The purpose of this study was to document, through personal interviews, perceptions, attitudes and coping skills utilized by women who have survived breast cancer treated by mastectomy for at least 5 years without recurrence.

A semi-structured interview guide was developed with input from professionals in the field. The questions were chosen to elicit the breast cancer survivors' perceptions, attitudes and coping skills on a variety of aspects of having undergone a mastectomy and survived the disease for a minimum of 5 years. Data were collected through personal interviews with a randomly selected group of 30 Oregon women who are breast cancer survivors.

Identification of themes, commonalities and differences among the subjects were then analyzed. The interviews were categorized and coded based on eight initial research objectives, as well as differentiated by the subjects' age and length of survival. Subthemes within
the categories were also sorted and coded.

Subjects acknowledged throughout the interviews that the following five areas of psychosocial concerns exist for the breast cancer patient: 1) psychological factors contributing to emotional distress, 2) the effects of mastectomy on the patient's sexuality and body image, 3) the importance of social support systems contributing to the patient's adjustment and recovery, 4) coping skills that give the breast cancer patient a greater sense of control in dealing with the illness and 5) the particular psychosocial concerns of the younger patient.

Differences in perspectives, attitudes and coping skills were noted throughout the interviews and were associated with age and years of survival. The older subjects as well as those who were longer survivors expressed noticeably different responses to many of the interview questions than those who were younger and fewer years past their breast cancer.

Recommendations for future research were presented, as well as recommendations for educational intervention programs designed to promote effective coping skills for breast cancer patients. Additional recommendations were provided for the interview guide to improve its effectiveness for future studies.
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Date thesis is presented: December 12, 1989

Typed by Linda F. Baskerville
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ATTITUDES, PERCEPTIONS AND COPING SKILLS OF LONG-TERM BREAST CANCER SURVIVORS

I. INTRODUCTION

"It has been said that we know far more about the attributes of cancer cells than about the attributes of the patients who harbour these cells" (Greer, 1987).

Background of the Study

Nearly one million Americans are annually diagnosed with cancer. Five million Americans are now alive after a cancer diagnosis and three million are now alive more than 5 years after a diagnosis (American Cancer Society, 1987). Most of these three million can be considered cured, while others still have evidence of cancer. For most forms of cancer, 5 years without symptoms following treatment is the accepted time to be considered "cured".

Advances in early diagnosis and more effective treatment have contributed to the steady increase in survival rates. The 5-year survival rate for localized breast cancer has risen from 78% in the 1940's to 90% today. If the breast cancer is not invasive, the survival rate approaches 100%. And, despite an increasing incidence of breast cancer, longer survival has helped to stabilize mortality rates over the last 50 years (Cancer Facts and Figures, 1989).
These increasing survival rates resulting from advances in the treatment of cancer have led to a greater interest in understanding the patient's emotional reactions and adaptations to the illness. The literature documents that the threat of a cancer diagnosis alone can inspire massive adjustments in outlook, needs and drive. Such emotional changes can also create physical changes.

Breast cancer kills approximately 40,000 women in the United States each year, with the average age being 51. An estimated 142,900 new cases in the United States during 1989, or 1 out of every 10 women, further testifies to the importance of the disease (Cancer Facts and Figures, 1989). However, with early detection and improved treatment, the majority of women diagnosed today will live longer, disease-free lives. Cancer statistics indicate that a large population of women are living today who have been treated for breast cancer at some point in their lives (Bransfield, 1982).

According to Louhivouri and Hakama (1979), breast cancer is a highly distressing and emotionally threatening disease, having an even greater psychosocial impact than other cancers. As the population of breast cancer individuals grows and survival rates slowly improve, the literature has begun to reflect an increasing concern with the psychosocial aspects associated with breast cancer (Meyerowitz, 1980). Roud (1989) points out that
psychological research has not systematically investigated individuals whose positive outcomes could not have been predicted by medical science in its present state.

Justification for the Study

By analyzing statistical data, it has been found that a minority, approximately 20%, of all cancer patients become long-term survivors. These individuals are referred to as "exceptional patients" (Siegel, 1986). This demonstrates a need to further research and help clarify explicitly what psychosocial coping strategies the long-term cancer survivor exhibits so as to further elicit these qualities in newly diagnosed cancer patients.

By focusing on long-term cancer survivors, and by coming to a greater understanding of their actual experiences and reflections, the health educator may be able to utilize this data with the newly diagnosed patient. This knowledge may be subsequently used to assist newly diagnosed patients living by developing the necessary skills, attitudes and behavior changes so they may become survivors.

Goal of the Study

The principal goal of this study was to document, through personal interviews, attitudes, perceptions and coping skills utilized by women who have survived breast cancer for at least 5 years without recurrence. This was accomplished by identifying themes, commonalities and
differences among the subjects. Interviews were conducted with the survivors to elicit their attitudes and perceptions on the following aspects of the research topic:

2. Attitudes toward long-term survival of the disease.
3. Factors perceived to be related to control and adjustment to the disease and its treatment.
4. Roles of other breast cancer patients, support groups and health professionals in influencing attitudes toward the cancer experience.
5. Feelings of isolation or victimization in regards to the disease and the role and effect of support systems on recovery.
6. Assessment of outlook on life, quality of life and outlook on the future.
7. The perceived influence of spiritual beliefs and attitudes towards having had breast cancer.
8. Examination of attitudes towards sexuality and body image as they relate to mastectomy and reconstructive surgery.

Scope and Limitations of the Study

This study focused upon the attitudes, perceptions and coping skills of a selected sample of 5-year and longer survivors of breast cancer treated by mastectomy. The sample was not random, nor was it of adequate size to allow
statistical generalizations to all long-term survivors of breast cancer. Rather, the study was intended to be an in-depth examination of the participants' attitudes and perceptions about their cancer experience. Limitations of the study include the fact that the population sample was composed of those respondents who chose to answer a request letter sent to them confidentially through their physician or through the Cancer Registry at Good Samaritan Hospital in Corvallis, Oregon.

**Definition of Terms**

For the purpose of this study, several key terms are defined as follows:

- **attitudes** - the perspective from which the woman views her cancer experience.
- **coping skills** - a woman's beliefs about herself and her body, as well as her abilities in regards to adjustment, problem solving and relieving stress.
- **exceptional cancer patient** - a cancer patient who successfully lives beyond the expected prognosis, becoming a long-term cancer survivor.
- **long-term breast cancer survivor** - a woman who has breast cancer treated by mastectomy and has remained symptom-free for at least five years; subjects in this study.
- **mastectomy** - the removal of a breast and adjacent lymph nodes for the treatment of breast cancer.
Summary

This chapter presented evidence that breast cancer is a highly stressful and emotionally threatening experience in the lives of 1 out of 10 American women. The psychosocial implications of the disease warrant further investigation so the health educator may better understand, support and assist women in coping with the disease.
II. REVIEW OF LITERATURE

Exceptional Cancer Patients

Numerous studies in the field of cancer patients and survivors have been conducted by medical, social science and psychological researchers. The concept of the "exceptional cancer patient" was coined by Siegel in 1978. Since that time, a number of researchers have continued the investigation of the cancer survivor and the attributes that constitute one who has continued to live as a healthy cancer patient.

The healthy cancer patient is defined as anyone whose dedication to live leads him or her back to physical and mental health, although the cancer process may continue to progress. The concept of the healthy cancer patient or the well cancer patient belongs to Alec Forbes of the Briston Cancer Help Center. Forbes finds that patients who become well or healthy cancer patients experience a far higher quality of life (Lerner, 1985).

Sometimes healthy cancer patients succeed in extending the interval of disease-free survival so far, or so unequivocally, that they become cancer survivors - people who have lived longer than their physicians expected and who often show no visible signs of the disease.
The cancer survivor is unquestionably the exceptional patient in terms of physical life. The point is that effort alone is not a major key to renewed health. The dedication to self-exploration precedes the rediscovery of the will to live in exceptional cancer patients. Glassman (1983) identified the will to live as the apparent single common thread she found in all cancer survivors.

The exceptional cancer patient is anyone who dedicates him or herself to learning from the cancer experience whether or not the person chooses to fight for life and whether or not the outcome is successful. The choice to fight for life in the face of a serious prognosis is not always appropriate to every person, every age, and every situation (Lerner, 1985). Exceptional cancer patients may choose not to fight for their lives, but they carefully and deeply consider how best to lead their lives now. And even when the choice to fight for life is made, the outcome is far from assured.

Practitioners Benjamin (1987) and Siegel (1986), who are experienced in working with extraordinary survivors, emphasize that seriously ill persons can change their behaviors or attitudes to improve the quality of their lives. Physical healing, however, may or may not be a manifestation of these changes.
In Roud's (1989) study of extraordinary cancer survivors, he found that the survivors assumed responsibility for contracting cancer, disease outcome and the quality of their lives. They demonstrated an active level of participation in the healing process and believed that their attitudes and actions significantly influenced their positive results. These survivors were leading fuller, freer, more meaningful lives following cancer onset. They reported an intense desire to stay alive. Life was viewed as a gift, far too precious to abandon prematurely. The survivors in this study had no interest whatsoever in dying, but they did not appear to be afraid of death. They seek continued life because of their love of life - not fear of death.

Quality of Survival Among Breast Cancer Patients

Because the survival rate is continually improving (87% 5-year survival rate for localized breast cancer), many women are living substantial numbers of years with the aftermath of the illness and its treatment. Thus, understanding factors that influence quality of life and survival is an important issue.

Greer, Morris and Pettingale (1979), in a prospective 5-year study of women with early breast cancer, found that recurrence-free survival was greater among women who
initially reacted to cancer with denial or a "fighting spirit" than among women who reacted with helplessness, hopelessness, or stoic acceptance. Pettingale, Morris, Greer and Haybittle (1985) used the same data as the basis for a 10-year prediction of survival among the same cohort of subjects and found the same relationships. O'Malley, Koocher, Foster, and Slavin (1979) reported that the use of denial is positively related to survival among patients with breast cancer and to long-term adjustment among survivors of childhood cancer.

In their (1979) study of women with breast cancer, Derogatis, Abeloff and Melisaratos reported a positive relationship between the expression of negative affect and survival; longer-term survivors initially evidenced more hostility, depression and guilt and were more communicative about their feelings of distress than were patients with shorter lengths of survival. They found that patients whose coping patterns included the expression of emotional distress survived longer than did those who suppressed or denied affect. Thus, it appears that the expression of anger and other negative emotions is related to longer survival among breast cancer patients.

Majes and Mendelsohn (1979) conducted a study in which patients with cancer were interviewed three and six years after diagnosis. The patients reported enduring significant changes in their lives from the time of
diagnosis, and, regardless of their prognosis, continued to be confronted with crises for many years thereafter. The common elements the investigators found that were permanently altered included values, time perspective, social roles, and self-image. Therefore, although the most turbulent transitions occur at diagnosis and at the terminal phase of illness, a diagnosis of cancer begins a time of significant and lifelong change.

In a 10-year follow-up study of breast cancer survivors, Gorzynski, Holland and Zimoff (1977) noted that those who survived showed less repression and denial than had been observed in those who did not survive. The study makes it clear that a certain amount of dysphoria is normal and even adaptive in cancer patients. The absence of evidence of any discomfort, repression, and denial has been associated with poor adjustment. Simonton, Matthews-Simonton, and Creighton (1978) contend that individuals who hope to recover from life-threatening cancer must become more assertive and direct in their expressions of anger.

Roud (1989) noted that taking responsibility was generally viewed as the first step in the curative process in extraordinary cancer survivors. Survivors actively sought to influence their emotional as well as physical well-being. They worked to maintain hopeful feelings while minimizing depression. Cassileth, Lusk, Miller, D., Brown and Miller, C. (1985) found in their research of long-term
cancer survivors that the survivors noted the importance of the chronological evolution of their psychological states. Most said that initially they were in great distress after learning the prognosis. They believed that a variable differentiating survivors from non-survivors is their ability to change after disease onset. The associations of their cancer may help them maintain the constant vigilance necessary to prevent regression to old behavior patterns. Indeed, the reminders of their terminality may ultimately be life-giving. And, since the future could not be taken for granted, they chose to spend much more of their time in the here and now.

The vast majority of patients will recover from or adjust to the specific physical, emotional, and social impacts of breast cancer. Nonetheless, the knowledge of having had cancer and of having lost a breast will continue to arise at times throughout the patient's life.

**Psychosocial Adjustment to Breast Cancer**

After breast cancer is diagnosed, the most important type of initial support is emotional - allowing the patient to ventilate feelings and providing her with feedback about the threat posed by the disease, which Mitchell and Glicksman (1987) hypothesized as positive for adjustment. Greater long-term adjustment is also linked to an involved, active information-seeking stance of coping as was pointed

Ervin (1973) interviewed 12 women who had survived between 5 and 10 years after surgery with no evidence of disease. He concluded that emotional morbidity depended on a woman's inner resources, helpful professional guidance, and the support of family and friends. Time is probably the most frequently cited correlate of psychological adjustment to mastectomy. For most women the psychosocial impact of breast cancer and its treatments diminishes over time (Abeloff & Derogatis, 1977; Lewis, Gottesman & Gutstein, 1979). In this study, a gradual diminution of distress was expected for mastectomy-only patients.

Derogatis, Abeloff, and Melisaratos (1979) compared psychological descriptions of 35 women who had metastatic cancer of the breast. The women who survived for less than one year showed less expressions of hostility and a more positive mood than the women who survived longer. The longer survivors were rated by their oncologists as being more poorly adjusted; had a poorer attitude toward physicians; showed greater anxiety, depression, and guilt; and tended to communicate their dysphoria. Levine, Silverfarb, and Lipowski's (1978) study showed that 25% of all cancer patients have significant psychiatric disturbance.
In a study done by Alagartnam and Kung (1986), it was shown that even several years after the diagnosis and treatment of breast cancer, there still remain a proportion of patients who never recover from the psychosocial morbidity of their illness. Of breast cancer patients, 47% were found to be depressed at the end of a mean period of seven years. Morris, Greer and White (1977) showed that there is no great difference in the proportion of women remaining depressed at one year, and at two years following mastectomy.

In a study done by Comstock Craig and Geiser (1974), the findings indicated that the breast cancer group was found to be less depressed and more emotionally stable than those suffering from other malignancies, suggesting that the diagnosis of malignancy was the more important factor in the psychosocial morbidity of these patients. Post-mastectomy patients were at no greater risk of developing psychosocial morbidity than patients with other malignancies. It may be argued that the long interval of time between treatment and assessment permitted the breast cancer patients to adjust themselves more easily than those with other malignancies.

A more likely explanation is that the diagnosis of malignancy was a powerful factor in the psychosocial morbidity of these patients and that this overshadowed the emotional trauma of mastectomy. It would appear from the
Comstock et al. study that women with malignancy other than breast cancer could also develop serious psychosocial problems, and in many respects the need for therapy could be greater in these women than in women with breast cancer.

There is evidence that cancer patients and other ill individuals form theories about the origins of their illnesses (Meyerowitz, 1980). Taylor, Lichtman and Wood's (1984) study of breast cancer patients found that a large percentage (70%) reported that cancer had made them think about their lives differently. For most, this change was positive, and most commonly the reported change concerned learning to take life more easily and to enjoy it more. These positive changes were significantly related to adjustment in a positive way.

Also in the Taylor, Lichtman and Wood (1984) study it was noted that the association between beliefs is psychological control and adjustment was strong. Both the perception that one can control one's own cancer and the perception that others can control it were significantly related to adjustment. It was further pointed out that increases in exercise and increases in leisure time were associated with positive adjustment, but changes in diet and stress management were not. Taylor (1983) indicated that efforts to find meaning in the cancer experience seemed to be reflected more in respondents' changes in their attitudes toward life than in their attributional
explanations for cancer. Therefore, it appears from these studies that no particular attribution for cancer was tied to good psychological functioning.

Coping Skills Among Breast Cancer Patients and Their Families

Not long ago, the most important indicator for evaluating the effectiveness of cancer therapy was how long the patient lived after diagnosis. Today, because of earlier detection and improved treatment, a second important indicator for evaluating the effectiveness of treatment is quality of life (Bloom, Pendergass & Burnell, 1984).

Another important indicator of cognitive adjustment is a woman's repertoire of coping strategies. In Weisman and Worden's Omega Project (1980), it was found that coping effectiveness and emotional and physical symptoms of distress have a reciprocal relationship. Moreover, coping effectiveness was found to be related to whether a patient survived long or short term.

Taylor (1983) described three major coping strategies among cancer patients: 1) mastery through meaning or the experience of being sufficiently in control to be able to offer help to others, 2) social comparison with others and 3) the use of illusion or the exercise of flexible choice of an area of control. Taylor observed that patients
rarely focus on a comparison that leaves them feeling worse rather than better off than another patient.

When faced with a diagnosis of cancer, individuals respond psychologically in several different ways. According to some clinicians, the particular coping responses adopted by cancer patients may influence prognosis. In 1979 Greer, Morris and Pettingale conducted a prospective study of women with early breast cancer which indicated that psychological responses to cancer diagnosis, assessed three months post-operatively, were related to outcome 5 years later. Four groups of responses were categorized into the following: 1) denial, 2) fighting spirit, 3) stoic acceptance and 4) feelings of helplessness/hopelessness. Recurrence-free survival was significantly more common amongst patients who reacted to cancer by denial or fighting spirit than among patients who responded with stoic acceptance or feelings of helplessness or hopelessness.

Now, 10 years since this study, these same researchers have found that a favorable outcome is still more common among those whose responses were categorized as fighting spirit and denial (55%), than among those who showed stoic acceptance or a helpless/hopeless response (22%). Whatever the explanation for the association between mental attitude and survival, the findings suggest that such attitudes should be included as additional prognostic indicators for
patients with breast cancer. Whether mental attitudes can be changed and whether such change improves survival are questions worthy of further study (Pettingale, Morris, Greer & Haybittle, 1985). High denial is well suited to dealing with cancer concerns. Cancer-specific denial is a term which refers to a variety of cognitive coping strategies that minimize patient's awareness of either stressful information about cancer or upsetting emotional responses to it. Meyerowitz' (1983) findings consistently showed cancer-specific denial to be linearly related to distress, with high-denial patients reporting low distress. Her study showed that the level of cancer-specific denial emerged as the variable most strongly associated with postmastectomy distress. This coping strategy was more important in explaining distress than were availability of social support, treatment group, time since operation, or age. Jamison, Wellisch and Pasnau (1978) conducted a study in which mastectomy patients reported a general reduction in distress in the 3 1/2 years covered by the research. Despite this reduction, levels of emotional and physical distress remained high well into the second year following surgery, with the reduction appearing after this point. The first 17 months of greatest distress were also the period of greatest variability of responses among these patients, suggesting that women may experiment with different coping strategies during that period.
The fact that 1 in 10 women in the U.S. develops breast cancer means that a large number of families are already trying to cope with the disease and a large number will have to cope with it in the future. Research has not attempted to identify the families whose coping mechanisms are inadequate for handling the stress of breast cancer and thus will require intervention.

Using a qualitative approach to the study of eight families with cancer, Thorne (1985), concluded that the choice of coping strategies "...conformed to a core of meaning that the family member held dear" (p.288). If family members have characteristically weathered the storms of adversity, they have probably developed resources that will help them through cancer. And, the assurance that the patient is receiving good care seems to be the most important way of helping family members cope (Pedersen & Valanis, 1988).

Bloom, Pendergass and Burnell's (1984) study indicated that women who have a positive outlook on life and a positive view of their social functioning use fewer maladaptive coping behaviors. And women who have experienced fewer life changes, have a better outlook, and function well socially would not be expected to resort to the use of maladaptive coping mechanisms.
The most important patient characteristic in accounting for distress was coping - not characteristics such as age, time since operation or treatment group. Further research on specific aspects of the cancer experience which may best be coped with through denial may lead to new interventions for teaching effective coping strategies to cancer patients.

Other research has indicated psychosocial dysfunction in cancer survivors. Cella (1986) showed long-term cancer survivors as those with lowered intimacy motivation, increased avoidant thinking about illness, prolonged difficulty in returning to premorbid work status, and illness-related concerns. Conversely, patients were significantly more appreciative of life than nonpatients. Edwards (1985) indicated that long-term cancer survivors had a lower self-regard, more emotional symptoms, were more introverted, and tended to express more anxiety, depression and hostility that did the short-term survivor. Data from Edwards' study indicated that the sometimes annoying behavior of long-term survivors can be viewed as successful coping mechanisms.

The Emotional Distress of Breast Cancer

Psychological depression has been identified as one of several emotional conditions that may influence immunologic and hormonal functioning, and depression has been proposed
as an important source of vulnerability that leads to
cancer morbidity and mortality (Solomon & Amkraut, 1983).

In a large-scale prospective cohort study of 8932
women during a 10-to 14-year follow-up period, Hahn and
Pettiti (1988) failed to find an association between
Minnesota Multiphasic Personality Inventory Depression
(MMPI-D) scale scores and breast cancer in women who were
initially free of cancer. Even among women who had severe
depression (MMPI-D score >70) at the time of entry, no
difference was found in the risk for developing breast
cancer.

Majes and Mendelsohn (1979) conducted a study in which
patients with cancer were interviewed three and six years
after diagnosis. The patients reported enduring
significant changes in their lives from the time of
diagnosis, and, regardless of their prognosis, continued to
be confronted with crises for many years thereafter. And,
although the most turbulent transitions occur at diagnosis
and at the terminal phase of illness, a diagnosis of cancer
begins a time of significant and lifelong change. The
human crisis of cancer brings threatening changes, which
Spikes and Holland (1975) found to involve death, pain,
and uncertain future, body mutilation, loss of function,
isolation, fear of rejection in relationships, dependency,
financial cost, and the alienating stigma that malignant
disease still represents.
Meyerowitz (1983) found that somewhat different patterns of distress over time were obtained as a function of breast cancer treatment. Mastectomy-only patients reported a general reduction in distress over the 3 1/2 years covered by the research. Despite this reduction, levels of emotional and physical distress remained high well into the second year following surgery, with the reduction appearing after this point. The first 17 months of greatest distress were also the period of greatest variability of response among these patients, suggesting that women may experiment with different coping strategies during this period.

