coalition for Cancer Survivorship
323 Eighth Street S.W.
Albuquerque, NM 87102

Well Spouse Foundation
17456 Drayton Hallway
San Diego, CA 92128
END

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FIN