Affective adjustment is brought about by confronting emotions provoked by losses engendered by breast cancer and beginning the process of mourning or grieving. Over time, the loss may be resolved and the distress relieved. If anger is expressed constructively, depression should not be a major clinical problem later on. When feelings are resolved, the internal physiology is less endangering and total adjustment is healthier (Scott & Eisendrath, 1985). Morris, Greer and White (1977) found that 40% of mastectomy patients were stressed 3 months postoperatively, and 1% were stressed 2 years postoperatively. Their study was also evidence of compromised social functioning after breast cancer and treatment.
Emotional Control in Breast Cancer Patients

When an event such as cancer fails to confirm the self-concept or taxes the usual behavior patterns of the self-system, one's sense of control diminishes, anxiety rises, and the ability to cope is strained. Jaffe (1985) studied the process of self-renewal in the creative restructuring of the self that may follow the personal crisis of life-threatening illness. His research has shown that a central dynamic in self-renewal after a crisis in one's health is the rediscovery of some sense of meaningful psychological control over life.

For a continuing threat such as cancer, finding the reasons for its occurrence may be less important than finding a way to modify its course now. Hence, the effort to find meaning and control may shift to factors that are currently controllable as was found in Wong and Weiner's (1981) study. If the issue is one of control, the most important consideration is that the patient be in as much control as possible over the information, treatment, and psychological assistance she receives.

Breast cancer may represent a type of stress that is different from nonlife-threatening concerns and, thus, may be one that requires different coping patterns. Reducing distress when faced with breast cancer may require that patients gain a sense of control. Although the patient may
be unable to control her disease, she may be able to influence her reactions to it.

Meyerowitz (1981) states that:

In addition to general attitudes towards women, breast cancer affects the bodily part that is perhaps most stereotypically involved in defining femininity in our culture. It is likely that society's objectification of women and their bodies leads to increased problems for women facing mastectomy. Maximization of patient control may have particularly strong implications for the psychological well-being of breast cancer patients, who may experience a sense of loss of control in relation to cancer. As in all areas of life, women must not be divested of the right to make their own choices (p. 126).

Taylor, Lichtman and Wood's (1984) examination of the relationship between beliefs about control over cancer and adjustment to breast cancer found an association between favorable adjustment and the belief in one's personal control and the control of others over cancer. Watson, Pettingale and Greer (1984) found in their study that breast cancer patients were more likely than a control group to report a tendency to control emotional reactions, particularly anger, and to respond to stress using a repressive coping style. It appeared that the breast cancer group was more inclined toward emotional lability
while maintaining a controlled outer face. This suggests that the emotional response to stress may occur but the behavioral response is inhibited. The results from this study further indicate that a particular style of emotional response to stress is adopted by breast cancer patients.

The inhibition of emotions, particularly anger, appears to be a common trait among breast cancer patients. Greer, Morris and Pettingale (1979) prospectively studied 150 patients who had breast lumps biopsied. Sixty-nine of these patients were found to have cancer; the remainder had benign lesions. Those who had cancer expressed significantly less anger than those who did not have cancer. Wirsching (1982) confirmed the tendency that breast cancer patients show less anxiety and express anger more readily than do healthy controls. Jansen and Muenz (1984) found a clear tendency toward an inability to express emotion in the breast cancer patients versus the other two groups (those with benign breast disease and healthy women).

In the Mastrovito et al. (1979) study, the cancer patients perceived themselves as more controlled, more conforming and less aggressive. The authors concluded that the data indicated a cancer-prone personality characterized by emotional inhibition. Thus, personality traits, such as emotional control, observed in breast cancer patients may represent a risk factor in either the onset or promotion of
cancer because the degree of somatic stress may be augmented or prolonged to an abnormal extent by these typical responses (Pettingale, in press).

**Perceptions of Social Support Among Breast Cancer Patients**

Bloom (1982) defined social support as a multidimensional construct which includes social ties that reinforce the sense of identity; emotional support; tangible aid resources; information that helps to provide direction and identify options; and social affiliation as a medium of interchange of ideas, support and behavioral norms. Bloom also found that psychological distress was a function of social support and coping response. Women from an environment of family cohesiveness and social contact coped better and had better self-concepts and less psychological distress. In general, women with these resources felt more in control and experienced a greater sense of power over their disease and destiny.

Weisman and Worden (1977) found that the strength of the social support system, whether provided by friends, family or professionals, was an important factor in long versus short-term survival of cancer patients. Quint (1963) followed 21 women for more than one year and found that adjustment was significantly linked to social support. This study revealed that the period of physical and emotional adaptation following mastectomy was far longer than friends, relatives, and even professionals expected.
Ervin (1973) interviewed and tape-recorded 12 women who had survived between 5 and 10 years after surgery with no evidence of disease. He concluded that emotional morbidity depended on a woman's inner resources, helpful professional guidance, and the support of family and friends. Northouse (1981) examined the fears of recurrence in 30 mastectomy patients in remission and correlated the level of fears with the number of significant others the women had in her life. The research demonstrated a strong negative relationship and concluded that mobilization of the women's social support system is an important way to maximize quality of life. Thus, a positive outcome after mastectomy is related to the strength of the woman's social support system and is evidenced by her ability to resume a relatively normal life again.

The experience of breast cancer and its related treatment is a severe stress in itself. The addition of more stress might severely strain the individual attempting to make it on her own. On the other hand, for individuals who cope by relying on others, the impact of additional stress may be at least partially absorbed by the support system. In Funch and Marshall's (1983) study of women with breast cancer and their perceived self-or other-reliance regarding their recovery from breast surgery, one question had been included asking the women to identify the individual or individuals most responsible for their
recovery. While responses of "my family" or "my doctor" were very common, a subgroup stated that they, personally were responsible. These women appeared to be highly independent and self-reliant. In their findings, only 21% of the sample were categorized as self-reliant.

Speigel (1976) showed that with support, breast cancer patients came to find new meaning in the tragedy of having cancer by using their experience to provide guidance to other women who had the same disease. The sense of extracting meaning from a tragedy is an important component of both support and self-help groups. Speigel, Gottheil and Bloom (in press) in their randomized prospective design hypothesized than an intensive group psychosocial intervention might affect survival among metastatic breast cancer patients. Their findings indicated a trend linking group attendance with longevity among treatment patients. Lower mood disturbance and higher ratings of vigor on the Profile of Mood States at the end of the intervention period were associated with significantly greater longevity.

Only a few studies have focused on families in which a member has breast cancer. And, most of these studies place the primary emphasis on the patient's problems rather than the family's (Pedersen & Valanis, 1988). If the patient has a positive attitude about her recovery, the family will be better able to give her the support she
needs. Patients studied by Bloom, Ross and Burness (1978) reported that their families were supportive during the initial crisis but expected them to return to normal functioning as soon as possible. In Welch's (1981) study of family members of cancer patients, 27% had developed psychosomatic symptoms.

After the treatment or surgery, when the patient and family are undergoing acute emotional turmoil, friends may be reluctant to initiate interaction. Whatever the explanations may be, the lack of adequate social support and other concurrent problems can be difficult for families that are coping with breast cancer. Frank-Stromberg and Wright (1984) and Sands (1983), concur with their observation that "...the stress experienced by family members when breast cancer occurs may result in physical, psychological, and social problems. On the other hand, if the family has sufficient resources and is adaptable enough, the event may turn out to be a positive experience that results in closer relationships and personal development" (p.123).

Smith, Redman, Burns, and Sagert (1985) gave evidence that better educated women were consistently more likely to categorize each support group as showing great willingness to listen to their problems. Participants with greater education, particularly in association with increasing age, seemed to deal with loneliness most effectively. Almost
91% of the participants said that the most important type of support was emotional -- having someone listen to and talk with them about the illness. Jamison, Wellisch and Pasnau (1978) noted that education and age have been directly associated with adjustment to cancer and the higher the participant's education, the more likely she was to say that having someone to talk to about her illness was an important source of support. In Roud's (1989) study of long-term cancer survivors, all nine individuals who were interviewed reported an important and highly satisfactory relationship with at least one physician involved in their treatment. Consistent with other aspects of their lives, survivors tended to be instrumental in securing the types of medical relationships they desired.

Other studies have indicated difficulties in interpersonal relationships due to the cancer experience. Peters-Golden (1982) found in her study that the majority of participants reported stressful interpersonal relations because of their cancer. Wortman and Dunkel-Schetter (1979) found that cancer patients experience considerably difficult interpersonal relations as a result of their disease, yet a positive relationship with someone is often an important factor in the ability to cope with the illness.
The emotional stress of cancer may cause preexisting marital discord to crystallize (Silberfarb, Maurer & Crouthamel, 1980). Vachon (1985) notes that marital difficulties are fairly common among couples facing the stress of cancer. In Wellisch' (1985) study, it was found that in addition to the pre-cancer status of the relationship, the stage of the cancer, type and extent of the surgery, the treatment protocol, the length of the marriage, and the couple's ability to empathize and communicate will influence their ability to maintain a healthy relationship.

Breast Cancer, Sexuality and Body Image

When breast cancer is diagnosed, a woman's sense of self, her survival, and her integrity are severely threatened. When breast cancer is treated, the integrity of her body image is compromised. Derogatis (1980) indicated that breast cancer and its treatment imposes a unique threat to the self-concept through their impact on the woman's body image and sexual identity. Self-concept has been found to be a valid predictor of behavior and has been correlated with other variables, including feelings, attitudes, and interpersonal relations known to have powerful effects on rehabilitation. The loss of a breast, partial or total, and the threat to life force the woman to change her self-image and incorporate new information with
her evaluation of self as a whole and healthy person (Bloom, 1982).

Bodily damage resulting from breast loss requires physical and psychological adjustment for most women. Changes in body image resulting from mastectomy can often raise issues of loss of femininity and sexual attractiveness. Self-consciousness regarding appearance in general and the incision in particular may persist for over a year and some women continue to be concerned about disfigurement for at least several years (Ray, 1978). Metzger, Rogers and Bauman (1983) found that 79% of the women in their study said they were worried about their future health. Concern about disfigurement was not so widespread; 54% admitted to some feelings of shame, ugliness, or worry about sexuality because of the mastectomy. Perceived disfigurement after a mastectomy, then, should be interpreted not only in the context of body image or self-image, but as a concern about a social stigma that may affect women's relationships.

Schain (1980) describes a mastectomy as "a serious insult to self-esteem" and advocates a self-esteem assessment model to assist the professional in planning intervention strategies for those with impoverished self-esteem, body image disturbances and sexual disorders.
Based on the literature there is evidence to suggest that women with breast cancer are at risk for developing sexual difficulties as a result of their illness and its subsequent treatment. Sexual identity and femininity are assumedly at risk for the patient with breast cancer, with the more feminine patient being the most vulnerable (Schain, 1980). Rosser (1981) noted that a variety of fears accompany the experience of breast cancer, including those of body disfigurement, recurrence of disease, death, abandonment, and loss of functional ability.

Derogatis (1980) asserts that a patient's attitudes and expectancies about her disease and treatment will affect her rehabilitation, including her sexual adjustment. Multiple factors, such as body image, self-esteem, sexual identity, femininity and moods play a role in the reestablishment of sexual life. Meyerowitz (1980) reported that loss of a breast is less upsetting to older women, but whether age alone has an effect upon sexual adjustment after treatment for breast cancer is unknown.

An illness such as breast cancer, which may involve removal or mutilation of a body part associated with the patient's personal and sexual identity, may also have far-reaching effects on spousal intimacy. In a two-year follow-up study, Morris, Greer and White (1977), and her associates examined a wide range of psychological variables thought to be associated with breast cancer. They found
that marital adjustment was unaffected by the mastectomy, even though 32% of these patients reported deterioration of their sexual functioning within the two-year period following the surgery. The breast cancer patients who had poor sexual adjustment within three months post-surgery were less likely to return to their preoperative level of sexual functioning by two years. The mastectomy patients had significantly higher levels of stressed sexual functioning.

Age and Marital Status in Relation to Breast Cancer Survival

With regard to age, the younger the patient, the stronger the impact of surgery on body image. Jamison, Wellish and Pasnau (1978) observed that younger women are more devastated by and make poorer adjustments to loss of a breast. Interviews conducted with 652 women who underwent a mastectomy one year earlier revealed that although younger women are more likely to fear recurrence of the disease and to worry about disfigurement resulting from surgery, they apparently have resources that protect them against depression.

Age along with education have been directly associated with adjustment to cancer (Jamison, Wellish & Pasnau, 1978). The more years of education an individual has, the more adept he or she will be at manipulating the environment to reduce or prevent stress. Such an
individual also will be less likely to experience hardships associated with meeting basic needs in addition to having to cope with a life-threatening disease (Pearlin & Schooler, 1978). Age may also result in a more philosophical outlook about life goals and more experience in adjusting to major life events.

The literature demonstrates that stressful experiences can have different meanings at different ages. In Neugarten's (1968) study the younger women understandably had stronger emotional responses to breast cancer: they were less likely than the older women to have shifted their outlook on life from "time-since-birth" to "time-left-to-live." Thus, they apparently were less prepared to face the possibility of life-threatening illness and suffer heavier emotional consequences when such an illness occurs. Morris, Greer and White (1977) found that breast cancer patients are stressed by impending biopsies and that young cancer patients are more likely than older patients to use denial in the face of stress. They noted that there is evidence to suggest that coping with the discovery and diagnosis of cancer follows the same patterns of coping with any other type of stress. It is likely, therefore, that the younger patients who are manifesting features of denial will manifest them in the face of any other stress.
In the Metzger, Rogers and Bauman (1983) study, 17% of the women under age 50 expressed a high degree of concern about two primary mastectomy-related issues; disfigurement and sexuality. Only 8% of the respondents in the two older age groups expressed a high degree of concern. Younger women were more anxious about recurrence than were older women. Younger women were significantly more likely than older women to be concerned about disfigurement. And, although younger women were more likely to be concerned about the disfiguring consequences of surgery, older women with this concern were more likely to be depressed.

**Marital Status**

Marital status may have different effects on different measures of emotional or psychological well-being at different stages of life. Metzger, Rogers and Bauman (1983) found that being married actually intensified the emotional consequences of a mastectomy for older women. Although married women were less depressed than widowed or divorced women, being married offered little protection against mastectomy-related concerns. The research also indicated that divorced women were far more concerned about both recurrence and disfigurement than were married, widowed, and never-married women. There was a higher level of depression experienced by younger divorced women, and this may have been related to their high level of concern about disfigurement. Also, on one mastectomy-related
concern, disfigurement, age (life stage) determined the effect of marital status: among younger women, the unmarried were more concerned about disfigurement than the married, whereas among older women, the married were more concerned than the unmarried. These data suggest interesting connections between body image, self-image and social image. It appears that the disfigurement does not affect body image as long as it does not become a social fact.

Summary

Breast cancer and its accompanying distress such as disfigurement and possible recurrence is one of the most prevalent and life-threatening diseases among American women today. An examination into the various psychosocial issues is currently being undertaken by a number of medical, social science and psychological researchers to come to a clearer understanding of the effects of the disease.

It has been well documented that there are specific issues which are unique to breast cancer patients and that the quality of their survival may be enhanced as these needs and issues are adequately addressed. Looking at the attributes and lives of breast cancer survivors can help the health educator to have a clearer perspective into the needs, concerns and particular stresses with which these women are ultimately faced. The growing concern
surrounding breast cancer survivors explored by researchers other than in medical science indicates that the characteristics which constitute a long-term survivor who has continued to live life are worthy of continued and further research.
III. METHODS AND PROCEDURES

This qualitative study employed a semi-structured interview guide for data collection. The semi-structured interview guide contained both open- and close-ended questions. Twenty-one questions were included in this section of the survey. Eleven demographic questions were also posed to the subjects. The questions were chosen to elicit the breast cancer survivors' attitudes and perceptions on a variety of aspects of having undergone a mastectomy and survived breast cancer for a minimum of five years.

Development of the Interview Guide

The twenty-one close- and open-ended questions were developed from information obtained through a review of pertinent literature from five categories; 1) attribution theory, 2) psychological control, 3) social comparison, 4) victimization, and 5) outlook on life. Further suggestions were offered by members of the Graduate Committee. The Survey Research Office reviewed the interview guide and made appropriate suggestions and corrections as to the wording of the questions. The interview guide appears in Appendix A.
Demographic Data

In addition to the open- and closed-ended questions, demographic information was also collected. Upon consultation with members of the Graduate Committee, the questions were subsequently developed. Subjects were asked to provide information about their age, occupation, marital status, children, education, time elapsed since mastectomy, any other cancer experience, reconstructive surgery and any further treatment at the time of the mastectomy. The demographic questions appear in Appendix A.

Pretesting the Interview Guide

As a pretest is designed to "test" the questionnaire as well as the questions, general impressions of the questionnaire are just as important as the precise wording of questions in stimulating the response rate.

Dillman (1978) lists the following questions to be considered when developing pretesting procedures:

Is each of the questions measuring what it is intended to measure?
Are all the words understood?
Are questions interpreted similarly by all respondents?
Does each close-ended question have an answer that applies to each respondent?
Does the questionnaire create a positive impression, one that motivates people to answer it?
Are questions answered correctly? (Are some missed, and do some elicit uninterpretable answers?)

Does any aspect of the questionnaire suggest bias on the part of the researcher? (p.156)

With these questions in mind, the potential interview guide was pre-tested with four respondents. All four respondents agreed to an informal meeting with the interviewer. The researcher met individually with each of the respondents, and the questionnaire was then administered. The respondents were known to the researcher through previous contact in cancer support groups and through referral from a doctor known to the researcher.

During the interviews, the researcher was able to achieve insights into respondents' difficulties to particular questions when they arose. These observations then allowed the researcher to clarify points which seemed difficult for the respondents to understand or interpret. As a result of the pretesting, several questions were modified, and some were discarded and replaced by more appropriate and clearly stated questions.

Selection of Participants

The subject population selected consisted of women in Benton County. Since these women are not readily available, a unique procedure had to be found for their participation. Therefore, two methods were used simultaneously to isolate a sample from the population.
The first method used was contacting surgeons and oncologists from the study area who specialize in treating breast cancer. Two letters requesting participation were mailed to the physicians. The request letters appear in Appendix B. Two physicians responded and participated, sending out a total of fifty request letters. Twenty of these women responded to the request letters mailed to them.

A second method of assistance was sought through the Cancer Registry at Good Samaritan Hospital in Corvallis, Oregon. The Cancer Registry agreed to send out twenty request letters to potential qualifying subjects from their data base. The cover letter from Good Samaritan Hospital appears in Appendix B. Ten responses were subsequently received from this source.

Criteria for selection of participants specified that the sample consist of thirty women who have had breast cancer treated through mastectomy, who have had no cancer recurrence for at least five years and who are currently symptom-free.

When the potential subjects responded to the request letter either by telephone or mail, details of the study were explained more fully. An interview appointment was set up within one week of the respondent's agreement to participate.
The interviews were primarily conducted in the subjects' homes. Subjects' anonymity and confidentiality were further guaranteed at this time.

Conducting the Interviews

The qualitative methodology, also known as naturalistic inquiry was considered particularly appropriate in the individual interview context of this study. LeCompte and Goetz (1984) state:

Qualitative interviews vary in the degree to which they are structured. Some interviews, although relatively open-ended, are focused around particular topics or may be guided by some general questions. Even when an interview guide is employed, qualitative interviews offer the interviewer considerable latitude to pursue a range of topics and offer the subject a chance to shape the content of the interview (p. 136).

Data were collected through personal interviews using the interview guide which appears in Appendix A. Before any information was requested from the subjects, the purpose of the research was explained and subjects were given the opportunity to ask questions. Subjects were also reminded that their responses would remain anonymous. In order to insure anonymity, a code number was placed on the interview guide and spoken into the tape recorder prior to taping the interview. A further means of insuring subject anonymity was not to run the tape recorder until after
demographic information was requested and recorded on the interview guide. Care was taken not to speak the subject's name during recorded portions of the interview.

Seeking to understand participant's perspectives and to explore the psychological issues that shaped their attitudes towards surviving breast cancer, the researcher posed open- and close-ended questions and encouraged free expression from the subjects. As Cox and Mead (1975) state: "Most patients and their families will communicate their needs openly with a third person not directly involved in their medical care. Under these conditions, patients usually divulge considerable information regarding their psychological needs" (p. 57).

The 30 interviews were conducted over a ten-week period. Subjects' interviews were arranged by telephone within one week of receipt of the request letter. The interviews were conducted in the subjects' homes, with the exception of one interview done in the researcher's home. All of the interviews were conducted on a one-to-one basis, with the exception of two, where the subjects' spouses were present.

Interviews varied in length, ranging from 20 minutes to one hour. Interview length was largely dependent upon the extent to which subjects were willing to ponder and elaborate on the questions, or on how much time she had allowed for the interview.
Treatment of Data

Data obtained from the interviews were transcribed from tape directly onto a copy of the interview guide. The interviews were checked for accuracy by the researcher by rereading the transcripts while listening to the tapes.

The individual interviews were categorized and coded according to the initial eight research objectives. Upon categorization, they were further differentiated by the subjects' age and length of survival. The major themes within the categories are identified in Chapter Four. As LeCompte and Goetz (1984) state in their discussion of qualitative research,

Presentations of qualitative data generally are descriptive statements, whether in prose or graphic format, that specify attributes of the phenomena investigated. In some cases these may be organized into categorical models that describe groups of attributes or phenomena. This stage of conclusions is characterized by concrete descriptors or enumerations that address only the subject under investigation (p. 206).

As this study was primarily an inductive-generative research design, the "...abstractions need to be integrated with theory to create a coherent system by which to explain or convey the meaning of the study" (LeCompte & Goetz, 1984, p. 162). The data analysis was completed to
identify themes, commonalities and differences among the subjects, to add to the existing body of knowledge, and to advance the line of investigation incorporated in the study.

Summary

This chapter described methods and procedures followed to achieve the objectives (pp. 3-4) and to address the interview guide (Appendix A). These methods and procedures were established for the recruitment of subjects, development of a semi-structured interview guide and treatment of data.

Subjects were recruited from local area physicians specializing in breast cancer as well as through random selection from the Cancer Registry at Good Samaritan Hospital.

Development of the interview guide, the conducting of interviews as well as methods used for coding and categorizing the data for analysis were also discussed.
"I think there's a certain strength, a certain self-knowledge that comes from having gotten to the other side of something that a lot of people fear." (Interview #10)

Personal interviews with 30 Oregon women who are long-term survivors of breast cancer were the source of data for this study. Following a description of the sample, this chapter presents interpretation of the data as a foundation for discussion and recommendations which appear in Chapter V.

Description of the Sample

Demographic information for the sample was obtained prior to the personal interviews. Ages of the participants ranged from 34 to 85 years, with a mean of 59 years. At the time of diagnosis, the mean was 49 years. Three percent of the survivors were under 40 years; 30 percent were 41-50 years; 17 percent were 51-60 years; 25 percent were 61-70 years; 20 percent were 71-80 years; and 5 percent were over 80 years. Years of survival ranged from five to thirty years, with a mean of 10.4 years. Data indicated that 67 percent survived 5-10 years; 13 percent survived 11-15 years; 17 percent survived 16-20 years; and 3 percent survived 30 years. The marital status of the survivors indicated that the greater majority were married. Seventy percent were married as opposed to 10 percent divorced, 17
percent widowed, and 3 percent single. Educational levels were as follows: 30 percent were high school graduates; 30 percent completed some college; 26 percent were college graduates; and 14 percent had graduate degrees. Subjects having other cancer previous to breast cancer included 6 percent with previous cancer and 94 percent without. Data indicated that 43 percent of the subjects had reconstructive surgery and 57 percent had none. Further medical treatment after mastectomy for breast cancer was indicated by 20 percent of the subjects, and 80 percent had no further treatment. These demographic data are provided in Figures 1-7, (pp. 49-52).

Responses transcribed from the tape-recorded interviews were categorized based on the research questions listed in Chapter One. These categories are presented below, and themes within each broad category are discussed under the appropriate heading. As indicated in Chapter Three, this study sought to describe perceptions, attitudes and coping skills of long-term breast cancer survivors and to identify thematic categories of response, rather than to report the number of participants reflecting particular views. Concepts which repeatedly appeared in patterns of response to a given topic are reported as frequently expressed views, commonly heard opinions, etc. Representative quotes from participants accompany discussion of the concepts. On some topics, differences in
Figure 1. Ages of Participants

Figure 2. Marital Status of Participants
Figure 3. Education of Participants

Figure 4. Years of Survival
Figure 5. Other Cancer Previous to Breast Cancer

Figure 6. Reconstructive Surgery
Figure 7. Further Medical Treatment
perceptions or attitudes among different age groups were found; and in some instances, these differences were notable. These differences are noted as the themes are explored. Full transcripts of the interviews are provided in Appendix C.

**Perceptions of Causal Factors of Breast Cancer**

Two primary themes that emerged in analyzing the reasons the survivors gave for having had breast cancer were stress and heredity.

A theme that was agreed upon by 26% (8) of the participants as the main cause of their breast cancer was stress (Table 1, Appendix D). This concept was expressed by a participant's perception that "anything that causes a person's physiology to be in the fight-flight syndrome is not allowing the immune system to recover." She added, "There are stresses that keep you in that arena." Several of these women went on to describe the kinds of stresses they felt contributed to the onset of their breast cancer:

**Interview #1:** I believe I've had a lot of stress in my life. I cared for my husband who died of lung cancer and also my parents were killed when I was 30.

**Interview #2:** And then at the time I actually developed the cancer I think my immune system was suppressed...problems in my marriage and my personal life and the autoimmune system being suppressed. These things were combined factors.

**Interview #9:** I had all the risk factors. I think stress probably triggered it.
Interview #15: What caused my cancer was the tremendous amount of stress I was under about two years before then when I became involved with a psychologist whom I've subsequently sued.

Interview #19: I attributed the cancer to all the stress around my daughter getting pregnant at that time. At that time, they were saying that breast cancer was caused by stress, some terrific stress where you think you just can't handle it. You think you're gonna die. And I had that happen at that time. My daughter got pregnant, and that just about killed me. I found I was extremely bitter and angry, and a few months later I found the lump.

Interview #24: I think I was trapped in a situation of taking care of other people. And with a conscience that would punish me if I did not. It's a strain. It's rough. I also took care of my husband's mother who didn't care for me. And I think that set me up for something. I think it was a feeling of 'hey, this isn't a lot of fun.'

In considering the second theme in this category, 26% (8) of the participants indicated that heredity was the primary cause of their breast cancer. One woman noted that "the thing that impressed me the most is the family background of so much cancer. Different kinds of cancer, and not necessarily just breast cancer." The following statement made by one of the participants is typical of comments made by other women, "I can't think of anything, other than it's in the family. It's genetic as far as I'm concerned." Several other participants concurred that the
only thing they could think of that would have triggered their cancer was heredity. One participant expressed her thoughts about her mother's breast cancer and subsequent death, "When I found out my mother had cancer, and that I had to be careful, I knew this was a hereditary thing for me. My mother had it and she died and I felt it was possible that something similar could happen to me."

A secondary theme that was described by 7% (2) of the survivors was the belief that their doctor's prescription of birth control pills was a factor contributing to the onset of breast cancer. Both of these women are 19 year survivors:

Interview #8: A few years before my breast cancer I was put on a double dose of birth control pills. And I will always believe that that played an important part in my disease. I believe that the doctor's irresponsible prescription was in large part responsible for my breast cancer.

Interview #10: My doctors at that time told me it was from taking birth control pills. I took the birth control pills for five years. I'm not convinced that that was what it was. Perhaps the birth control pills aggravated it.

No cause for the breast cancer was given by 33% (10) of the participants. Of these, 80% (8) were 5-10 year survivors. Most of these women were over 60 years of age. One noted, "At first I believed something caused it, but I don't believe that now, because there's so much cancer."
Whether or not the participants attributed a particular cause to their breast cancer, it was apparent to the interviewer, through observation and listening, that nearly all had given thought to the question of causality at some point during their cancer experience.

Attitudes Towards Long-Term Survival of Breast Cancer

Several explanations were given as to what the participants felt was responsible for their long-term survival (Table 2, Appendix D). Two themes that emerged among a total of 26% (8) of the women were early detection and medical treatment. The following excerpts illustrate these concepts:

Interview #9: I think the major factor was that it was found early and that I dealt with it early. You may find it, but a lot of women don't deal with it immediately. My doctor found it and within 15 minutes had sent me to another doctor.

Interview #17: The things which are responsible for my long-term survival are the early stage in which the cancer was found, the apparent success of the chemotherapy on the cancer that was still in the lymph nodes, and my attitude.

Interview #16: I believe my long-term survival is due to the excellent surgeon who performed the surgery in the first place.
Interview #23: I had a radical at the time, with follow-up radiation. And there were no lymph nodes involved. And I think that's why I have survived.

Related to these themes is the statement made by the longest (30 years) survivor who noted that her survival was due to "good treatment and taking care of myself with medicine and eating well." Women whose breast cancer was found without any further lymph node involvement were aware that this played into their survival, as indicated by the observation that, "I guess I would say because it was found early enough, and hadn't spread through any other part of my body. And I'm really kind of a healthy person."

Two accompanying themes which emerged were those of positive thinking by 17% (5) of the participants, and the belief in God by 13% (4). The following accounts illustrate several of these perspectives:

Interview #8: I think long-term living, in spite of breast cancer has to do with positive attitude and happiness. I think I live because I chose to live. I feel that there was a time that I made a conscious choice to be well and strong and a need to put it behind me.

Interview #19: Probably attitude, the most. I think you're probably always afraid. There's always some sort of a funny, nagging fear there. Being optimistic and going from day to day and not looking too far ahead.

Interview #12: It's my personal belief that our days are numbered according to God. And I don't think it's my time yet.
Interview #13: Frankly, I think I'm still here because they had the ministers come in, and I was anointed and I was prayed for because I was on my deathbed. I feel I owe it all to God that I'm here.

Stress-related reasons were given by 13% (4) of the survivors. An example of this concept is expressed by the statement that "reducing the stresses...getting out of a marriage that was causing a lot of stress, and learning to play." Another subject referred to visualization in her statement that "one thing is imaging; seeing my cancer being destroyed and also imaging a peaceful place when I feel like I'm under stress." The stress of caring for others was a chief concern of this participant when she commented, "I honestly think that in developing cancer and coming through it, I gave myself permission to be selfish, to be self-centered, to do more for me, to realize more of my dreams. I'm doing things that are very satisfying to me. I say 'no' to a lot of things now." An 82 year-old participant said, "I haven't had any stress, and I just go on with my life as usual. And I don't worry about it, and I think that has something to do with it."

One participant who had already dealt with her first cancer some years previous to the mastectomy, and who is now a 20-year survivor recounted that "when I found out my cancer hadn't gotten into my lymph nodes, and that I'd already beaten cancer once with my hysterectomy, I figured
that maybe I'd be one of the lucky ones with continued good health that I've had though the years. I thought I probably wouldn't have to fear anything like that again."
The youngest breast cancer survivor in this study felt that her decision to live was important by stating, "I made a real conscious choice. You know, all of a sudden you're shaken. You have a choice, you can live or you can die. I've always believed I was this one kind of person, yet I was living this other kind of life. We know inside what we need, and we have to give it to ourselves."

A total of 14% (4) of those interviewed stated that they didn't know what contributed to their long-term survival. "I guess just because I've survived, I'm a survivor. I don't know what has kept me a survivor to this time." Another commented that "it certainly wasn't early detection. I don't know, I don't attribute it to anything."

The variety of responses to the concept of long-term survival illustrates some of the coping mechanisms used by women to develop personally unique survival skills.

Factors Perceived to be Related to Control and Adjustment to the Disease and its Treatment

Two principal themes which the participants regarded as perceptions of control in regards to their cancer experience were having a positive attitude by 20% (6), and issues related to their health care choices by another 20%
(6) (Table 3, Appendix D).

One survivor remarked, "Now I'm more honest. I think my feelings were almost entirely positive. In some ways I benefited. I live better. You reevaluate and appreciate life." A greater appreciation for life was voiced by several of the participants at different points during the interviews. This realization appears to be significant for many who face life-threatening illnesses. The following are examples to further expand on the themes of positive attitude and health care choices:

Interview #7: The only control I could say I would have is that my attitude has been a positive one. I haven't had any negative feelings about this, because I've felt fortunate. And so I think that perhaps with optimism that this influences your bodily response.

Interview #18: Attitude's the most important thing. So make the best of your life every single day. And I try to do that, and I think that's got a lot to do with going along.

Interview #23: I had lost so many friends through cancer. I knew the best thing to do was to have it taken care of and get on with my life and think positive about it, because there wasn't any reason to dwell on how horrible it was.

Interview #2: I think the fact that I didn't need to have chemotherapy gave me more of a feeling of control. I think I have control over my life, and what I'm hoping is by feeling more in control of my life, I can balance my life better.
Interview #9: I knew I couldn't go through with this twice, and if I had the surgery, I knew I wouldn't. And for me that gave me more of a sense of freedom and control.

One subject who needed further treatment of chemotherapy after the mastectomy spoke of her feelings of control when she explained that, "I always felt I had total control over my medical care. I did quit the chemotherapy after 6 months, instead of waiting a year." This woman exemplifies a further dimension of control and independent decision-making regarding her treatment by stopping her chemotherapy. She went on to say, "I looked at all the options, and chose what I thought was the best, given the facts I had to work with." Another survivor indicated the seriousness of her health care choices by stating, "It took me many, many days to figure out what to do, because whatever it is, it's permanent. I suppose that gave me some control over my cancer, and I was quite pleased with my decision." Further expanding on the issue of health care choices was this 19-year survivor's observation that, "I think some of the control comes from the things you choose to do and the choices that you make. And if you choose to be healthy then you're going to lead a healthy lifestyle." She goes on to say, "In order to have control, you need to make some good choices. And that's what I feel helped me." The fact that health care options were available and choices to be made, allowed for a stronger
feeling of control during the stressful time of decision-making.

Related themes within this category of perceptions of control include lifestyle changes and information gathering voiced by a total of 13% (4) of the participants:

Interview #21: It's the meditation, the imaging, and enjoying life instead of just being scared out of my wits and going under from the cancer. You can survive cancer. Before the cancer, I knew everybody died. After the cancer, I was made very aware of my own mortality. I started adjusting by living each 24 hours, instead of just going through the motions.

Interview #15: When I was first diagnosed, I did a tremendous amount of research on breast cancer treatment and reconstruction. I think that gave me a feeling of control. I exercise, watch fats, and I've become a lot less ambitious. I don't have my sights set on some great career. I'm just trying to survive.

The youngest (34) participant in the study expressed that "basically your spirit has to be allowed to be healthy. I think that by mentally visualizing that will help me to be in control, and also the thought that I am healthy and well. A constant reminder that you can be well and that you don't need to be sick." She goes on to say, "I don't know if this is right, but visualizing a white light. That is what I choose to do to have more control sometimes. I need to have a feeling of being grounded and
centered."

The majority of the participants in the study, 55% (16) were either unsure or didn't know if they had any control of their cancer. Two survivors agreed that the breast cancer experience seemed to have little or no impact upon them. As one stated, "It never affected me. I see these women just go completely berserk. I just didn't have any reaction. I just took it as it came. It was surprising." The second said that she "just took it as a matter of course. It was just another health problem. I know people who go into tears and what not. I just went along with it, and it didn't bother me." This attitude of apparent stoic acceptance has been noted in the literature in Chapter Two (p. 17). A further intriguing observation among both of these participants was their concurrence that the mastectomy had a greater effect upon their husbands, "I think at the time I had the mastectomy, that it was harder on him than it was on me." The second stated that "my husband cried, but it wasn't a big deal for me."

In examining the various responses in this category as a whole, an overall sense of inner strengths and self-reliance that were called upon by the survivors demonstrates their innate capacities for renewal and the will to live during this time of life-threatening crisis.
The ability to accept what is happening, to take care of it as best they could, and then to get on with the business of living emerges as a prevalent theme among many of the survivors in this study.

Roles of Other Breast Cancer Patients, Support Groups and Health Professionals in Influencing Attitudes Towards the Cancer Experience

Upon examination of this category, three predominant themes need to be addressed: 1) who the participant viewed as most responsible for her recovery, 2) if there had been any contact with other breast cancer patients and/or support groups and 3) whether or not the participant compared her cancer experience and ability to cope with any other breast cancer patients (Table 4, Appendix D).

In regards to the first theme in this category, a total of 48% (14) of the survivors felt that either their husbands or families were mostly responsible for their successful recovery. The statement, "My husband has been with me all the way. He's been very supportive, and so that's good," is an example of a number of responses that indicated the spouse was given primary responsibility for recovery. "I feel that my husband played a very important part in this because he was always there," further illustrates the significance of the spouse being perceived as responsible for recovery for some of the women. The
family was also spoken of as being responsible for successful recovery:

Interview #12: My entire family was very supportive and I think that this kind of reinforcement has a lot to do with a person's recovery.

Interview #27: I don't even give myself credit. I've had a very helpful husband and both of my children were extremely helpful.

A total of 20% (6) gave themselves the responsibility for their successful recovery. This was expressed by one participants' statement that, "My husband was pretty supportive, but I guess that I'm most responsible for it." Another went on to say, "You have to do this for yourself. I don't think anybody can do it for you." For the most part, the women who answered, "myself" when asked who was most responsible for their recovery, did so without hesitation and appeared confident in their answer. These findings concur with Funch and Marshall's (1983) study as noted in Chapter Two (p. 27).

Physicians were listed as being most responsible for successful recovery in 17% (5) of the responses. The following are illustrations of this perception:

Interview #7: I feel that the doctor who discovered the lump in my breast and also a surgeon friend that I have, have made me feel that I have a lot to hope for. And they would say that I was very fortunate that the cancer was not invasive.
Interview #14: I would have to go with my oncologist who put me through a year of chemotherapy, and lead me to believe that I would recover and be very healthy.

Interview #26: I suppose that I would have to say my surgeon. He cut me all up, and I'm in a mess, but he must have done a good job of getting all the cancer bugs out.

Two participants were grateful to more than one source of responsibility for success in their recovery. One stated that "with physical recovery, I had good doctors. With psychological recovery, I had a real good support system of good friends." Another went on to say, "Of course I give my doctor full credit for mapping out the chemo treatment, my grandchildren for giving me the will to live and see them grow, and the people I met upon my recovery who took the time to listen and who cared."

In considering the second theme in this category, only 9% (3) of the participants stated that they had no contact with other breast cancer patients or support groups. This was expressed by one survivor, "At the time there was no support group, and I wish there had been. No, you just go on your own." The need to continue living as normal an existence as possible was stated by this subject, "I resisted a support group, because I didn't want to be identified as a cancer patient. I wanted to continue to be me as much as I could." One response that stands out as unique, turned the question around when she stated, "My
contact has been the other way around. In recent years I've had contact with people going through breast cancer operations who I supported, but at the time of my own, I really didn't know anyone. In fact, my closest friend who had breast cancer had died two years before, so she wasn't there for support." The following statements are typical of comments made about having contact with other women going through breast cancer:

Interview #16: The first person I met with breast cancer was a Reach to Recovery volunteer, and she was wonderful and gave me the first lift. And because of her wonderful attitude and encouragement, I became interested in becoming a Reach to Recovery volunteer. And I think that influenced my quick recovery as much as anything else.

Interview #3: I did go to a support group, and the thing that surprised me the most was to find out how needy I was. Seeing other people and how they adjusted was really good. It was wonderful to see people who felt it just didn't matter about losing a breast. You're still the same whole person.

Interview #7: I have contacted women in hospitals. And most of them had a very good feeling about everything and this has reassured me that I could have a good feeling for myself.

Interview #26: After the doctor told me I had cancer, and I was in such bad shape morally, he told me about this one lady who had had her surgery just a week ahead of mine. I have visited with her quite often, but she hasn't been as lucky as I have.
Two particular responses in this theme come from participants whose initial contact was from immediate family members who had also gone through breast cancer, "My sister who had cancer was a role model for me, and I realized that I'm not the only one and that there are people out there who are hurting and going through the same pain you are." Another states that, "I had the model of watching my mother go through with it. She had her ups and downs. And in some ways it was harder on her than it was on me. She had a much more extensive mastectomy. That was the main person that I looked to and saw as helping."

Responses to the third theme of comparing abilities to cope with breast cancer with others were equally divided into two groups. From all of the interviews, 50% (15) said they did compare themselves to others, and 50% (15) said they did not. One observation was made that, "Being around people who have cancer, you can't help but compare yourself one way or another." Further comments from those who did comparisons are expressed in these passages:

Interview #18: The lady right across the street from me has had the surgery, and we talk about it once in awhile. And talking to her, we're pretty much on the same way of thinking and feeling. We've handled it pretty much the same way, and the results have been pretty much the same.
Interview #5: My sister who had cancer. Nothing kept her from doing anything she wanted to do. I knew if she could do it, I could do it, and nothing was gonna stop me.

Interview #21: I've compared myself to the women in the (support) group and I find that we are all just alike in how we deal with it, in how we feel, we express in different ways. We all feel the same frightening closed off feeling. It's a sense of loss of control. And I compare myself and I find I'm pretty average.

Two interesting responses came from women who felt they coped better than those they had come in contact with. One stated that, "This lady that I talked to...her's has been so much worse than mine, that it made me feel real good. But I still talk to her, and we have come much closer to one another, because we have shared the same thing." The longest (30 years) survivor noted: "I think I cope better than most people. I just went ahead living and back to my job right away, and then my husband dropped dead three months later. So I just had to take hold and get along."

Another subtheme within this category came from two participants who expressed the fact that age plays a role in one's perceptions of breast cancer. "I do have a friend who is quite a bit younger than myself, and is having lots of trouble emotionally, and comparing the two of us, there is no comparison. I don't know how to help her, because nothing I seem to say or do seems to help her at all."
This subject's sense of helplessness is apparent as she considers the disparity between their ages. The second participant with similar age-related comparisons comments that, "I've known women who've really almost gone to the deep end, but they were gals who had been younger, and I would have too, if I had been younger. Because if you're in the prime of your life, it's a lot different than when you're older."

A generally shared perception among those who said they did not compare themselves with any others was, "No, I haven't thought of it as something you can compare, because each one of us is so different." Another went on to say, "Comparison had not been important to me. However, I try to encourage people, and tell them how successful I've been."

In studying the concepts in this category, the influences that other breast cancer survivors, family members and health professionals had upon the participants are evident. Although the woman who goes through the experience of breast cancer and accompanying mastectomy undoubtedly feels alone at times, the care and support of those around her who are able to listen and empathize mean a great deal, and can enhance her ability to cope with the stresses of the illness.
Feelings of Isolation or Victimization in Regards to the Disease and the Role and Effect of Support Systems on Recovery

As a result of questions centered around the theme of feelings of isolation or victimization of having had breast cancer, 33% (10) of the participants felt they were treated differently by others and 66% (20) felt they were not (Table 5, Appendix D). The following describes some of the impressions by those who felt they were treated differently by family members:

Interview #2: Immediately I was treated differently, as my husband and his mother both assumed I'd die from this. They gave me the very strong message that that was what they were preparing for.

Interview #26: Yes, my whole family was terribly upset. I think they thought I was gonna die. They were quite concerned, but since then, everything's been fine. They won't hardly baby me anymore.

Interview #8: Yes, I understand now that my family was paralyzed by the same fear that was paralyzing me.

Interview #4: There was a definite impact on relations with my husband after this happened. It was a definite strain on the marriage after this mastectomy.

Along with feelings of being treated differently from family members were similar feelings from friends and co-workers. The following comments reflect these impressions:

Interview #2: A couple of my close girlfriends withdrew out of fear of the whole association. I found the least different treatment from men,
different treatment from men, generally. Women have been a little more stand-offish and uncomfortable with this whole topic of breast cancer.

Interview #12: I know that to this day when my husband says, "when my wife had cancer," some people just don't even want to look at me because they don't want to talk about it. But it's something that I always want to talk about, and I think it's something everybody should be open about.

Interview #21: An older lady that I worked with, sort of a mother figure was supportive when I first was diagnosed, but when it looked more serious, she cooled, and she told the other ladies at work that it was because she didn't know what to say to me. I took it that she thought it was catching. I had all these absurd ideas of why she ignored me and didn't want to have coffee or come over. I was very hurt. Cancer patients frighten other people, because they remind them of their own mortality. I was reminding my friend that one day she too, might die. And she couldn't handle it.

Although the majority of the participants in the study responded "no" to the questions about being treated differently, some of those went on to elaborate on this theme. One survivor stated, "A few days after my mastectomy, my whole family walked down the corridor with cross-country skis. That was their signal that they didn't expect me to be any different." Another spoke of her own courage in openly dealing with her breast cancer at work, "I was never made to feel one bit different. I was never
hiding it. And it took a lot of courage at first to do that, with all these men in the department. I felt very free to talk about it, and that makes the difference." Two participants voiced their decision not to share their experience. "I didn't let anybody know, so I shut everybody out." And the other remarked that, "At the time, I didn't want to spread it around work, because they'd just be waiting for me to die. I asked people not to talk about it. That's silly, and I wouldn't do that again."

In regarding the second theme in this category, that of whether or not the participants noted any unexpected show of support at the time of the diagnosis and surgery, 66% (20) said "yes," and 33% (10) said "no." The survivors who did experience a great deal of support at this time noted that the support came from a variety of sources:

Interview #5: After my surgery, friends and people I didn't even know sent cards. I really felt pampered in a way and I didn't realize I had as many friends as I did.

Interview #12: Well, I was surprised in many ways, because we've never experienced any kind of trauma in our family. My husband's sister was very supportive, and even though she lived a thousand miles away, she was ready to join me. I really appreciated her support, and it's brought our relationship a lot closer ever since.
Interview #15: The church members were very supportive, and they did rally around me.

Interview #27: You know, you never have an opportunity to sit down and count the people who care. I was overwhelmed. I couldn't believe how many people really cared. It made me reevaluate a lot of things, because just so many people came forward. It gave me strength.

From one particular interview, the subject remarked upon receiving no special showing of support. She goes on to describe her family's reaction to her cancer, "No, there wasn't any surprise showing of support. But my family was supportive, but not overly. In fact, my two oldest sons went through a form of denial. If they came over and I didn't have my makeup on, they would just sort of ignore me. I read an article where families, without even realizing they're doing it, they 'practice that person dead.' And so they talk around you. Like my son would tell my husband a joke, and it was like I wasn't even in the room. Of course it hurt at the time, but once I understood what they were doing, it was ok."

In reviewing this category, several impressions can be gathered from the responses. Although feelings of considerable pain and isolation were expressed, the survivors who experienced them appear to have qualities of resilience as well as strengths that enabled them to deal with the adversities of their situation skillfully. The
exceptional support received by the majority of the survivors was gratefully received and acknowledged as a positive force during their time of need.

Assessment of Outlook on Life, Quality of Life and Outlook on the Future

In analyzing this category, four themes are included. They are: 1) whether or not there is hope about the future, 2) does the participant want to live to be 100? 3) is there a feeling that life has been worth the struggle, and 4) what differences has having cancer and survived it made in their lives (Table 6, Appendix D).

The great majority, 92% (27) felt hopeful about the future. The following two comments serve to consistently illustrate the subjects' reflections upon their future:

Interview #24: Oh yes, because I intend to live a long time. And if I'm doing the things I love to do, the days aren't just long enough. And, as long as I am physically well, the future looks wonderful.

Interview #12: I'm very hopeful about the future, because any kind of future that I have, I appreciate. I think that when one faces a death-disease, your whole perspective on life changes. I don't look into the future in the same way that I did before. I just appreciate each day as it comes.

Two subjects reflecting about the future remarked that their doctors gave them reason to be hopeful: "I think I've always felt hopeful about the future. My doctor said
that my chances of a recurrence were almost nil, and when he said that, I thought, 'damn, does that mean I'm going to have to be old?'' And the other noted, "Yes, I'm hopeful. Last year the doctor said, 'you're cured,' and I accept his word for that. I'm very optimistic."

Another component of this theme are fears expressed about the recurrence of cancer. The following comments are examples of recurrence fears:

Interview #19: I've had 10 years of good health, but there's always that fear there. There's always going to be that nagging feeling, like why am I feeling tired or down in the dumps for no reason.

Interview #23: Yes, I feel hopeful about the future. I don't believe that I'll have it in the breast again, but you never know. So you just need to live positively and then if you have any signs of it, deal with it.

An illustration from one of the participants who did not feel hopeful about the future is, "I don't know about this. I'm 66 and my brother is currently dying of lung and liver cancer, and it's hard right now to feel too hopeful, but I'm also not discouraged. I just try not to think about it." This response indicates the impact of other family members' dilemmas upon the survivor's attitude towards her own life and future.

Asked whether or not the participants would like to live to be 100, only 45% (13) indicated that they would. The remaining 55% (17) said they would not, and some stated
this emphatically. One participant who remarked that she would like to live to be 100 stated, "Of course I want to live to be 100. It's my goal to live to be 100." Other comments that were typical of those expressing this outlook were, "Yes, with lots of strings," and "Yes, if I could stay healthy and maneuverable." Those who stated that they would definitely not want to live to be 100 did so with comments such as these: "No way do I want to live to be 100, because I'm afraid my husband would be here too and I want us both to go at the same time." Another explained that, "No, not unless I'm able to take care of myself. I don't want to be a thing on my children." Others reflected upon this question with humor. "I think I'll settle for 92." "No, I might run out of money."

Calling upon the participants as to whether their lives have been worth the struggle, 94% (28) said it had been. A few expanded upon their positive responses with comments such as:

Interview #27: Yes, our life has been good. I tend to think we've never had problems. But people now and then remind me of some of the ones we have had. But I think it's been a very good life.

Interview #14: Yes, I know that life will get better each and every day.

Interview #15: It's been one hell of a struggle. The last eight years have been a horrible struggle, one damn thing after another. It's just been a nightmare. Oh, it's worth the struggle.
The previous comment came from one whose husband had recently been diagnosed with terminal cancer. Her response further demonstrates the powerful impact family members have on each other's attitudes and outlook on life.

As to the fourth theme within this category, 73% (22) of the survivors stated that having had cancer did make positive and significant differences in their lives. A number of reflections follow to illustrate the extraordinary effects and changes cancer made in their lives.

Interview #3: It's made me realize that life's real important... every day and every moment, and the quality of our lives is really important. Having had cancer and survived it was the opportunity to look at life and look at death and decide 'I want to go on.' It's also given me the opportunity to experience something that other people have experienced.

Interview #21: The difference it's made is in the priorities I have. It's totally changed my priorities, my way of thinking. I'm not as serious about some things now as I was before, and some things I'm more serious about. And I do get the utmost out of each day and I look at people a lot differently. I enjoy them more.

Interview #15: I used to always take my good health for granted, because I've always had excellent health. I no longer take my health for granted at all. And I no longer take for granted that my family is going to be here indefinitely. I take nothing for granted.
Interview #17: It's made a very large difference. It changed the way I was raising my son, it changed my approach to life in general. I quit worrying about saving for my old age.

Within this theme, the concept of a greater appreciation of life emerged from several of the survivors. Their thoughtful commentary speaks to a renewed vision and sense of being alive:

Interview #19: I think you appreciate life more. You become more aware of things around you. The beauty of the trees and flowers more, and you appreciate everyday life. For a while, you put things into perspective a little better.

Interview #7: It's made me appreciate things more, because I felt that I was living on borrowed time, and after having withstood all this, it has made me have a greater appreciation for what I have, what I'm doing and what life is all about.

Interview #13: I appreciate things in life much more now. I see more in nature, I see more in human beings. You know, your friends, your relatives and different things that you want to share and you want them to enjoy these things too. To point things out that they never see. It's really just wonderful.

Interview #18: I appreciate life more than I ever did before. I take things more at face value than I ever did before. I think my personality has changed some from being always on the go work wise, and I'm more laid back than I ever was before. And you look forward to things, like your own birthdays, you kid's birthdays, and every holiday is more fun. All
the seasons are great. I guess you just get a more positive outlook on life in every way.

Another concept within this theme which emanated from the responses was the realization of an uncertain future. Living more in the present and not worrying about the future are spoken of in this survivor's statement that, "I try to be more thankful and live one day at a time rather than planning way ahead. I think you realize that you have no promise that you're gonna be here tomorrow, so you live for today." Another expressed her similar feelings in this way, "I think it makes you much more aware of what you want out of life. Not so much the material things, but the quality of life. Relationships, and realizing that you may not be here tomorrow, and your kids or what have you may not be here, either. Tomorrow we could be gone." These comments reflect upon the fragility and uncertainty of life and the increased awareness of one's mortality.

An additional concept expressed within this theme was empathy for others. The two following statements illustrate this new sense of compassion: "I feel that having gone through a traumatic experience like this makes me feel 100% more empathetic with others who are going through trauma of any kind, and I feel that when I talk to people, I can be more open with them." "It has made me more sensitive to other people with problems. I think that when you've had a life-threatening experience, you lose
that 'it can never happen to me' lightness. It makes you more sensitive and you lose something in that process of being more aware of things that can happen to you."

As for the 27% (8) respondents who felt that having cancer made little or no difference in their lives, one stated, "I don't know as it's made any difference in my life. My life's gone on as before. Only that I have to wear a prosthesis. Other than that, my family's been the same, my friends have been the same, and I think I've been the same." Only one survivor said that her cancer experience had not had any positive aspects when she said, "I don't feel it has had a very good impact because it has made me fearful and I resent having to feel fearful."

In reviewing the responses in this category, it is apparent that having cancer prompted many of the survivors to take a deeper look into themselves and their lives. Their expressions of hope and fear, the joys and sorrows of living and being alive all came forth in their replies. For the most part, optimism, renewed hope and a promise of living life more fully were frequently expressed themes among the participants.

The Perceived Influence of Spiritual Beliefs and Attitudes Towards Having Had Breast Cancer

Asked whether or not breast cancer affected their spiritual outlook on life, 50% (15) responded that it had not, 42% (12) answered that it had, and 8% (3) said they
didn't know (Table 7, Appendix D). Of those who related that there was no change in their spiritual beliefs, several went on to relate their thoughts on the subject:

Interview #18: I've never been what you would call a religious-type person that conformed. I can't say it made an awful lot of difference as far as my religious attitude is concerned. Your overall emotional and philosophical attitude becomes more intense. It's more important.

Interview #24: I can't say it really has. My feeling of religion is a feeling of balance in nature, and the natural ability of things to right themselves. It's just another way that it shows to me that things heal themselves. You have health, but it's still part of nature's plan.

Among those who stated there was no difference in their spiritual outlook, two survivors were prompted to question suffering in themselves and in others. As one stated, "I don't know why I had the disease, I don't know why young people die of the disease and I don't know why there are senseless accidents. I have lots of questions there that are unresolved." The other states, "Why does God let innocent people suffer? I believe more in the theory of evolution. I can't buy that it's God's will." One survivor conveys her soul-searching as she recounts her time in the hospital, "There's lots of times when it's just simply you there in the hospital bed. You spend a night with yourself all night, it makes your slate pretty clean, because those are the times you worry about failed
relationships, you worry about inner agenda, and I think having this disease helps you realize that you have some agendas, some things that you need to take care of."

Those who felt that having cancer did affect their spiritual outlook on life spoke of the importance of spirituality in their lives:

Interview #3: Yes, the cancer came at a time in my life when spirituality became more important. There's definitely a connection there, as spirituality is more important in my life now and it's come back into my life.

Interview #2: Breast cancer came at a time when I was really searching for a way to express my spirituality. When breast cancer came I just thought, 'well, I'll just have to choose a meditation group, as I don't know how much time I've got to work with.'

Two respondents commented on the impact of having cancer and looking at their experience in light of spirituality. Their reflections indicate an awareness of a new sense of spirituality that they hadn't experienced before. One stated that, "Maybe I hadn't thought about it before, but I've gone from being religious to being more spiritual. It would be hard to not have any faith at all and go through any major catastrophe." The second says, "When you go through some traumatic experiences and come through them well, it does give you a feeling that there's perhaps something more than you thought before." The great
majority of responses in this category spoke of spirituality in non-religious terms. However, strongly held beliefs in God are apparent from the following two replies, "If it wasn't for Him, I wouldn't be here. Because His promise is to heal you, and you can just believe his promises. You can always think positive by believing." The next statement further exemplifies a strong religious faith made stronger through the experience of breast cancer, "I became more dependent upon God which is good, because I think that's the whole idea of it. It makes me appreciate my God, because He's allowing me to live longer, too."

The importance of spirituality as it relates to the cancer experience was exhibited throughout the interviews. A spiritual outlook on life included a number of different interpretations as to what it meant to each individual. Some reflected on larger questions outside their own lives and others were strengthened in their religious beliefs.

Examination of Attitudes Towards Sexuality and Body Image as They Relate to Mastectomy and Reconstruction

This category will look into the following three themes: 1) attitudes towards sexuality and mastectomy, 2) effects of mastectomy upon body image and 3) effects of reconstruction upon body image.

When asked if breast cancer had any effects upon sexuality, 20% (6) responded that it had (Table 8, Appendix
The following passages are typical of the ways in which the effects were perceived:

**Interview #24:** My sexuality, that was the biggest pain I had in the mastectomy. I would say that that was the one thing that sent me to a psychiatrist. I couldn't deal with that easily. That was the worst part of it.

**Interview #21:** When I had breast cancer, it took me a long time to look at the breast, where it had been removed. And when you've lost all your hair, and lost a lot of weight, you don't feel like a sexual person.

**Interview #18:** To be honest, there's the only place I really had a problem. And to a certain extent, I still do. I think I lost a lot of my sexuality, caring about sex because of this.

Although these responses predominantly focused on problems with the loss of sexuality, one response focused on a positive experience in dealing with her sexuality when she stated that, "It made me look at sexuality totally different than I had before. It symbolized so much that I never saw before. And I thought of losing that. I thought of me as a person and me as an object with breasts. And no matter what you're missing, you're still a whole person."

When asked whether or not breast cancer affected one's body image, 50% (15) indicated that it had. Some of the effects upon body image are expressed in the following statements:
Interview #2: Well, I feel at first after the mastectomy I just had to sit and accept my body. I look back and wonder why I had ever been critical of my breasts.

Interview #16: I don't feel that your body image was quite as good as before you had this surgery. But you learn to live with it. And it's not the most important thing in life.

Age-related concerns were expressed as significant in adjusting to a mastectomy in these comments from women who were all over 65: "It changes your whole feeling about how your see your body. And certainly it's much more drastic for a younger woman." This concept was further addressed by one who said, "When you get my age, what difference does it make? And this body's been out of shape for years." Another stated that "if I had been younger, I think it probably would have had more effect. I can't see that it has really affected me. But I do know that it affects those who are younger."

The significance of a supportive spouse was mentioned by 27% (7) of the participants. The importance of feeling loved, accepted and supported by their husbands is indicated by these statements:

Interview #21: My husband was very kind and very understanding. He did his utmost to make me realize he didn't marry a breast, he married me.

Interview #12: I feel that my breasts look just fine, and he thinks so too. I feel that with his support, it hasn't had a particularly negative affect on
our relationship, or on my feelings about myself.

Interview #5: Nick helps me feel good about myself, and I've never really worried about it.

Interview #11: As far as my husband was concerned, I felt he loved me just as much with or without.

Within this theme on the effects upon body image, three subjects indicated their apparent dissatisfaction with statements such as, "I don't particularly like to look at myself, but I've adjusted." Another comments that "it bothers me when I have my clothes off and I'm lopsided. It really does bother me. I just don't like the looks of it." The third goes on to say, "For myself, I don't like it. And I don't think I ever shall. But it doesn't bother me to the extent that it upsets me." Each of these women chose not to have reconstructive surgery. This decision appears to have affected their outlook on body image in these ways.

Reconstructive surgery was chosen by 43% (13) of the participants in the study. The mean age of those who chose reconstruction was 50 years, reflecting the mean age of the subjects in this study. The effects of reconstruction upon one's body image, sexuality and self esteem are shown in these statements:
Interview #2: All in all I felt that I accepted my body image real well, and it wasn't until after the reconstruction that I'd realized that indeed I still had been affected by a somewhat poor body image. And I think that now that I probably feel better about my body than most women because I have more appreciation of its wholeness again.

Interview #18: Sexuality is the one thing that I've had trouble with, and the reconstruction helped considerably.

Interview #9: I don't see myself as mutilated, and I do think the reconstructive surgery was good. It also did more for my self esteem than I expected.

One interview within the theme of reconstruction stood out as unique due to its negative impact upon this woman's body image, "I don't like my breasts now. They're not as nice as what I had. And my plastic surgeon was a man who thought all women's boobs should be young women's boobs. Mine were not like that. They suited me. It didn't improve my body image."

Upon review of this category, several themes were revealed. Loss of a breast affected the participants in this study in various ways. Feelings of a loss of sexuality, effects upon one's body image and self-esteem as well as difficulties in accepting their altered bodies were all expressed as concerns among the survivors. Loving support from spouses as well as predominantly positive effects on body image and self esteem resulting from reconstructive surgery were also discussed.
Summary

This chapter presented data obtained from personal interviews with 30 Oregon women who are long-term survivors of breast cancer. Results of the interpretation of the data were presented.

Eight categories were examined, and themes of commonalities and differences within these categories were discussed with accompanying quotations from the participants.

Findings from this study were concurrent with several findings noted in the literature in Chapter Two.

The findings showed that the majority of women in this study attributed some cause to their breast cancer. The two primary causes the women gave as being responsible for having breast cancer were stress and heredity. This concurs with findings in Taylor's (1983) study regarding attributional explanations for cancer.

Predominant factors the participants noted as contributing towards long-term survival of breast cancer were early detection, medical treatment and positive attitude. A belief in God and reducing stresses in their lives also emerged as reasons given for being long-term survivors. Siegel's "exceptional cancer patients" voiced similar responses which were validated by these findings.
Findings related to control and adjustment towards breast cancer revealed two prevalent themes of having a positive attitude and making the right health care choices about their illness. The overall belief was that these factors gave the survivors a sense of more control. Research conducted by Jaffe as well as by Wong and Weiner are substantiated by findings in this study.

Roles played by contact with other breast cancer survivors, support groups and health professionals were presented. Nearly half of the women interviewed indicated that spouse and family were the most significant people to whom they gave responsibility for their successful recovery. Support also came from their physicians, friends, other breast cancer survivors as well as other family members who had previously had breast cancer. Those who gave primary responsibility to themselves indicated no reliance on outside support systems. Studies conducted by Weisman and Worden as well as from Funch and Marshall are supported by these findings.

The impact of being treated differently as a result of having cancer was acknowledged by several of the subjects in the interviews. Family, friends and co-workers were described as treating some of the survivors differently as a result of the cancer diagnosis and treatment. Studies conducted by Peters-Golden and by Wortman and Dunkel-Schetter coincided with these findings. Positive showings
of support were experienced by the majority of the subjects. This kind of support was acknowledged with gratitude during this time of need.

Quality of life, outlook on life and the future were discussed. A commonly expressed theme was a greater appreciation for life and living and less concern with planning into the future, as its uncertainty was apparent to some of the subjects. Findings from both Glassman and Roud support the themes of the current study. Empathy towards others was also mentioned as a positive change that came about as a result of the cancer experience.

Spiritual beliefs and attitudes were examined, and the subjects who indicated effects of having breast cancer upon their spirituality expressed this in predominantly non-religious terms. Some posed larger spiritual questions as a result of the cancer experience and some spoke of a strengthened belief system. The literature has apparently not examined this variable. Based on results of this study, spiritual beliefs and attitudes are significant components of the breast cancer survivor's experience.

Finally, an examination of attitudes towards sexuality and body image as they relate to mastectomy and reconstruction was initiated. From the questions posed, a number of themes emerged: feelings of a loss of sexuality, difficulties with body image and self esteem and coming to terms of accepting one's altered body. Studies conducted
by Ray, Derogatis, Schain and Bloom all concur with findings in this study. The significance of support from the spouses as well as the primarily positive effects upon body image as a result of reconstructive surgery were discussed.
V. SUMMARY AND RECOMMENDATIONS

Summary

As stated in Chapter One, the goal of this research was to document, through personal interviews, attitudes, perceptions and coping skills utilized by women who have survived breast cancer for at least 5 years without recurrence. Chapter Two discussed the following: exceptional cancer patients, quality of survival, psychosocial adjustment, emotional distress, emotional control, perceptions of social support, sexuality and body image, and age and marital status as they relate to the breast cancer experience.

The methodology, as described in Chapter Three, was designed to facilitate an in-depth examination of the subjects' attitudes and perceptions of the impact breast cancer has had upon their lives. Recognizing that such perceptions are altered by the passage of time, the research design encouraged each participant to describe her own experience of reality. Chapter Four analyzed participants' responses by identifying themes and categories that reflected commonalities as well as differences in their perceptions. The sample size of 30 did not tell or predict whether the themes identified by the subjects in this study would occur with the same frequency in the larger population. The study was not
intended to yield data that could be generalized to the whole population. However, analysis of the transcripts revealed concurring perceptions in the thematic patterns of response among the subjects making up the sample.

This study does lend insight into attitudes, perceptions and coping skills of those faced with breast cancer, as well as difficulties which arise in dealing with a variety of aspects of the illness. Specific attitudes and perceptions which affect health behaviors need to be understood within the framework of breast cancer and its accompanying unique concerns. Educational messages designed to improve coping skills need to be developed with an awareness of those underlying attitudes.

This study is unique in discovering information about the participants' "spirituality" as it relates to their breast cancer experience. Also, the uniqueness of this study in its qualitative approach may inspire other studies of this nature.

The qualitative framework in which this study was conducted was conducive to the close-ended questions which were included. These appeared to pose no difficulties for the respondents, as a more precise scale of measurement such as the Likert Scale would not be suitable for a study of this nature.
This concluding chapter will identify issues needing further research and then consider recommendations for educational intervention programs designed to promote effective coping skills for breast cancer patients.

Suggestions for Future Research

A hypothesis derived from findings in this study is that younger women are particularly at risk for the accompanying psychosocial concerns of breast cancer and its treatment. The following five areas linked to psychosocial problems of breast cancer patients need further research:

1. The psychological factors contributing to emotional distress among breast cancer patients.
2. The effects of mastectomy on the patient's sexuality and body image.
3. Social support systems that contribute to the breast cancer patient's recovery and coping skills.
4. Psychosocial coping skills that give the breast cancer patient a greater sense of control and adjustment to the illness.
5. The psychosocial concerns of younger breast cancer patients as they relate to recovery, adjustment, coping and perception of the illness.

As noted in the literature, psychological distress is a common occurrence in breast cancer patients and is not considered a sign of maladjustment. Fears of death and recurrence, loss of sexuality, body-image and self-esteem issues all contribute to the distress of breast cancer. Participants in this study indicating stress as one of the
major causes perceived to contribute to the onset of breast cancer were primarily younger subjects. Stresses involving marital, family and interpersonal relationship problems were also mentioned in relation to their cancer experience. It is possible that a diagnosis of breast cancer represents a greater threat for younger patients because they are more aware of the possibility of loss of life expectancy than are their older counterparts. Older subjects in this study observed that younger women had more emotional difficulties than they had experienced. Future research might look at age-related concerns of newly diagnosed breast cancer patients, and address their needs accordingly.

Reduction of stresses and maintaining a positive attitude were listed by subjects in this study as contributing to their long-term survival. A survey of attitudes regarding the breast cancer patient's abilities to cope with the disease would lend further insight into psychological dynamics. Whatever the explanation for the association between mental attitude and survival, such attitudes should be included as additional prognostic indicators for patients with breast cancer. This will require improved methods of attitude measurement. Whether mental attitudes can be changed and whether such change improves survival are questions worthy of further study.
More women are living today who have been treated for breast cancer at some point in their lives and more attention needs to be focused upon quality of life issues, including sexual functioning. Evidence from this study suggests that women with breast cancer are at risk for developing sexual difficulties as a result of their illness and its subsequent treatment. Participants in this study indicated sexual and body image problems resulting from mastectomy. However, older subjects indicated that the loss of a breast was less upsetting than to the younger subjects. Whether age alone has an effect upon sexual adjustment after treatment for breast cancer is unknown. This study, as well as the literature indicates that a significant number of women who do experience sexual difficulties could benefit from clinical intervention. Particular attention in future research needs to be given to the effect of treatment upon the patient's ability to maintain her previous level of sexual functioning.

There appear to be no studies which have focused exclusively on sexual functioning and breast cancer. The studies which have assessed this issue have been designed to examine broader psychosocial concerns and consequently many areas about sexual functioning have been neglected. This study suggests that more descriptive research is needed before interventions can be recommended. Detailed statements made by the patient about her illness should
constitute the basis for data collection. More research also needs to be done which examines the range of patient, partner and health provider variables, expands the definition of sexual functioning and clearly describes the sexual dysfunctioning of patients with breast cancer. Future research needs to consider these factors before direct interventions can be advocated.

As noted by participants in this study, social support systems can have a significant impact on the psychosocial adjustment of breast cancer patients. Subjects in this study expressed gratitude and appreciation for the support groups in which they participated. Those who had no support groups relied more upon spouse, family and friends for support. Support groups can serve an important secondary preventive function by allowing early identification of patients who are experiencing extreme depression and anxiety. Intensive treatment of these patients can be initiated either within the group or through individual psychotherapy. The efficacy of groups needs to be tested that emphasize support versus those that primarily provide education, behavioral reinforcement, symptom control, exploration of coping strategies or self-help approaches that are not led by therapists. Given the results of previous studies on coping strategies, evidence of therapeutic efficacy through group support is not surprising, but it calls for further exploration. Subjects
in this study who had good social support systems noted their importance as they related to recovery and long-term survival, whether the support came from spouse, family, friends or in a group setting.

The exploration of coping strategies as they relate to adjustment and gaining a greater sense of control in dealing with breast cancer is an area of further research which is recommended. Reducing distress when faced with breast cancer may require that patients gain a sense of control. Although the patient may be unable to control her disease, she may be able to influence her reactions to it. While the majority of subjects in this study indicated they felt no sense of control, those who stated they had a sense of control expressed confidence in the choices they made which affected their lives in positive ways. These women demonstrated their ability to make intelligent decisions and to reach intelligent conclusions in regards to their health care choices. The literature states the most important breast cancer patient characteristic in accounting for distress is coping - not fixed traits such as time since operation or treatment group. Further research on specific aspects of coping with the breast cancer experience may lead to new interventions for teaching effective coping strategies.

Upon closer examination of this study, it is apparent that age-related concerns dealing with the various issues
surrounding breast cancer are worthy of future research. Findings in this study indicate that younger women are particularly at risk for the distresses that accompany breast cancer and its treatment. Younger women in this study spoke to more issues than the older subjects. The passage of time has apparently lessened the older survivors' abilities to verbalize and think through their experience and the impact it has had upon their lives. The massive age span of 50 years between the youngest and oldest subjects in this study clearly demonstrates the wide array of differences in these women's perspectives of their illness. Therefore, future research might look at breast cancer survivors in smaller increments of age and survival time to obtain more data.

**Recommendations for the Interview Guide**

Minor alterations to the interview guide are recommended before additional research with it is conducted. Experience in actual interviews showed that changes on questions 3, 7, 18, 20 and 21 (Appendix A, pp. 120-122) would be helpful.

Although subjects understood questions 3 and 7 as worded in the interview guide, the complex nature of these questions was sufficiently challenging that many of them requested reinterpretation to obtain a different perspective. Therefore, future use of the interview guide
might include preparation of several different wordings or interpretations of these questions.

It is recommended that question 18 be eliminated from the interview guide. Its implication is to question whether or not life is worth living, as practically the entire subject population (98%) responded positively and with surprise at being posed this particular question.

In questions 20 and 21, the words "spiritual" and "sexuality" were interpreted in a variety of ways by the participants. It is recommended that these questions be reworded so as to further clarify the meaning of these concepts for the respondent.

Recommendations for Educational Intervention

As yet, educational intervention programs have not been developed and adequately tested for the special problems of breast cancer patients. The effectiveness of treatment programs needs to be demonstrated with this group of people prior to suggesting their adoption.

As data become clearer on coping strategies that are associated with good outcome, or that may even affect survival, these strategies may be interwoven into intervention approaches, thus providing a way of testing initial observations and the use of a data-based approach in the refinement of psychosocial interventions.

Evidence from this study suggests that counseling intervention needs to be implemented, consisting of: 1)
giving emotional support and building the mastectomy patient's self-esteem, 2) dealing with the fears of death and recurrence experienced by both patient and family, 3) exploring attitudes toward the loss of a breast and reassuring the patient that the loss does not make her less loved, and 4) addressing her sexual and body image concerns.

Health education intervention should follow breast cancer patients throughout the stages of adjustment and recovery. Administering questionnaires about breast cancer and other stressful events at varying times to identify phases of adjustment, social support and the effects of stress is recommended.

In addition to programs directed toward the patient and toward those directly involved with her, mass education programs are necessary to change existing attitudes and minimize fears. If attitudes toward women and their bodies are responsible for some of the paradoxes in which breast cancer patients are placed, these attitudes must be dealt with and changed.

Ultimately, an educational intervention program should be designed to promote those coping strategies that distinguish those who cope poorly from those who report less problems coping with the illness. A further analysis of the coping skills of long-term breast cancer survivors to identify those attitudes and behaviors that appear to
most strongly contribute to the patient's overall well-being is recommended. Once identified, these attitudes and behaviors could be included in a health education intervention program. The effective coping skills could then be taught to those patients experiencing high levels of distress. Further, the impact of this intervention should be tested to determine whether the adoption of effective coping skills and behaviors identified promote a higher level of well-being and adjustment than among those who do not receive the intervention.

This study demonstrated that the experience of breast cancer and its treatment is a serious concern to health educators - one which demands attention both in health education programs and in research. Many unanswered questions remain regarding the impact of breast cancer and the most adaptive ways to cope with it. It is clear that health care providers as well as health educators have a considerable responsibility to examine the attitudes, perceptions and coping skills of women faced with breast cancer. The health educator who is knowledgeable and comfortable with breast cancer concerns can help guide recovery as well as the woman's assimilation and accommodation of losses incurred as a result of breast cancer diagnosis and treatment and of her perception of her illness.
It's made me realize that life's real important...every day and every moment, and the quality of our lives is really important. Why don't we enjoy everything we do? It's not like we're hurrying to have a good time...it's like we're having a good time in everything we do. The whole process of life should be good. And having had cancer and survived it was the opportunity to look at life and look at death and decide "I want to go on."

(Interview #3)
BIBLIOGRAPHY


APPENDIX A

INTERVIEW GUIDE AND DEMOGRAPHIC QUESTIONS
Interview Guide

1. Do you believe anything in particular caused your cancer?
2. If so, what do you believe caused your cancer?
3. Which causes have had the most psychological impact upon you?
4. What do you believe is responsible for your long-term survival of breast cancer?
5. Do you believe that you have had any control over the course of your cancer, since it has been detected?
6. If so, what factors make up this control?
7. What feelings, if any, of control over your cancer and its subsequent treatment have helped you to better adjust to the disease?
8. Do you identify any individual or individuals as being most responsible for your recovery?
9. Has there been any contact with other breast cancer patients, either personally or through a support group?
10. If so, how or in what ways has this contact helped you to adjust to your cancer experience?
11. Do you compare your ability to cope with your cancer with that of other women who have had breast cancer?
12. If so, to whom, and how do those comparisons make you feel?
13. Have you felt that you have been treated any differently by friends, family or relatives after your diagnosis of cancer?
14. If so, how have you been treated differently?
15. Can you describe any circumstances under which you have been surprised by a show of support from friends, family or relatives?
16. Do you feel hopeful about the future, and if so, in what ways?
17. Do you want to live to be 100?
18. When you look back, do you feel that life is worth the struggle?
19. What difference does having had cancer and survived it make in your life?
20. Has breast cancer affected your spiritual outlook on life? If so, in what ways?
21. In what ways has breast cancer affected your sexuality and body image?
Demographic Questions

1. What is your age?
2. What is your occupation?
3. What is your marital status?
4. If divorced, for how long?
5. Do you have children? If so, how many?
6. What level of education have you completed?
7. How long has it been since your mastectomy?
8. Have you had any other experience with cancer previous to the mastectomy?
9. If so, how long between the previous cancer and the breast cancer?
10. Have you had reconstructive surgery?
11. Did you have any further medical treatment after the mastectomy?
APPENDIX B

SELECTION OF SUBJECTS
REQUEST LETTER TO POTENTIAL PARTICIPATING PHYSICIANS

March, 1989

Dear Dr. :

I am a graduate student at Oregon State University and currently collecting information for my Master's Thesis tentatively entitled, "Coping Strategies and Quality of Life in Long-Term Postmastectomy Survivors."

I need your assistance in helping me locate five-year and longer survivors of breast cancer. I will be interviewing those respondents who decide to share some of their experiences with me.

Your participation would involve sending out a copy of the enclosed letter to any 5 year or more survivors. I will furnish as many copies of the letter as you need, and stamped unaddressed envelopes to ensure patient confidentiality.

It is my belief that this research can make a significant difference in discovering what qualities are necessary for long-term survival.

I am also enclosing a letter from my graduate advisor, Dr. Margaret Smith. Thank you for your consideration.

Sincerely,

Linda Baskerville
M.S. Candidate

Encl.
Dear Friend:

I am pleased to introduce you to Linda Baskerville, a graduate student in Health Education. Linda is currently exploring perspectives and issues related to women who are survivors of breast cancer. And, as you well know, women breast cancer survivors are special people.

As Linda's major advisor, I encourage you to assist Linda by participating with her in a short, confidential interview. This interview may help Linda to better understand women who have shared her experience and help her to identify factors which contribute to survivorship.

Linda needs your participation. You can confirm your participation by calling 752-2193. If you have any questions about this research study, feel free to contact me at 754-2686.

Thank you.

Sincerely,

Margaret M. Smith, Ed.D.
Associate Professor
REQUEST LETTER TO POTENTIAL SUBJECT POPULATION

February, 1989

Dear Friend,

I am a graduate student in Health Education at Oregon State University. I am currently in the process of collecting information for my Master's Thesis which is tentatively entitled "Coping Strategies and Quality of Life in Long-Term Postmastectomy Survivors. As a breast cancer survivor myself, my interest in this subject is both personal as well as professional.

This letter is a request for your assistance. I need to locate 5 year or longer survivors to interview. The interview should take approximately 30 minutes and will be done either in your home or mine.

It is my hope that your contribution in this endeavor will further a better understanding of positive ways in which we breast cancer survivors have coped with the experience and moved ahead with our lives. This valuable information will then be shared with other women who must face and cope with the challenge of breast cancer.

If you are interested, please contact me at your earliest convenience.

My home telephone number in Corvallis is 752-2193.

Thank You,

Linda Baskerville
M.S. Candidate
April 29, 1989

Dear :

I am pleased to introduce Linda Baskerville, a graduate student in Health Education. Linda is currently exploring issues related to women who are survivors of breast cancer. Information compiled from this study will be used in writing her Master's Thesis.

Your name and address has not been released to Linda. Every precaution has been taken to ensure your confidentiality. I would like to encourage you to participate in this study. You can make an appointment with Linda by calling her at 752-2193.

One out of ten women will have breast cancer in her lifetime. I believe that all research done in this area is profoundly important to all women who have been, or will be affected by this disease.

Sincerely,

Jacine Bartee, ART
Cancer Registrar
APPENDIX C
TRANSCRIPTS OF INTERVIEWS
Interview # 1 (age 70 - 9 years survival)

A. 1: Yes.
A. 2: Stress. I cared for my husband who died of lung cancer and my parents were killed in a dynamite explosion when I was 30. I believe I've had a lot of stress in my life.
A. 3: The stress of losing parents and caring for my husband with cancer.
A. 4: I firmly believe in positive thinking. I don't dwell on it.
A. 5: I keep busy gardening, sewing. My husband says I'm a workaholic. I'm always busy. I have so many projects going.
A. 6: Yes, a lot of conjecture. I firmly believe in taking vitamins. Diet is important - especially vitamins A, C and E.
A. 7: Thinking positive...don't dwell on it. I take vitamins. It's too depressing to think about it all the time.
A. 8: My supportive husband, who is always there for me. He is better than my former husband. He took such good care of me.
A. 9: No, not since I left the hospital.
A.10: ..... 
A.11: ..... 
A.12: Whatever works for the individual.
A.13: No, I wouldn't say so.
A.14: ..... 
A.15: They were all concerned and wanted to help me ... nothing unusual. I had a very supportive family.
A.17: No. I figure in about another 10-15 years is enough for me. When I was in my 30's I used to say 70's was long enough.

A.18: Oh yes, and I've had a few struggles, but I feel it's been worthwhile. My first husband was a difficult loss - divorce. I was 21 when I had a hysterectomy.

A.19: I don't see any special difference. Just another hurdle I've had to cross. I don't worry about these things. I have too many interesting things to do with my life.

A.20: I'm not overly religious and it hasn't made any difference to me. My parents were religious - but I'm not. Why does God let innocent people suffer? I believe more in the theory of evolution. I can't buy that it's God's will.

A.21: Well, I have no sex life. My husband is impotent due to medication. I'm not affected by my body image much because of my arthritis and I don't exercise much.

Interview #2  (age 45 - 6 years survival)

A. 1: Yes.

A. 2: I think there's a strong familial tendency in our family. Cancer runs very strongly in our family, so I think I have the genetic structure and certainly the environmental contaminants are severe enough that I think probably everybody has carcinogens running around...and then at the time I actually developed the cancer I think my immune system was suppressed...um, problems in my marriage and my personal life and the autoimmune system being suppressed...these things were combined factors.

A. 3: I think the stress factors might be termed 'psychological' ... it's also physiologic, but anything that causes a person's physiology to be in the fight-flight syndrome is not allowing the immune system to recover. So, there are stresses that keep you in that arena.

A. 4: Reducing the stresses...getting out of a marriage that was causing a lot of stress, and learning to play...having more control. I think feeling in control of your life is one of the real key factors.
In the last few years I was married I felt I had no control over what was going on in my life, or very little control.

A. 5: I'm not sure I have control over the cancer, but I think I have control over my life, and what I'm hoping is by feeling more in control of my life, I can balance my life better and again, give the immune system the optimum chance to do its healthy thing.

A. 6: ......

A. 7: I think the fact that I didn't need to have chemotherapy gave me more of a feeling of control...that I could feel that the surgery took care of that aspect, and now I could make some life changes in terms of nutrition, relaxation and control over money. And when I regained control of my finances, I regained control of my life in general.

A. 8: I did have some very key friends who helped me get well by being supportive and by being emotionally and physically available in the case of one friend, and that was very healing. Actually, some of my closest women friends withdrew a little bit...it was too scary for them, but other friends who had been more like second line friends stepped into place.

A. 9: No.

A.10: My contact has been the other way around. In recent years I've had contact with people going through breast cancer operations who I supported, but at the time of my own I really didn't know anyone. In fact, my closest friend who had breast cancer had died two years before, so she wasn't there for support.

A.11: Generally, I think most women I've known who have had breast cancer have coped similarly to myself. It's a shock at first, and then you start to pick it up and go on. And it's not an operation that lays you up or makes you into an invalid of any kind. Most people just take it in their stride, that I know personally.

A.12: ......

A.13: Immediately I was treated differently, as my husband and his mother both assumed I'd die from this. They gave me the very strong message that this was what they were preparing for. And a couple of my close
girlfriends withdrew out of fear of the whole association. I found the least different treatment from men, generally. Women have been a little more stand-offish and uncomfortable with this whole topic of breast cancer. My men friends and acquaintances have not been visibly moved by the cancer in one way or another.

A.14: ..... 

A.15: Only inasmuch as being a single women and going out into the dating world. I had thought that this would be a hindrance, but it really wasn't. Of course after the reconstruction it's not an issue, it's a non-issue. Before the reconstruction it didn't seem to be an issue.

A.16: Generally I look forward to doing a lot of traveling with my children, as I get older and more independent. Someday I would like to retire in Mexico and so I'm hopeful in that aspect.

A.17: I think I'll settle for 92.

A.18: Yes. I have my down days, but generally speaking I have a good time.

A.19: The first few years it made quite a difference. I felt gleeful at having survived and it not being any worse than it was and I did a lot of nice things for myself...got massages frequently. Some of that has kind of worn off and I'm sort of back to life as usual, although I can still keep in touch with the fact that what I learned day by day has just gotten to be part of the habit of my life.

A.20: It did in a way because breast cancer came at a time when I was really searching for a way to express my spirituality. When breast cancer came I just thought 'well, I'll just have to choose a meditation group, as I don't know how much time I've got to work with.' So I joined a meditation group at that time and I've found it easier to be part of a spiritual group.

A.21: Well, I feel at first after the mastectomy I just had to sit and accept my body. I look back and wonder why I had ever been critical of my breasts. And then there was some adjustment to being lopsided which wasn't a lot of fun. It took awhile. But all in all I felt that I accepted my body image real well, and it wasn't until after the reconstruction. And it was after I'd had that done that I'd realized
that indeed I still had been affected by a somewhat poor body image. And I think that now that I probably feel better about my body than most women because I have more appreciation of its wholeness again.

Interview #3 (age 34 - 5 years survival)

A. 1: Yes.

A. 2: I think that something caused my cancer, and that it was something I did or believed in. Even more than that I think it's the way you look at the world, and about holding things in. I don't really know. I think that I was responsible for the cancer that I have, but I don't really know how. I wish I had more understanding on that.

A. 3: I really don't know, but I would guess it would be holding things in. The inability to get angry. Letting things be instead of confronting them. I guess accepting and not accepting completely. Holding things in and letting things eat away at you.

A. 4: Deciding that I really wanted to live was important. I made a real conscious choice. And also to make changes. It was a real great opportunity. You know, all of a sudden you're shaken. You have a choice, you can live or you can die. You can look to the future and say "o.k., it's not going to happen again. I need to make some changes here and I'm going to make my life different." I mean do all the things that I said I'm going to do someday. I've always believed I was this one kind of person, yet I was living this other kind of life. We know inside what we need, and we have to give it to ourselves. I think change is real important. Without change you're doing the same thing, and you're likely to have it happen again. Without any change, you're being stagnant. You need to change and grow.

A. 5: Yes.

A. 6: I feel that the mind and the body are very much in tune with each other. I think that if you believe in something, then you have no other choice other than to have it be. I had some swelling in the hand which was related to having had the lymph nodes removed. I went to a man who was very spiritual and he told me that my energy wasn't flowing. I
realized that I need to work with my whole spiritual being, because basically your spirit has to be allowed to be healthy. I think that by mentally visualizing, that will help me to be in control, and also the thought that I am healthy and well. A constant reminder that you can be well and that you don't need to be sick.

A. 7: I don't know if this is right, but visualizing a white light. That is what I choose to do to have more control sometimes. I need to have a feeling of being grounded and centered. Before I went into surgery, I really tried to focus on healing and putting white light around my body. And I feel that it helped at the time, as I feel that it helps me now. Happiness and positive attitude, absolutely.

A. 8: Myself.

A. 9: Yes, both.

A.10: I did go to a support group, and the thing that surprised me the most was to find out how needy I was. Seeing other people and how they adjusted was really good. It was wonderful to see people who felt it just didn't matter about losing a breast. You're still the same whole person. There were people there also who were all alone, and were dealing with it harder.

A.11: No and yes.

A.12: Being around people who have cancer, you can't help but compare yourself one way or another. There are other people like my aunt that I compare myself with, just people who have cancer.

A.13: No, I don't think so. I didn't let anybody know, so I shut everybody out.

A.14: ..... 

A.15: A friend unexpectedly really cared and gave me support.

A.16: Yes, I feel it's all out there, we can have it all, and I feel real good about that.

A.17: I don't know.

A.18: Absolutely.
A.19: It's made me realize that life's real important... every day and every moment, and the quality of our lives is really important. Why don't we enjoy everything that we do? It's not like we're hurrying to have a good time. It's like we're having a good time in everything we do. The whole process of life should be good. And having had cancer and survived it was the opportunity to look at life and look at death and decide that I want to go on. It's also given me the opportunity to experience something that other people have experienced. And some people who are close to me have been through this same thing. There's a special connection there that you can understand.

A.20: Yes. The cancer came at a time in my life when spirituality became more important. There's definitely a connection there, as spirituality is more important in my life now and it's come back into my life.

A.21: It made me look at sexuality totally different than I had before. Before, sexuality was kind of like "sex." At this time it became a real symbol of womanliness, and life and birth and love. It symbolized so much that I never saw before. And I thought of losing that. I thought of me as a person and me as an object with breasts. And no matter what you're missing you're still a whole person... your sexuality and relationships. Someone has to love the whole me if I lose my flesh, or lose my hair. It's real important that whomever I'm with that they don't have superficial ideals. That just doesn't work.

Interview #4 (age 66 - 20 years survival)

A. 1: Yes.

A. 2: The fact that I had a bleeding wine mark when I was born, and they used a bar of radium, and treated me a few times. This area would swell and blister in a bad manner. The doctor was not sure if that caused the cancer or if it was in the family.

A. 3: The thing that impressed me the most is the family background of so much cancer. Different kinds of cancer, and not necessarily just breast cancer.

A. 4: Just luck. I don't believe I did anything to keep from getting the cancer again. I did quit smoking. So maybe I have indirectly done something.
A. 5: Sometimes I'm very fearful that negative attitude toward cancer cannot work very well in my favor, and I wish that I could have a more positive attitude sometimes.

A. 6: ..... 
A. 7: I don't think I've had a feeling of control. That's part of the problem. I wish I did have a feeling of control. But I don't. I'm always deep inside real fearful about it, and I don't suppose I ever will feel I have control.

A. 8: You have to do this for yourself. I don't think anybody can do it for you.

A. 9: No.

A. 10: At the time there was no support group, and I wish there had of been. No, you just go on your own.

A. 11: No. I don't know anyone else who has had a mastectomy.

A. 12: No.

A. 13: Yes.

A. 14: There was no difference in treatment from my mother or my daughters, but there was a definite impact on relations with my husband after this happened. And again, no support group, and I think it could have helped a lot. A lot of the problems were I'm sure, as much my fault as his. It was a definite strain on the marriage after this mastectomy.

A. 15: No.

A. 16: I don't know about this. I'm 66 and my brother is currently dying of lung and liver cancer, and it's hard right now to feel too hopeful, but I'm also not discouraged. I just try not to think about it.

A. 17: I wouldn't mind, if I could have decent health.

A. 18: Yes, the alternative isn't the greatest in the world.

A. 19: I don't feel it has had a very good impact because it has made me fearful and I resent having to feel fearful.
A.20: NO.

A.21: I think it had a definite effect. I feel it affected my sexuality and my relations with my husband at that time. I feel that I definitely should have had counseling and of course it's water over the dam. But there was a definite impact.

Interview #5 (age 47 - 5 years survival)

A. 1: Yes.
A. 2: Heredity, stress and possibly diet.
A. 3: Heredity.
A. 4: Early detection and support of family.
A. 5: Yes.
A. 6: Having trust in my doctor, trying to change my lifestyle and having a good attitude about it.
A. 7: Having regular checkups.
A. 8: Myself.
A. 9: Yes.
A.10: My sister who had cancer was a role model for me, and my other contact was a girl in the sorority that had cancer. I realized that I'm not the only one and that there are people out there who are hurting and going through the same pain you are.
A.11: Yes.
A.12: My sister who had cancer. Nothing kept her from doing anything she wanted to do. I knew if she could do it, I could do it, and nothing was gonna stop me.
A.13: No, except that possibly people were more concerned and showed their concern.
A.14: ..... 
A.15: After my surgery, friends and people I didn't even know sent cards. People visited, and the sorority brought me dinner every day. I really felt pampered
in a way and I didn't realize I had as many friends as I did. I wasn't aware of so many friends.

A.16: I feel that if I eat correctly, do what the doctor says, and follow his suggestions, that I'm gonna be fine for many, many years. And I might die by getting hit by a car. There's no guarantee for anybody, but I do feel optimistic.

A.17: If I'm a healthy 100.

A.18: Definitely.

A.19: I suppose it made me appreciate life more. I came to a crossroads. It was real dangerous. I could have died, and I'm real grateful for the time now more than before the time I had before the surgery. And I try to take things as they come and try not to worry about the future as much as I used to.

A.20: When I was told I had cancer, it made me think more about death, but my faith in God never changed. I mean I believed before, and I believe after.

A.21: There are days when I look at myself and say, "ugh, my, my," but I don't really dwell on it. Nick helps me feel good about myself, and I've never really worried about it. I only think about it when my prosthesis gets heavy and I get home and I want to take it off. My biggest concern is my weight. I'm more concerned about my weight than I am about my breast. So, maybe when I lose my weight I'll have reconstruction.

Interview # 6 (age 85 - 5 years survival)

A. 1: No, I can't think of a thing.

A. 2: ..... 

A. 3: One's reaction to the episode.

A. 4: Mental attitude and medical care.

A. 5: I don't believe I have any control.

A. 6: ..... 

A. 7: An optimistic attitude towards living and accepting what happens and taking care of the situation.
A. 8: My parents probably determined my attitude towards the acceptance or rejection of stressful attitudes.

A. 9: Yes.

A.10: Not any more than any other illness or operation.

A.11: I'm not very good at making comparisons, because each episode is different.

A.12: Some people revel in bad health. They really do.

A.13: I don't believe I was treated differently than I would after any other operation.

A.14: ..... 

A.15: Family has been very supportive as they were after other operations.

A.16: Yes, I feel hopeful about the future, because I come from a long lived family.

A.17: No.

A.18: Of course.

A.19: It has made dressing difficult.

A.20: It really hasn't. If this happened younger, it might have. But not at my age.

A.21: It does affect one's body image, especially in dressing and swimming and other athletic activities.

Interview #7 (age 70 - 20 years survival)

A. 1: Yes.

A. 2: When I found out my mother had cancer, and that I had to be careful, I knew this was a hereditary thing for me.

A. 3: My mother had it and she died and I felt it was possible that something similar could happen to me.

A. 4: When I found out my cancer hadn't gotten into my lymph nodes, and that I'd already beaten cancer once with my hysterectomy, I figured that maybe I'd be one of the lucky ones with continued good health that I've had through the years. I thought I
probably wouldn't have to fear anything like that again.

A. 5: I personally feel that I don't have any control, because I don't know how a lay person could have control.

A. 6: The only control I could say I would have is that my attitude has been a positive one. I haven't had negative feelings about this, because I've felt fortunate. And so I think that perhaps with optimism that perhaps this influences your bodily response.

A. 7: I don't feel that I've had any control over it per se, except to have a positive attitude. And coming to terms that I only have one breast doesn't make me feel that I'm repulsive. So, having a happy feeling and a positive feeling, that would be the only control that I might have had.

A. 8: I feel that the doctor who discovered the lump in my breast and also a surgeon friend that I have, have made me feel that I have a lot to hope for. And they would say that I was very fortunate that the cancer was not invasive.

A. 9: I belong to the American Cancer Society Reach to Recovery Program, so I have contacted women in hospitals.

A.10: And most of them had a very good feeling about everything and this has reassured me that I could have a good feeling for myself. And I've liked this, because in some little measure, I was able to help someone.

A.11: I have had no comparisons to whom I could rely on. I was the only one I knew of going through this at the time, and so I had no one to refer to or anything like that.

A.12: ..... 

A.13: No, I haven't been treated differently at all.

A.14: I have been treated with compassion and understanding that has helped me personally.

A.15: There's been no surprises, because my children and my husband had done a great deal of reading about
this. There was only happiness because the cancer had been eradicated.

A.16: I feel very hopeful about the future, because it has been twenty years now, and I feel that I have nothing but good in front of me.

A.17: No.

A.18: Yes.

A.19: It's made me appreciate things more, because I felt that I was living on borrowed time, and after having withstood all this, it has made me have a greater appreciation for what I have, what I'm doing and what life is all about.

A.20: No, it hasn't affected me in that sense at all.

A.21: It hasn't affected me adversely at all. My husband who was still alive at that time felt that it didn't matter to him at all. And a subsequent friendship with a man since that time was very beautiful. It didn't bother my friend at all either. For myself, I don't like it. And I don't think I ever shall. But it doesn't bother me to the extent that it upsets me.

Interview #8 (age 47 - 19 years survival)

A.1: Yes, I do believe something contributed to my disease.

A.2: A few years before my breast cancer I was put on a double dose of birth control pills. And I will always believe that that played an important part in my disease.

A.3: I believe that the doctor's irresponsible prescription was in large part responsible for my breast cancer.

A.4: I think that long-term living, in spite of breast cancer has to do with positive attitude and happiness. I think I live because I chose to live. I feel that there was a time that I made a conscious choice to be well and strong and a need to put it behind me.

A.5: Yes, I do feel I have control.
A. 6: I feel we do have control in any situation, particularly when it has to do with our own bodies. I chose to be better than other women that I saw. I feel a real need and a drive to be real good. If I hadn't taken a lot of pride in what I do, I wouldn't be here today.

A. 7: I think some of the control comes from the things you choose to do and the choices that you make. And if you choose to be healthy then you're going to lead a healthy lifestyle. You're going to choose to exercise, eat properly, not smoke. I stopped smoking and made that choice. In order to have control, you need to make some good choices. And that's what I feel helped me.

A. 8: I credit my physician, my surgeon. My husband isn't a good communicator and my mother was so afraid.

A. 9: Yes, I have had contact with a number of women who have had breast cancer since 1975.

A.10: These women have had a dramatic impact on my life. These women have helped me in that I felt that I wanted to be a good example for them. I wanted to be perhaps the only positive encounter they would have. I wanted them to see me and say, "O.K., I can do that."

A.11: Yes, my contact with other women has really helped me to fine-tune my coping skills.

A.12: I feel a real kinship with women like myself, a real bond. We walk on common ground. I think as I meet ordinary women like myself, that they're the real heroines. Cancer just doesn't respect lifestyles or stations in life. It's easy to be a celebrity and get lots of attention. But women like myself are the real heroines.

A.13: Yes, I do feel that at the time of my diagnosis I was treated differently.

A.14: I understand now that my family and friends were paralyzed by the same fear that was paralyzing me.

A.15: I was surprised by the people around me. There were some real special people for me.

A.16: Of course I feel hopeful about the future. It's a great adventure, and I wouldn't want to miss it.
A.17: Of course.
A.18: Of course.
A.19: I think that the most important thing I've discovered is that when all is said and done, I only have myself to rely on, to count on. And it's really not fair to expect other people to fix my life.
A.20: Spiritually, I think I'm not a real strong person. I don't think there are a lot of spiritual answers. I guess I'm a black-and-white type person. I don't know why I had the disease, I don't know why young people die of the disease and I don't know why there are senseless accidents. I have lots of questions there that are unresolved.
A.21: I wanted to have reconstruction purely for selfish reasons, so I would look good. I felt I was owed that. That was mine. As for my body image, I work real hard at keeping it as good as I think it should be. It doesn't matter what anybody else thinks, as long as I feel good about it.

Interview #9 (age 44 - 7 years survival)
A. 1: Yes.
A. 2: I have a hard time deciding which causes brought on my breast cancer, as I had all the risk factors. My mother had breast cancer, I had my child after age 30, I had fibrocystic breasts and I ate lots of meat and dairy products as well. Then when I asked the doctor and he said that they just weren't sure yet, then I'll just blame it on being born in New Jersey where there's lots of toxins and carcinogens in the environment. I can only hope that lightning doesn't strike twice in the same spot.
A. 3: I think stress probably triggered it.
A. 4: I think the major factor was that it was found early and that I dealt with it early. You may find it, but a lot of women don't deal with it immediately. My doctor found it and within 15 minutes had sent me to another doctor.
A. 5: Well, I guess.
In the sense that I've gone to the doctor, done what I did to come up with the best solution to the problem and try to keep myself healthy. And also not to let it take over my life and not let it be the only thing I was concerned with. You kind of have to deal with it and then go on.

I chose to get a mastectomy over radiation, because the doctor said that you could always get another cancer in that same breast. I knew I couldn't go through with this twice, and if I had the surgery, I knew I wouldn't. And for me that gave me more of a sense of freedom and control.

I had the model of watching my mother go through with it. She had her ups and downs. And in some ways it was harder on her than it was on me. She had a much more extensive mastectomy. That was the main person that I looked to and saw as helping.

The main contact was with my mother, but I also knew two or three other women who had had breast cancer, either before or after me and I did talk with them.

I don't really compare myself with other women who have had it, but when I do, I just figure I'm doing ok and as good as everybody else.

At the time, I thought people were extremely supportive.

I don't feel like they drew away from me. I think they all had to deal with that. I think a lot of them went out and got breast checks. Some people gave me lots of opportunity to talk about it. Some special friends were very supportive.

Yes, people that I knew but didn't expect any particular attention from were very nice at the time of the surgery.

Yes, things are looking up. I have a new job and my daughter's growing up nicely. I feel that life is positive. I really don't go around feeling 'poor me' very much, because I feel pretty good about myself.

Yes, with lots of strings.
A.18: Yes.

A.19: It has made me more sensitive to other people with problems. I think that when you've had a life-threatening experience, you lose that 'it can never happen to me' lightness. It changes you a little bit. It makes you more sensitive and you lose something in that process of being more aware of things that can happen to you.

A.20: I wish I could say I had become totally spiritual. It's certainly made me think about some things. I may be more aware of the preciousness of life.

A.21: I haven't had to deal with as much of the negative feelings around that as some women have had to. Because I had already had a previous leg surgery with lots of scars. I'm less concerned about body image than a lot of people, I think. There are certain kinds of clothes I prefer not to wear. I don't see myself as mutilated, and I do think the reconstructive surgery was good. It also did more for my self esteem than I expected.

Interview #10 (age 48 - 19 years survival)

A. 1: Yes.

A. 2: My doctors at that time told me it was from taking birth control pills. I took the birth control pills for five years. I'm not convinced that that was what it was.

A. 3: Perhaps the birth control aggravated it. I feel that it's a random disease. I hadn't gone through the stress that some women blame at 29 years of age. I don't feel that I led an unhealthy life. I don't really blame it on any one thing. And I don't think that anything I could have done could have changed it. I don't have the need for a cause.

A. 4: Again, I think it's a random thing. It was the type of cancer I had, a sarcoma carcinoma. It was an unusual type of cancer, and its recurrence is as unusual. I've lead a much more stressful life since having cancer. I think I simply won't get it again. I feel it's unpredictable and random.
A. 5: I don't think I have any control over the cancer, other than trying to recover from the surgery. I don't feel that I did anything unhealthy to cause the cancer. I've quit smoking, so I guess that's the one thing I've done to improve my health. I think that the psychological thing I've done is to be a bit more focused, and if I did have a recurrence, I would not want to be angry that I had not done some things. So I've just tried to live as complete a life as I could. I healed because I was a healthy person and tissue heals.

A. 6: ..... 

A. 7: I don't feel that I had any control over the cancer, and I don't feel that I have any control from now on, either. I think the part I have control over is my mental state and my psychological health. I try to take care of this, but I don't think that relates to the disease.

A. 8: With physical recovery, I had good doctors. There wasn't Reach to Recovery at that time. I think that I just recovered because I just wanted to get on with things. With psychological recovery, I had a real good support system of good friends. I had a lot of love and support, and I think the whole community helped me in that regard.

A. 9: Yes, as I have volunteered for Reach to Recovery and have met with quite a few women who have had breast cancer.

A. 10: I didn't have any contact with other women at the time of my cancer, which was 19 years ago. Since I was young at the time of my cancer and it was rather dramatic, I tend not to make too much of that part of my persona. I've never wanted to be "poor Linda who had cancer." Whenever I found myself feeling sorry for myself, I wanted to shake myself out of that behavior as soon as possible.

A. 11: Every women who I have come in contact with who has had breast cancer is an exceptional human being. Every single one of them without exception. And so my association with them has been a real blessing. They're wonderful people. I feel all of the women have coped remarkably well, and I don't feel that I've coped any better. I do feel that the most difficult part of the process is the decision-making part. It would be more beneficial to these women if they were to get support before surgery.
A.12: ..... 

A.13: Yes, I was treated differently, and I think almost everybody is.

A.14: I think almost anybody who has had cancer is treated differently because their friends and family fear the disease. I think people don't know exactly how to treat you, because it's something that they're afraid of. I think that there's a certain strength, a certain self-knowledge and serenity that comes from having gotten to the other side of something that a lot of people fear.

A.15: I was amazed at the universal support that I got at the time. But there was no one individual that surprised me.

A.16: I'm not really worried about a recurrence of cancer. I think I've always felt hopeful about the future. My doctor said that my changes of a recurrence were almost nil, and when he said that, I thought, "damn, does that mean I'm going to have to be old?"

A.17: No!

A.18: Yes, I definitely think it's worth the struggle, but I think that all good struggles must come to an end.

A.19: I don't take all these changing medical opinions as changing the way I live my life. I really do feel my cancer was a random thing, and any other thing might come along and be as random. I need to live my life so I don't have regrets, don't hurt myself and don't wake up with a headache. It's made me less susceptible to medical opinion and well-meaning advice on ways to stay well.

A.20: No, it hasn't really. There's lots of times when it's just simply you there in the hospital bed. You there healing, you there being depressed, you there being whatever. I think that it maybe makes you a little bit more comfortable with yourself. You spend a night up with yourself all night, it makes your slate pretty clean, because those are the times you worry about failed relationships, you worry about inner agenda, and I think having this disease helps you realize that you have some agendas, some things that you need to take care of. But in terms of spirituality, it didn't make me turn more towards a religious life, and it didn't make me turn away.
A.21: I think it does affect your body image some. I think there is more of a need for bodily privacy than I may have had before. But in terms of my image of myself, I don't feel that that has been negatively affected.
Interview #11 (age 76 - 30 years survival)

A. 1: No, I don't.
A. 2: ..... 
A. 3: None.
A. 4: Good treatment and taking care of myself with medicine and eating well.
A. 5: I try and take care of myself and keep in good condition.
A. 6: ..... 
A. 7: I think that I was just so mad about having it, that I just wasn't going to give in. I went back to work in less than a month, and drove my car in a week.
A. 8: I think the doctor who gave me some treatment afterwards that I think was a little bit of an experiment, but he had a lot of faith in it.
A. 9: Yes.
A.10: Just a friendship after mine, and I already adjusted after I knew them.
A.11: I think I cope better than most people. I just went ahead living and back to my job right away, and then my husband dropped dead three months later. So I just had to take hold and get along. You have to keep busy, you can't just think about yourself. The fact that I knew my husband wasn't well, I knew I had to do the best I could, because he might need me.
A.12: ..... 
A.13: No, I didn't, except they were sympathetic.
A.14: ..... 
A.15: I wouldn't say so.
A.16: I've lived with it for so long, that I really don't even think about it any more. As far as the future, I know I'm gonna die of something.
A.17: No, I might run out of money.
A.18: Yes, life's been alright.
A.19: I really can't say anything about that.
A.20: I feel that there has been something helping me, behind all this, recovering so well.
A.21: Well, as far as my husband was concerned, I felt he loved me just as much with or without. Of course I didn't like some of the equipment I had to wear. Body image didn't bother me. I never felt I was mutilated, it was uncomfortable.

Interview #12 (age 45 - 7 years survival)

A. 1: I don't know if anything in particular caused the cancer.
A. 2: We were in a stressful situation at the time.
A. 3: I do believe that a person's well-being has to do with having a good diet and not being overweight. I know that it makes a difference. Because if I feel better physically, I feel better psychologically. And when I don't eat right or exercise enough, I think that there may be more cancer inside me. But when I eat right and exercise, then cancer doesn't enter my mind.
A. 4: It's my personal belief that our days are numbered according to God. And I don't think it's my time yet. And that's my main belief about my long-term survival.
A. 5: I don't feel that I have a lot of control over whether I will get cancer in the future. But when I take care of my body and exercise and eat right I feel I may have some control, but I'm not sure that's true.
A. 6: ..... 
A. 7: I appreciated at the time of my diagnosis that I had a choice as to the course of my treatment. It took me many, many days to figure out what to do, because whatever it is, it's permanent. I suppose that gave me some control over my cancer, and I was quite pleased with my decision.
A. 8: My entire family was very supportive and my friends were very supportive. My doctors were supportive, and I think that this kind of reinforcement has a lot to do with a person's recovery.

A. 9: I have talked two or three times with women who have gone through the same thing that I have gone through.

A.10: It's helpful in a lot of ways because you can pass on your positive feelings to them when they're going through such a negative experience.

A.11: I think that all women who go through having surgery for breast cancer have the same feelings and for the most part women seem to cope the same way. The women I have talked to have coped very well. They all seem to have very positive attitudes.

A.12: ......

A.13: It was interesting to see the way people treated me when I was diagnosed.

A.14: I know that a lot of people are afraid to say the word. And I know that a lot of that stems from their own fear. One friend called and was very straightforward, and I really appreciated it, and I appreciated her being real open about it. I know that to this day when my husband says, 'when my wife had cancer,' some people just don't even want to look at me because they don't want to talk about it. But it's something that I always want to talk about, and I think it's something everybody should be open about.

A.15: Well, I was surprised in many ways, because we've never experienced any kind of trauma in our family. My husband's sister was very supportive, and even though she lived a thousand miles away, she was ready to join me. I really appreciated her support, and it's brought our relationship a lot closer ever since.

A.16: I'm very hopeful about the future, because any kind of future that I have, I appreciate. I think that when one faces a death-disease, your whole perspective on life changes. I don't look into the future in the same way that I did before. I am hopeful and I don't mean to be morbid, because that's not how I really feel. I just appreciate each day as it comes.
A.17: Sure!

A.18: Yes, most definitely.

A.19: It's made a tremendous amount of difference in my life. One thing, I really appreciate life so much more than I did before. I appreciate each day, each week, each Spring that I can experience, because that's my favorite time of year. I feel that having gone through a traumatic experience like this, makes me feel one hundred percent more empathetic with others who going through trauma of any kind, and I feel that when I talk to people, I can be more open with them. The differences that I feel are all positive, and my life is ever so much better.

A.20: Yes, it has. I've been a Christian for so many years. I became more dependent upon God which is good because I think that's the whole idea of it. That we're not supposed to be independent, we're supposed to be dependent people. It makes me appreciate my God, because He's allowing me to live longer, too.

A.21: I have a very supportive husband who made it clear to me that breasts don't affect one's sexuality, and what he believed, of course I believed. And neither one of us has been particularly affected by the breast surgery. I feel that my breasts look just fine, and he thinks so too. I feel that with his support, it hasn't had a particularly negative affect on our relationship, or on my feelings about myself. And I still feel very much female, and I've always felt quite feminine.

Interview #13 (age 56 - 7 years survival)

A. 1: Yes.

A. 2: Because of two car accidents where I hit the steering wheel and bruised my breasts very bad, and the other would be that I think my husband was too rough with me.

A. 3: I think the one that caused it most was the car accident.

A. 4: Frankly, I think I'm still here because they had the ministers come in, and I was anointed and I was prayed for because I was on my deathbed. And they
gave me no chance to live, because I had no white count whatsoever, no platelets. I feel I owe it all to God that I'm here.

A. 5: Yes, I feel I have had a lot of factors that play into my condition.

A. 6: Prayer, for one thing.

A. 7: I feel that Dr. Rubin has played a large part in this. My chemistry teacher at Chemeketa was really supportive when he found out that I had had a double mastectomy. He said that no one had to have a recurrence if they always thought positive, and he would show me different pictures and things, and he would tell me how to avoid the stress and whatever. I did a lot of praying, because I've had a lot of stress. He reassured me that I don't have just a five-year span.

A. 8: I feel that my husband played a very important part in this because he was always there. Also the doctor, and my real close friend Betty Hudson who was always there.

A. 9: Yes, I had contact while I was still in the hospital after the surgery for exercises.

A.10: And afterwards, there were different ones who came to my home to support me.

A.11: No, I don't compare myself to anyone out there because my thoughts have always just been positive. And I'm just thanking God that I'm still alive.

A.12: .....

A.13: I don't think my family treated me any differently. The only thing I saw in my family was a lot of fear. And I could see why they had the fear.

A.14: .....

A.15: The church members were very supportive, and they did rally around me. My family did, too. It was very hard on my children. They have scared thoughts, but they still support me.

A.16: Yes. I feel very hopeful about my future. And I don't worry about a recurrence. That's not in my mind. However, I do have my good and my bad days,
because of the side effects I've had from my chemotherapy.

A.17: Yes, yes, yes, yes!!!

A.18: Oh yes, because I don't think I would want to change places with anybody. I think I had enough problems of my own.

A.19: I appreciate things in life much more now. I see more in nature, I see more in human beings, you know, your friends, your relatives and different things that you want to share and you want them to enjoy these things too. To point things out that they never see. It's really just wonderful. And I just have a great appreciation for life. Every morning I wake up, I have to say "thank you God, that I'm alive."

A.20: Yes, because I believe there is a God that hears an answer to prayers, and if it wasn't for Him, I would not be here. And I thank Him for the positive outlook that I have. Because his promise is to heal you, and you can just believe his promises. You can always think positive be believing.

A.21: With me, I don't really think it changed anything. However, the sexual relationship with the husband didn't change too much until he had a broken back because of his pain. There's still a real close love bond and such, but not that much in sexuality. My body image of losing my breast doesn't bother me a bit. I would not want them back, because they hurt.

Interview #14 (age 44 – 5 years survival)

A. 1: I don't know if anything caused it.

A. 2: If I had to pick anything, I would say it had to be stress.

A. 3: Stress.

A. 4: I believe it's the doctor care that I've had, and also my frame of mind; I'm going to be cancer-free, I'm going to be healthy. I'm going to live a long, healthy life.

A. 5: I really don't have an answer for that.
A. 6: We've only recently started exercising and eating better.

A. 7: I would say, just mind over matter. Positive thinking.

A. 8: I would have to go with my oncologist, who put me through a year of 'chemo,' and led me to believe that I would recover and be very healthy. And my husband, who was very supportive.

A. 9: I have had other contact with other breast cancer patients.

A.10: But probably not a whole lot. I never went to a group session, or anything like that. Some of it has been very informative and has helped me, and then there's always the horror stories that make you feel a little worse, for while, too.

A.11: I don't really think I compare myself to others, other than the neighbor that I have that waited six months, and is now gone. I'm glad I had mine done when I did and went through with the treatment.

A.12: ..... 

A.13: I don't think I was treated any differently by anyone.

A.14: Some of my customers were amazed that I was back at work as quick as I was. I thought, 'what do you want me to do, sit around and feel sorry for myself?' It isn't gonna change things. I think the most amazing thing was the comments you get from people. I guess it's their ignorance, in not knowing what to say. And so they come up with some of these things. Like 'you know, once it's in your lymph nodes, that means it's somewhere in your body.'

A.15: I was really surprised by all the support I got while I was in the hospital. I had customers from my shop, neighbors, friends, people that I worked with. There was never a moment that I was in that room alone. But on Thursday night, I was alone, and that's when I lost it.

A.16: Yes, because I do have a positive attitude, and they're coming up with better ways to conquer cancer.
A.17: Yes, why not?

A.18: Yes, I know that life will get better each and every day.

A.19: I think it makes you much more aware of what you want out of life. Not so much the material things, but the quality of life. Relationships, and realizing that you may not be here tomorrow, and your kids or what have you may not be here, either. Tomorrow we could be gone.

A.20: I don't know, but I wouldn't have made it through breast cancer and my other problems if God weren't a part of my life.

A.21: I'm not sure that it really has affected me. It probably did for a short time. I don't think I've ever had a real good image of myself, anyhow. So, I don't think that that has made it any worse.

Interview #15 (age 46 - 6 years survival)

A. 1: Yes.

A. 2: What caused my cancer was the tremendous amount of stress I was under about two years before that when I became involved with a psychologist whom I've subsequently sued.

A. 3: I think there was just that one cause. In fact when I sued, I was going to add cancer to my lawsuit.

A. 4: I'm not sure. I suppose I'm very determined and very strong. When I got cancer, I became very determined that it wasn't going to get me down. I think that has a lot to do with keeping me going. Plus, I believe that I'm basically healthy. Although, how healthy can you be and still get cancer? It's the mental and physical strength that has kept me going. And, since my husband's been sick, I have to survive.

A. 5: I'm very determined, I guess, and I watch my diet. I have never consulted with a nutritionist. I exercise, watch fats, and I've become a lot less ambitious. I don't have my sights set on some great career. I'm just trying to survive.

A. 6: ......
When I was first diagnosed, I did a tremendous amount of research on breast cancer treatment and reconstruction. I think that gave me a feeling of control. My doctor told me I'd done more research on breast cancer than any patient he'd ever had. I certainly called the shots on the breast reconstruction.

My husband was pretty supportive. But I guess that I'm most responsible for it.

I resisted a support group, because I didn't want to be identified as a cancer patient. I wanted to continue to be me as much as I could. Maybe that was kind of paranoid.

I've known other people with breast cancer, but I haven't had any regular contact with them.

No.

At the time, I didn't want to spread it around work, because they'd just be waiting for me to die. I asked people not to talk about it. That's silly, and I wouldn't do that again. My friends were supportive, but there wasn't that much to support, because I was doing so well. I don't remember anyone running away from me.

My office partner who I was very fond of and she was very nice. My parents helped in a physical way with my children. They weren't supportive in an emotional way. They never have been.

Yes, I expect to live and don't expect to die, but I can't promise. I'm thinking of taking a special shot from Switzerland that's supposed to boost your immune system.

No, I think 90.

It's been one hell of a struggle. The last eight years have been a horrible struggle, one damn thing after another. It's just been a nightmare. Ah, it's worth the struggle.
A.19: I used to always take my good health for granted, because I've always had excellent health. And so was everybody in my family except for my dad who was always stressed. So it made sense that he got sick a lot. I no longer take my health for granted at all. And I no longer take for granted that my family is going to be here indefinitely. And if they are here indefinitely, I certainly realize that they're not going to be young indefinitely. I take nothing for granted.

A.20: No.

A.21: It didn't improve it. One advantage is I don't have to wear a bra anymore, and that's quite convenient. And it would be hard with a different man. I think I would have to explain that I'm not quite right. I would recommend breast reconstruction. I didn't look too good with one sagging breast and one concave chest.

Interview #16 (age 71 - 18 years survival)

A. 1: No.
A. 2: ..... 
A. 3: No.
A. 4: I believe my long-term survival is due to the excellent surgeon who performed the surgery in the first place, and I didn't have any hereditary factors that would influence a recurrence. I also think I have an optimistic attitude. And I continued on with my life's activities without letting it get me down or make me ill again. I had a fast recovery, went right back to work and I had a good support group.

A. 5: I really haven't dwelled on it a lot, which I think is as important as anything else. I've also helped others with breast cancer and helped some with a negative attitude develop a more positive attitude towards the situation, which I think, in turn, helps you yourself. I didn't consciously try to prevent any recurrence of anything.

A. 6: .....
A. 7: I don't think you really have much choice, except to accept it. Certainly at the time I had the surgery, there wasn't a great deal of choice. I didn't have any subsequent treatment.

A. 8: Myself.

A. 9: The first person I met with breast cancer was a Reach to Recovery volunteer, and she was wonderful and gave me the first lift. And because of her wonderful attitude and encouragement, I became interested in becoming a Reach to Recovery volunteer. And I think that influenced my quick recovery as much as anything else.

A.10: ..... 

A.11: I don't really consciously compare myself with other people and their surgery.

A.12: I have been around other breast cancer women, and we have compare our own reactions. But most of the women I have been around have reacted very well.

A.13: There wasn't a great deal of time for people to react or treat me differently before the surgery. After the surgery, when I had it, it was still pretty scary for a lot of people. And a lot of people came in with these long faces. And they didn't really know how to react. I think the attitude of most people is entirely different now, fortunately.

A.14: ..... 

A.15: Yes, I had some very positive support by friends and family. I can't really describe what they did. One friend insisted that I go through reconstruction right away, but I didn't give a hoot about it.

A.16: Certainly I feel hopeful about the future. I've felt hopeful from the time I had the surgery. It's been 19 years, so there's no reason not to feel hopeful.

A.17: I'm well on the way!

A.18: That's right.
A.19: I think anytime you have an illness that makes you wonder how long you might be here, it makes you appreciate each day more. I think that that's probably the most important thing that could come from that.

A.20: I'm not actually a very religious person, but I do feel there's somebody up there watching out for me. And when you go through some traumatic experiences and come through them well, it does give you a feeling that there's perhaps something more than you thought before.

A.21: I wouldn't say that it had detracted too much from the sexual part of my life, but I don't feel that your body image was quite as good as before you had this surgery. But you learn to live with it. And it's not the most important thing in life. What is on the inside is more important than what is on the outside.

Interview #17 (age 45 - 8 years survival)

A. 1: It just happened.

A. 2: I don't believe anything in particular could have caused it, other than perhaps heredity.

A. 3: It just happened.

A. 4: The things which are responsible for my long-term survival are the early stage in which the cancer was found, the apparent success of the chemotherapy that was on the cancer that was still in the lymph nodes, and my attitude.

A. 5: Within my control was how I chose to deal with the cancer, whether or not I would have surgery, whether or not I would or would not have chemotherapy and whether I would or would not have reconstruction. I looked at all the options, and chose what I thought was the best, given the facts I had to work with.

A. 6: ..... 

A. 7: What helped me to adjust to the disease was to be very grateful that it wasn't any worse, and I always felt I had total control over my medical care. I did quit the chemotherapy after 6 months, instead of waiting a year.
A. 8: Just myself.

A. 9: Yes, I have been a Reach to Recovery volunteer for some time. Anytime you can reach out to help other people, you feel better about yourself. They can ask questions, and perhaps have a different perspective than perhaps you had thought of. Occasionally you'll come across some wisdom from somebody else that's wonderful.

A.10: ..... 

A.11: I don't really compare myself with anyone in particular.

A.12: In coping in general, I probably cope better than most people.

A.13: I was never treated one iota differently. Everyone looked when I came back to work and wondered which one has the 'Toni,' here. But no one even knew I had a wig on. Even one of my best friends didn't realize, until I showed her. I was never made to feel one bit different. I was never hiding it. And it took a lot of courage at first to do that, with all these men in the department. I felt very free to talk about it, and that makes the difference.

A.15: No.

A.16: I wouldn't say I feel hopeful. I would say categorically I expect a future for hopefully another 40 or 50 years.

A.17: I would love to be any age, as long as I was relatively healthy, was free from pain and could maintain my own lifestyle and have all my marbles.

A.18: No kidding!!

A.19: It's made a very large difference. It changed the way I was raising my son, it changed my approach to life in general. I quit worrying about saving for my old age. I went out and bought a fifth wheel, and we go skiing and we just flat spend some of the money I'm earning, rather than save everything for my old age. I enjoy today as well as plan for the future, rather than just try and plan for the future.
A.20: I have never had what I consider a spiritual life, but I have paid more attention to what are the important things; the friends, the family, a rearranging of priorities.

A.21: Not any worse than my overweight problem. In a way, if I'm interested in anyone sexually, it's just another way you have of weeding out the yo-yos.

Interview #18 (age 60 - 11 years survival)

A. 1: I don't think anything in particular caused it, unless it was hereditary.

A. 2: I'm not much of one who thinks that what you eat or what you do causes it.

A. 3: Heredity.

A. 4: Probably two things. Mostly that it was caught early. And the other thing I think is the attitude of the people around me, which helped my attitude and made me have very positive thinking about it all.

A. 5: Attitude's the most important thing, and taking care of yourself, getting plenty of rest, good food and getting regular checkups, and doing what you're supposed to do rather than ignore it.

A. 6: Other than that, I don't know what you can do to make it any different.

A. 7: I have a friend who had cancer of the voice box, and he was so up, that he was back to work in no time at all. And he gave me a lot of help along the way. And the first thing he ever told me was that having cancer was like walking around with a snake in your pocket, you never know when it's gonna bite again. But he said that if it's gonna, it's gonna. So make the best of your life every single day. And I try to do that, and I think that's got a lot to do with going along. And then I had reconstruction which I'm sure helped my attitude considerably because it makes you feel like you look good again.

A. 8: My husband has been absolutely super about it, and both of my daughters and my plastic surgeon was wonderful. And of course, the man that I told you about before.
A. 9: Yes.

A.10: Trying to help them makes you feel better and it helps your attitude become better. I had an aunt who was in cancer radiation therapy at the time, and we used to talk and compare notes. And that helped, too.

A.11: The lady right across the street from me has had the same surgery, and we talk about it once in a while. And talking to her, we're pretty much on the same way of thinking and feeling. We've handled it pretty much the same way, and the results have been pretty much the same. But I do have a friend who is quite a bit younger than myself, and is having lots of trouble emotionally, and comparing the two of us, there is no comparison. I don't know how to help her, because nothing I seem to say or do seems to help her at all.

A.12: ......

A.13: Mostly my relatives just went along with it. At work, yes, there were some people who treated you like you might have some kind of social disease. They really didn't know whether or not they wanted to be that close to you or not. Almost like if it were catching.

A.14: I did have one lady say she wondered if it was catching. Most people didn't even know.

A.15: My two daughters were here, and of course they were very supportive. But I had some relatives in Arizona that I hadn't heard from in years, and they were on the phone right away. They were supportive in every way possible, which I thought was really nice.

A.16: I'm very hopeful about the future. I don't plan to have any recurrences, and I plan for life to go on the way I expect it too.

A.17: I'm not sure I want to live that long, but it would be fun.

A.18: Of course.

A.19: I appreciate life more than I ever did before. I take things more at face value than I ever did before. I think my personality has changed some from being always on the go work wise, and I'm more
laid back than I ever was before. And you look forward to things, like your own birthdays, your kid's birthdays, and every holiday is more fun. All the seasons are great. I guess you just get a more positive outlook on life in every way.

A.20: I've never been what you would call a religious-type person that conformed. My spiritual background lacked when I was a kid, and I kind of developed my own attitude. I can't say it made an awful lot of difference as far as my religious attitude is concerned. Your overall emotional and philosophical attitude becomes more intense. It's more important.

A.21: To be honest, there's the only place I really had a problem. And to a certain extent, I still do. I think I lost a lot of my sexuality, caring about sex because of this. There was no need for it. It didn't bother my husband, never has. But it was my own personal feelings, and something that I've never really licked. It's the one thing that I've had trouble with, and the reconstruction helped considerably. My husband never fails to make positive remarks to me, but it's something that's always been a problem to me.

Interview #19 (age 67 - 10 years survival)

A. 1: At first I believed that something caused it, but I don't believe that now, because there's so much cancer.

A. 2: But at that time, they were saying that breast cancer was caused by stress, some terrific stress where you think you just can't handle it. You think you're gonna die. And I had that happen to me at that time. My daughter got pregnant, and that just about killed me. I just couldn't understand it. I found I was extremely bitter and angry, and a few months later I found the lump. I believe that what's happening to all of us now, is something that's happening in our environment. It's something that we're all really close to.

A. 3: I attributed the cancer to all the stress around my daughter getting pregnant at that time.

A. 4: Probably attitude, keeping busy. I have a wonderful husband. Taking good care of yourself. Probably attitude, the most. I think you're probably always afraid. There's always some sort of a funny,
nagging fear there. Being optimistic and going from day to day and not looking too far ahead.

A. 5: I'm not sure I can say that I have any control over my cancer. I have control over what I eat and how I exercise and my attitude, and hopefully those are helpful.

A. 6: ..... 

A. 7: When I look back at myself, I think that I adjusted pretty quickly. At that time, I had a big family and a busy family. I had a tremendous amount of support from my daughters. I think my age had something to do with it. My children were grown. And that's how it was.

A. 8: My strongest support I had was from my husband and my children. Mostly my immediate family.

A. 9: Yes, I have.

A.10: It makes me appreciate my life more, many times. A lot of the women I have come across have had so much sorrow, so much pain in their lives. I've had pain and sorrow, but nothing like these people. They've buried a husband, and buried a son, and buried a grandchild. So many of these women have lost their husbands and sold their lovely homes. And I find it kind of scary for myself. I think, 'is this gonna be me in ten years from now?' I have all kinds of weird things go through my mind.

A.11: As a whole, I think the women cope marvelously. I really don't think the doctors realize how traumatic it all is. I think most of them have hearts of steel, or something. I feel like something is really lacking there in their compassion. So when the women come home and see the change in their body, I think they cope as a whole, very well.

A.12: My coping was about a change of attitude. At least we're still walking, we still have our arms, legs and eyes. And nobody has to know if they don't want them to know, and I think they can use that to help them cope.

A.13: I think everybody treated me pretty much the same.

A.14: On the whole, I think everybody remained about the same.
A.15: I felt a tremendous amount of support from my daughters. Friends came and helped with the kids and helped with the meals.

A.16: Yes, I do. I've had 10 years of good health, but there's always that fear there. There's always going to be that nagging feeling, like why am I feeling tired or down in the dumps for no reason.

A.17: Well, if I could stay healthy and maneuverable.

A.18: Yes, by all means.

A.19: I think you appreciate life more. You become aware of more things around you. The beauty of the trees and flowers more, and you appreciate everyday life. For a while, you put things into perspective a little better.

A.20: Maybe I hadn't thought about it before, but I've gone from being religious to being more spiritual. I'm concerned about myself, because I'm not as religious as I used to be. Maybe it's just a change from being so outwardly religious to being spiritual. It would be hard to not have any faith at all and go through any major catastrophe. I can't really say that it made me more spiritual.

A.21: It changes your whole feeling about how you see your body. And certainly it's much more drastic for a younger women. I often don't think about it. But when I'm standing in front of a mirror and brushing my teeth, I think, 'what the hell?' I wished I'd had both breasts removed. I thought about that a lot. You know, if I had both breasts removed, then I'd look like a boy. Then I wouldn't be worrying all the time about it recurring in the other breast.

Interview #20 (age 58 - 7 years survival)

A. 1: No, I don't believe that anything in particular caused my cancer.

A. 2: Although, somewhere way back in my relatives someone may have had cancer, although I don't know of anyone.

A. 3: No.
A. 4: My faith in God.

A. 5: No, I don't think I have.

A. 6: ..... 

A. 7: We do eat low fat meals and plenty of fruits and vegetables. But that's because of my husband. I've always been adjusted to having cancer ever since I've had it. I had one big crying spell with my husband, and that was it. We've never talked or worried about it since. We were both worried then, the fact that I wouldn't come out alright. But not because of the cancer, but because I also have a heart problem. If I could live all these years with this heart problem, I could certainly not worry about cancer.

A. 8: I had my friends and my church friends, and most of all, my family. And that is probably what brought me out of this. My husband didn't mind at all. He was just glad that I came through it.

A. 9: I can get out and talk to these ladies and let them see how good I feel about it. And it might rub off on them.

A.10: ..... 

A.11: Yes, there are lots of people who would think that this would be the most horrible surgery there is in the world. And it makes me feel well that I handled it as well as I did. It didn't bother me to lose a breast. When I was a little girl and first got my breasts, I was round shouldered because I was embarrassed with my large breasts. And I finally got rid of one of 'em. That's the way I felt.

A.12: ..... 

A.13: They didn't treat me any differently, except with more love and attention at first, but now there's nothing, and nobody says anything.

A.14: ..... 

A.15: My family and friends were there, and they pulled me through the surgery with their love.
A.16: Yes, I feel very hopeful about the future. I know that everything's going to be alright. I have my heart and my cancer to worry about, and I don't worry about either one of them.

A.17: No way do I want to live to be one hundred, because I'm afraid my husband would be here too and I want us both to go at the same time.

A.18: Yes, it's really worth the struggle. It's been wonderful.

A.19: I'm pleased that I survived it through the help of my Lord.

A.20: No, it hasn't really changed my spiritual life, because that's always been pretty good.

A.21: It bothers me when I have my clothes off and I'm lopsided. It really does bother me. It does not bother my husband. He never thinks about it. If he goes for a breast, he knows which one's there. I just don't like the looks of it. But then I have other scars all over my body from other surgeries. But it really does bother me.
Interview #21 (age 52 - 7 years survival)

A. 1: Yes.

A. 2: I think stress caused the cancer. I had some stress a year or two before the cancer.

A. 3: Stress is the number one cause.

A. 4: One thing is imaging; seeing my cancer being destroyed and also imaging a peaceful place when I feel like I'm under stress. Taking delight in each 24 hours and also putting goals for myself. When I started my chemotherapy, my goal was to finish one embroidery picture. I'd finish that, then wait for a grandchild to be born. And I'd always have something on the back burner that I'd have to do. So I can't leave this old world yet.

A. 5: Yes.

A. 6: All the things I've been telling you. It's the meditation, the imaging, and enjoying life instead of just being scared out of my wits and going under from the cancer. You can survive cancer.

A. 7: Before the cancer, I knew that everybody died. After the cancer, I was made very aware of my own mortality. I started adjusting by living each 24 hours, instead of just going through the motions. I don't know how anybody has control over a gene that has gone bananas, but I have control over what I do over the next 24 hours.

A. 8: Of course I give my doctor full credit for mapping out the 'chemo' treatment, my grandchildren for giving me the will to live and see them grow and the people I met upon my recovery who took the time to listen and who cared.

A. 9: Yes, I have met other women who have gone through breast cancer.

A.10: Talking to ladies before and after their surgery has made me feel that I wasn't alone in how I felt before I had my surgery. In the support group, I see ladies come in very sick, get a good prognosis and I know they've got years and years ahead of them. You see people struggling and surviving cancer.
A.11: Yes.
A.12: I've compared myself to the women in the group and I find that we are all just alike in how we deal with it, in how we feel, we express in different ways. Sometimes it comes out in anger, sometimes it comes out in crying. We all feel the same frightening closed off feeling. It's a sense of loss of control. And I compare myself and I find I'm pretty average.

A.13: An older lady that I worked with, sort of a mother figure was supportive when I first was diagnosed, but when it looked more serious, she cooled, and she told the other ladies at work that it was because she didn't know what to say to me. I took it that she thought it was catching. I had all these absurd ideas of why she ignored me and didn't want to have coffee or come over. I was very hurt. Cancer patients frighten other people, because they remind them of their own mortality. I was reminding my friend that one day she too, might die. And she couldn't handle it.

A.14: ......

A.15: No, there wasn't any surprise showing of support. But my family was supportive, but not overly. In fact, my two oldest sons went through a form of denial. If they came over and I didn't have any makeup on, they would just sort of ignore me. I read an article where families, without even realizing they're doing it, they 'practice that person dead.' And so they talk around you, like my son would tell my husband a joke, and it was like I wasn't even in the room. Of course it hurt at the time, but once I understood what they were doing, it was ok.

A.16: Not really.
A.17: No.
A.18: Yes, I do.

A.19: The difference it's made is in the priorities I have. It's totally changed my priorities, my way of thinking. I'm not as serious about some things now as I was before, and some things I'm more serious about. And I do get the utmost out of each day and I look at people a lot different; I enjoy them a lot more.
A.20: No, it hasn't.

A.21: When I had breast cancer, it took me a long time to look at the breast, where it had been removed. And when you've lost all your hair, and lost a lot of weight, you don't feel like a sexual person. My husband was very kind and very understanding. He did his utmost to make me realize he didn't marry a breast, he married me.

Interview #22 (age 74 - 13 years survival)

A. 1: No.
A. 2: Except that it might have been hereditary.
A. 3: I just think it's my makeup.
A. 4: In the first place, I don't have cancer. In the second place, I think it's my attitude.
A. 5: No.
A. 6: I've lived my life the same before as after.
A. 7: Nothing, but I wasn't as active the first two weeks. But as far as physical and mental attitude, no. I didn't suffer one bit.
A. 8: No, not really.
A. 9: Yes.
A.10: ..... 
A.11: No, I don't. Because in the first place, they won't believe me, and in the second place, it isn't helping them any.
A.12: ..... 
A.13: No, I wasn't. They all treated me the same.
A.14: ..... 
A.15: One friend came and took me out to play golf. She was a nurse. I think that was supportive, because I found I couldn't move my arm that way.
A.16: Of course I feel hopeful about the future. I don't believe in the bad ideas. I believe in positive. I've lived this long and enjoyed life immeasurably, and I see no reason for me not to continue to do so.

A.17: No, not unless I'm able to take care of myself. I don't want to be a thing on my children.

A.18: I didn't have a struggle after my surgery. I think you have to work at life to enjoy it. You have to appreciate what you have.

A.19: The only difference that it's made, is that I have met so many nice people who have had malignancies and breast surgery, and it just shows me that other people can be in the same state I am and get along fine.

A.20: No, I've always had a strong faith. And I think that helps a lot, but certainly no more than ever.

A.21: I really don't think it has. My husband was fantastic. A far as I'm concerned, at my age I really didn't miss it.

Interview #23 (age 66 - 14 years survival)

A. 1: No.

A. 2: I can't think of anything, other than it's in the family.

A. 3: It's genetic as far as I'm concerned. I don't go along with some of these things that they're talking about now.

A. 4: I had a radical at the time, with follow-up radiation. And there were no lymph nodes involved. And I think that's why I have survived.

A. 5: I haven't changed anything in the way of my diet or exercise. But right from the very beginning, I had a very positive attitude, and much support from my husband. Now, they say that that helps. That's the only thing that I can say because basically I haven't changed.

A. 6: .....
A. 7: I had lost so many friends through cancer. I knew the best thing to do was to have it taken care of and get on with my life and think positive about it, because there wasn't any reason to dwell on how horrible it was. My husband felt that way, too. I was working and that helped me to keep my mind off it. And the fact that it wasn't as traumatic to me as to some women. Maybe it's because of my age, I don't know.

A. 8: My husband and my family.

A. 9: Yes, I have.

A.10: I work with breast cancer women, and to me it's rewarding to help them and talk to them. It makes me feel good that I can help others. What that has to do with my recovery from cancer, I don't know. That has been a positive thing for me.

A.11: Comparison has not been important to me. However, I try to encourage people, and tell them how successful I've been. But to compare with others, I don't, really. But I'm glad I had reconstruction.

A.12: ..... 

A.13: As far as the cancer goes, I don't feel I was treated any differently. I had lots of support from people who are friends. One person in particular, who's a survivor. She came out and saw me and what good color I had. Because you can tell a lot from a person's color.

A.14: ..... 

A.15: Yes, I received a lot of support. I guess I was overwhelmed. It seems like people are always very concerned and it does surprise you sometimes. But I think had I not been through my parents and other people's deaths, I would have been more overwhelmed if it had been my first exposure, or that type of thing.

A.16: Yes, I feel hopeful about the future. I don't believe that I'll have it in the breast again, but you never know. So you just need to live positively and then if you have any signs of it, deal with it.

A.17: No.

A.18: Yes.
A.19: I think you likely appreciate life more, when you've had something that is threatening to many women. That's about it.

A.20: I don't believe it has.

A.21: As long as my husband was living, it didn't concern me, because he accepted me as I was. But if I were ever to marry again, I think that I would have some concerns.

Interview #24 (age 65 - 13 years survival)

A. 1: Yes.

A. 2: I think I was trapped in a situation of taking care of other people. And with a conscience that would punish me if I did not. My mother who was terminally ill came to live with us. That was also something that I wanted to do. It's a strain, it's rough. I also took care of my husband's mother who didn't care for me. And I think that set me up for something.

A. 3: I don't think there was any one thing that depressed my immune system. I think it was a feeling of 'hey, this isn't a lot of fun.'

A. 4: I honestly think that in developing cancer and coming through it, I gave myself permission to be selfish, to be self-centered, to do more for me, to realize more of my dreams. Thing that I visualized as a child that I one day wanted to do. And I thought I would do when I was a child, yet. I'm now doing. I may never grow up. But I'm doing things that are very satisfying to me. I was doing a lot of volunteer work. I say no to a lot of things now. And I tell myself, 'you're not that bad, you're still worthwhile, even if you're not giving that much of yourself.'

A. 5: Yes.

A. 6: I think I changed my perspective of what I thought was a good person, of what I thought I needed to do to be a good person. I no longer knock myself out in volunteer work, or in caring for other people who, through no fault of their own, have tremendous demands. I do things that give me a sense of well-being, a sense of peace. I do things that in my
mind that when I was ill, visualized myself doing. And at times thought, 'you may never do those things.' I'm now doing them, and I think it's got to work to make you feel better and in feeling better, it's like laughter, it's good medicine.

A. 7: The way that I needed to handle it was to learn everything I could about it. By having regular checkups I was reassured, but now I don't need them anymore.

A. 8: No.

A. 9: Yes.

A.10: In the support group. It was something that I needed at the time, and I kept hearing that there were other women in my situation. The feeling was that I was not alone. Being with people whom I could talk about it. And for awhile, it was necessary to talk about it.

A.11: No, I haven't thought of it as something you can compare, because each one of us is so different. Where we come from is different.

A.12: ....

A.13: No.

A.14: My family didn't treat me any differently. And I can't recall that any friends did. A few days after my mastectomy, my whole family walked down the corridor with cross-country skis. That was their signal that they didn't expect me to be any different.

A.15: The only thing I can thing of is that when we went on vacation, is that I got to choose the vacation, and we went on a pack trip in Arizona.

A.16: On yes, because I intend to live a long time. And if I'm doing things I love to do, the days aren't just long enough. And, as long as I am physically well, the future looks wonderful. And I have things lined up to do if I'm not able physically. There's a lot of reading I'm putting off, and there are photo albums. There are lots of things to do yet.

A.17: Yes, if I can keep moving around most of that time.
A.18: It is! What would be the alternative? It's been good.

A.19: It released me from the obligation to constantly be doing things for other people. I'm not on the back burner, anymore.

A.20: I can't really say it has. My feeling of religion is a feeling of balance in nature, and the natural ability of things to right themselves. It's just another way that it shows to me that things heal themselves. You have health, but it's still part of nature's plan. So it hasn't changed that feeling.

A.21: My sexuality; that was the biggest pain I had in the mastectomy. The sexual feelings, the pleasure that my breasts gave me, went when I had the mastectomy. It was very difficult for me to be around, from that time on. I would say that was the one thing that sent me to a psychiatrist. I couldn't deal with that easily. That was the worst part of it. I don't like my breasts now. They're not as nice as what I had. And my plastic surgeon was a man who thought all women's boobs should be young women's boobs. Mine were not like that. They suited me. And here I am with eternally jutting breasts, and it is not what I wanted. I can deal with them. It didn't improve my body image.

Interview #25 (age 58 - 6 years survival)

A. 1: No, I don't think there was anything in particular that caused it.

A. 2: ..... 

A. 3: ..... 

A. 4: I think because it was such a small, minute cancer. And it was localized, so they were able to get it all.

A. 5: I try to stay healthy for healthful reasons. I exercise, but do nothing specifically because of or for the cancer.

A. 6: ..... 

A. 7: I think what bothered me the most when I found out I had cancer was how I was going to tell my family. I worried about telling them, because I didn't know
how they would take it. As far as anything else, I hadn't really thought about it.

A. 8: I got a great deal of support from my family, my husband and friends. I had friends call me from California who I hadn't heard from in a long time, and I got a great deal of support.

A. 9: Yes.

A.10: The American Cancer Society gave me the name of a woman and I talked to her several times. She was just very supportive. She told me to make up my own mind and accept the responsibility for it and don't look back.

A.11: I don't think I've ever compared it with anybody else.

A.12: ......

A.13: No, I don't think so. I had a lot of support from friends and family.

A.14: ......

A.15: Yes. I had lots of friends from work in California who contacted me. And that was a surprise, because I thought I had left it all behind. They kept in touch and sent flowers and sent cards. And that was unexpected.

A.16: Yes, I'm hopeful. Last year the doctor said I was cured, and I accept his word for that. I feel I should live a pretty long life, if I watch what I eat and keep my stress level down. I'm very optimistic.

A.17: No, thank you!

A.18: Yes, very definitely.

A.19: I think it makes you appreciate being alive. I try to be more thankful and live one day at a time rather than planning way ahead and I think it's drawn my family closer together. I come from a very close family anyway, and I think it make them a little bit closer. I think you realize that you have no promise that you're gonna be here tomorrow, so you live for today.
A.20: Maybe some. I've been brought up as a Christian. It's hard to say that it has affected it...not that much more.

A.21: I feel as feminine as I ever have and I don't think it's affected my sexuality in any particular way. I don't feel any different, really. I don't particularly like to look at myself, but I've adjusted. It doesn't bother me.

Interview #26 (age 74 - 7 years survival)

A. 1: No, I can't think of anything that caused it. It just happened.

A. 2: ..... 

A. 3: ..... 

A. 4: I guess I would say because it was found early enough, and hadn't spread through any other part of my body. And I'm really kind of a healthy person.

A. 5: No, I haven't done a thing to control it. Just nature.

A. 6: ..... 

A. 7: I was devastated when I found out it was malignant. I thought for sure that was about the end of me. I was ready to make out my will.

A. 8: I suppose that I would have to say my surgeon. He cut me all up, and I'm in a mess, but he must have done a good job of getting all the cancer bugs out.

A. 9: After the doctor told me, and I was in such bad shape, morally, he told me about this one lady who had finished her surgery just a week ahead of mine. I have visited with her quite often, but she hasn't been as lucky as I have. She's had two or three recurrences since then.

A.10: ..... 

A.11: This lady that I talked to...her's has been so much worse than mind, that it made me feel real good. But I still talk to her, and we have come much closer to one another, because we have shared the same thing.
A.12: ..... 

A.13: Yes, my whole family was terribly upset. I think they thought I was gonna die. They were quite concerned, but since then everything's been fine. They won't hardly baby me anymore.

A.14: ..... 

A.15: No, I can't think of anyone. There was just family support, and I've always had that.

A.16: I can't think there's too many years left of it now. I'm 74, but I'm still having a good time. And I'm not worried about more cancer, because I've already lived my time.

A.17: Oh, I don't think so!

A.18: I'm certainly glad I've been here, so it must have been worth the struggle.

A.19: Yes, it's made a big difference. I've had to wear this old prosthesis all the time. But as far as my everyday living, I play bridge and do all the things I've always done.

A.20: No, it hasn't affected me. They still can't get me to go to church. My husband goes every Sunday, but I don't.

A.21: When you get my age, what difference does it make? And this body's been out of shape for years. So it didn't bother the body much, and otherwise, no, it hasn't affected anything. My husband doesn't care.

Interview #27 (age 61 - 8 years survival)

A. 1: I don't believe anything caused it. I don't dwell on it.

A. 2: But if anything, it could have been the x-ray treatments that I had received. So it's quite possible that I could have gotten too many x-rays.

A. 3: ..... 

A. 4: It certainly wasn't early detection. I know that, because two years is too long. I don't know. I do all the good things like exercise and eat properly. I do believe mental and positive thinking helps, but
who has had cancer and has positive thinking? I'm sure most people have times of thinking, 'this is it.' So I can't give myself credit for too much of that. Even though I think it does help. I don't know, I don't attribute it to anything.

A. 5: I do a lot of reading. I do what I can along the lines of living healthfully. I have started exercising since the cancer, and eating properly. I am much quicker to go to the doctor and be emphatic with the doctor. I didn't let things go really, but I'd often smile and wanted to look like a good, brave girl. You know, deny that things hurt. And now I'm more honest.

A. 6: ..... A. 7: I think my feelings were almost entirely positive, because when they told me I had cancer, I thought that was it. Cancer means death. I had to leave school for a substitute, and I thought, 'I'll never be back here.' After they removed it, I was with a friend, and I said, 'now that I have cancer.' And she said, 'can't you say, 'now that I have had cancer?' You don't have it anymore.' And so from there on, it was all uphill. Because I felt I was completely at the bottom. I was realizing that I could get over this. It was really almost a rebirth. In some ways, I benefited. I live better. You reevaluate and appreciate life.

A. 8: I don't even give myself credit. I think I'm one of the lucky ones. I really think that. As far as positive thinking is concerned, I've had a very helpful husband and children. Both of my children were extremely helpful.

A. 9: When I was in the hospital a woman from the American Cancer Society came and she was great. I had known her for years, and had no idea that she had a breast removed. She was in her 70's and she had gone through the cancer when she was in her 30's. I felt almost an obligation to tell people that I had breast cancer. I told my third grade children, because I didn't want them to grow up thinking you die of cancer, necessarily. Also friends of mine who have had it since me and strangers have called me. It's almost like a sorority.

A. 10: .....
A.11: I have a couple of friends who are probably terminal now. But I'm fortunate to have positive friends. I don't know any that haven't handled it extremely well. And I think we help each other that way. It's contagious, that kind of thinking.

A.12: ..... 

A.13: I had one friend who's husband is also a doctor, and who will not associate with anyone who has cancer. Poor dear, she told me all this before I had it, so I was prepared. She said they haven't proven what causes it and you can't tell her it's not contagious. But it didn't annoy me. I just knew that she has a problem.

A.14: ..... 

A.15: You know, you never have an opportunity to sit down and count the people who care. I was overwhelmed. I couldn't believe how many people really cared. It made me reevaluate a lot of things, because just so many people came forward. They all really cared, and it didn't bother me which way they went. It gave me strength.

A.16: I really think this is about the nicest time of life.

A.17: I have a mother who's 94 and is still driving. So, I want to live as long as I can live.

A.18: Yes, our life has been good. I tend to think we've never had problems. But people now and then remind me of some of the ones we have had. But I think it's been a very good life.

A.19: I've learned to enjoy my life now and not put things off. I retired early and we looked around and we had friends that had worked until they died. And there were a lot of things we wanted to do that we could not do working. So we decided to get on with it, and do the things now that a lot of people look forward to doing in the future.

A.20: It makes me evaluate constantly. I'm not an overly religious person, but every now and then I feel the need for something more than I am. I did that time, and won't deny the need for that.
A.21: My husband thinks of me as a person with short brown hair, a ready smile and one breast. It's not anything that bothers either one of us that much.

Interview #28 (age 57 - 5 years survival)

A. 1: No, I don't believe anything in particular caused the cancer.

A. 2: ..... 

A. 3: ..... 

A. 4: I guess just because I've survived, I'm a survivor. I don't know what has kept me a survivor to this time.

A. 5: No, I don't believe I've had any control over my cancer.

A. 6: ..... 

A. 7: Only that I eat well and exercise a lot and take basically good care of myself.

A. 8: My husband.

A. 9: Only my friend, Gladys, who died from it later, is the one with whom I've had any personal contact with.

A.10: ..... 

A.11: Gladys and I compared each other, as long as she was here.

A.12: ..... 

A.13: My family expected me to be the same after the surgery, and I have been.

A.14: ..... 

A.15: My family has always supported me. We didn't tell the kids until after the surgery was over.

A.16: Yes, I'm hopeful about the future. I'm counting the days until I retire, and we can be off.

A.17: Of course I want to live to be 100! It's my goal to live to be 100.
A.18: I love life.

A.19: What I have learned most of all is don't put off the things you're gonna do. Just do 'em.

A.20: It hasn't changed my spiritual outlook on life. I am a true believer.

A.21: It hasn't changed my sexual image of myself at all.

Interview #29 (age 65 - 8 years survival)

A. 1: No.

A. 2: ..... 

A. 3: No.

A. 4: I really don't know, unless it's the Lord.

A. 5: No, I don't have any control.

A. 6: ..... 

A. 7: It never affected me. I see these women just go completely berserk. I just didn't have any reaction. I just took it as it came. It was surprising. My husband cried, and it wasn't a big deal for me.

A. 8: I would say my husband.

A. 9: I've been around people who have had cancer, and that helped. I have never really discussed it much. It's just been a matter of fact that I've had a mastectomy, and I've never talked much about it in great detail.

A.10: ..... 

A.11: I've known women who have really almost gone to the deep end, but they were gals who had been younger, and I would have too, if I had been younger. Because if you're in the prime of your life, it's a lot different than when you're older.

A.12: ..... 

A.13: I can't say as I'd only had one remark said to me by an older gal who called me "twiggy," and that hurt.
A.14: ..... 

A.15: Yes, my two ministers and of course my doctors were just wonderful and my kids and friends. They really were supportive.

A.16: Oh, I give it some thought every now and then, because you hear of people getting it in other parts of their body. My idea is that you're going to die of one thing or another anyway, so what's the difference? I know I'm not going to live too long, not because of the cancer, but because of other things. I just don't dwell on it.

A.17: No.

A.18: Yes.

A.19: It's taught me that a person can overcome anything. It used to be that if you had cancer, that was it. Now with so many people coming out of the closet, it's really helped. Like Ann Jillian, you know, and Betty Ford. It's really helped, I think. I'm proud to think that I've had it and so far, I've beat it. I don't have any doubts that I'm completely cured.

A.20: I think that's one thing that gave me strength when I knew I had cancer, and knew I was going to have the operation. It was one reason I didn't worry about it. What comes, you know, is just meant to be. I know it sounds weird, but that's just the way I was.

A.21: Well, my body is in such a terrible shape anyway, that losing a breast didn't make much difference, because I'd had so many operations that it's really in bad shape. Some husbands would leave. But my husband just wasn't that type, and I won't ever get married again. It really didn't make any difference to me. I've just worn clothes that covered me and it didn't make that much difference.

Interview #30 (age 82 - 7 years survival)

A. 1: Well, I don't know. I have nothing to go by.

A. 2: ..... 

A. 3: .....
I haven't had any stress, and I just go on with my life as usual. And I don't worry about it, and I think that has something to do with it.

My husband has been very supportive. I think at the time I had the mastectomy, that it was harder on him than it was on me. He's done everything to make it easier for me. We've had a real good life together, and I think that has a lot to do with it.

I think at the time I had the mastectomy, that it was harder on him than it was on me. He's done everything to make it easier for me. We've had a real good life together, and I think that has a lot to do with it.

Well, I don't know. I guess I just took it as a matter of course. It was just another health problem. I've always been healthy. I know people go into tears and what not. I just went along with it, and it didn't bother me.

My husband. He's been with me all the way. He's been very supportive, and so that's good.

I think after the mastectomy there was a girl who explained things to me and she was very helpful. And I've had a number of friends who have had mastectomies. I think just because we all think the same way. We don't talk about it, but we all support each other. And I think that helps if we have any troubles.

I really haven't known anyone who hasn't fared well. I mean they all get on with their life. I do know of one friend who did have a mastectomy and she was under just a great deal of stress and it just went from one part to another, and she finally passed away. I still think that mostly stress did that.

No, I don't feel that I was treated any differently.

My friends were very supportive. I got phone calls from friends who were very far away. And lots of friends came and told me that they'd had mastectomies, and I've never known that before.

Oh yes, I feel that the way that I feel now, that I don't have any idea that anything else can happen. But as far as I know, I feel fine.
A.17: I don't know if I'd like to live to be 100. But I'd like to live to see what's going to happen to the country. I don't want to live a long time and not be well.

A.18: Oh, it certainly has. I've had a wonderful life. I couldn't have had a better husband. I know that. We've had 58 years of wedded life.

A.19: Well, I don't know as it's made any difference in my life. My life's gone on as before. Only that I have to wear a prosthesis. Other than that, my family's been the same, my friends have been the same, and I think I've been the same.

A.20: Well, I don't know as if it's affected it, as I've always believed in God. I believe that He is the doer of all things. And when it's time for you to go, why He will be the one to judge. So, I've just led a normal life and hope that it will go on as long as He sees fit.

A.21: Well, if I had been younger, I think it probably would have had more effect. I can't see that it has really affected us. But I do know that it affects those who are younger.
APPENDIX D

TABLES
Table 1. Category 1: Beliefs Towards Causal Factors of Breast Cancer (Interview Questions 1, 2, and 3)

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<th>16-20</th>
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(Interview Question 4)

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<tr>
<td>don't know</td>
<td>9% (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Category 3: Beliefs About Control of Breast Cancer  
(Interview Questions 5, 6, and 7)

<table>
<thead>
<tr>
<th>Belief</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>lifestyle changes</td>
<td>20% (6)</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>healthcare choices</td>
<td>12% (4)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>visualization</td>
<td>5% (2)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diet</td>
<td>3% (1)</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>belief in God</td>
<td>3% (1)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not sure</td>
<td>27% (7)</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>don't know</td>
<td>30% (9)</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Table 4. Category 4: Support Systems' Influence on Breast Cancer Experience (Interview Questions 8, 9, 10, 11, and 12)

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>family</td>
<td>25% (7)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>spouse</td>
<td>25% (7)</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>20% (6)</td>
<td>4</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>doctor</td>
<td>15% (5)</td>
<td>1</td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>friends</td>
<td>6% (2)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>don't know</td>
<td>9% (3)</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Category 5: Feelings of Isolation or Victimization (Interview Questions 13, 14, and 15)

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>isolation or victimization</td>
<td>33% (10)</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>no difference</td>
<td>67% (20)</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 6. Category 6: Outlook on Life, the Future and Quality of Life  
(Interview Questions 16, 17, 18, and 19)

<table>
<thead>
<tr>
<th>Outlook</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>hopeful about future</td>
<td>92% (27)</td>
<td>18</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>wants to be 100</td>
<td>45% (13)</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>life worth struggle</td>
<td>94% (28)</td>
<td>19</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>positive experiences from breast cancer</td>
<td>73% (22)</td>
<td>14</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Table 7. Category 7: Spiritual Beliefs as Affected by Breast Cancer  
(Interview Question 20)

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>changed outlook</td>
<td>42% (12)</td>
<td>10</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>no change</td>
<td>50% (15)</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>don't know</td>
<td>8% (3)</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Table 8. Category 8: Attitudes Towards Sexuality and Body Image (Interview Question 21)

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Total</th>
<th>5-10</th>
<th>11-15</th>
<th>16-20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>affected sexuality</td>
<td>20%</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>affected body image</td>
<td>50%</td>
<td>10</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>no changes</td>
<td>30%</td>
<td>6</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>