Beyond the Pink Ribbon: An exploration of the experience of self-compassion in Western Australian women survivors of breast cancer

Helen Wilson

The University of Notre Dame Australia

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APPENDIX 1

Information Letter for Participants

INFORMATION LETTER

Dear potential participant

My name is Helen Wilson. I am a student at The University of Notre Dame Australia and am enrolled in a Doctor of Philosophy degree, researching in the discipline of counselling. As part of my course I need to complete a research project. The title of the project is Beyond the Ribbon: An exploration of the experience of self-compassion in self and other relating in women survivors of breast cancer

My research concerns how women living with breast cancer re-establish and maintain constructive, self-compassionate relating with their body, their sense of self and with significant others post-diagnosis and treatment. The purpose of the study is to investigate three areas: 1) the extent to which women’s experience of living with breast cancer affects their feelings and attitudes about themselves and their body; 2) what women feel they need to confidently maintain a balanced and attentive self-relationship; and, 3) whether an early post-treatment program, focused on enhancing a self-compassionate attitude to self could be a useful support for positive adaptation to living with cancer.

I am inviting three groups of participants to join this study:
1) Women survivors of breast cancer
2) Persons who are significant others in the lives of women with breast cancer
3) Counsellors who are working therapeutically with women with breast cancer.

Participants in each group will take part in one (1) tape-recorded interview. For participants in Group 1 it is anticipated the interview process will be between 1 and 2 hours.

Participants in Group 1 will also be asked to take part in three (3) 1-hour Opening to Self-Compassion (OtSC) group sessions and to attend 3 x 4 hour sessions (12 hours in total) of a personal reflection program involving creative-arts-based activities. It is anticipated the three 1-hour OtSC sessions will be either audio-taped and/or video-taped. None of the sessions in the 3-session Personal Reflection Program will be recorded using either audio or video-tape.

For participants in Group 2 it is anticipated the interview will take approximately 1 hour. For participants in Group 3 it is anticipated the interview will take 45 minutes.

Information collected during the interviews, Opening to Self-Compassion group sessions, as well as any discussion had or artefacts, drawings or writings produced during the 6-session personal reflection program will be strictly confidential. This confidence will only be broken in the instance of legal requirements such as court subpoenas, freedom of information
requests or mandated reporting by some professionals. To protect the anonymity of participants in a project with a small sample size, a code will be ascribed to each of the participants to minimise the risk of identification.

The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/

You will be offered a transcript of the interview, and I would be grateful if you would comment on whether you believe we have captured your experience. Before the interview I will ask you to sign a consent form. You may withdraw from the project at any time.

Data collected will be stored securely in the University’s School of Arts and Sciences for five years. No identifying information will be used and the results from the study will be made freely available to all participants.

Due to the sensitive nature of this issue, the interview may raise some difficult feelings for you. If this happens I will make sure that support is available for you if you desire it. You will be provided with relevant counselling information at the interview and contacted by the researcher one week after the individual interview.

The Human Research Ethics Committee of the University of Notre Dame Australia has approved the study.

Prof. Martin Philpott of the School of Arts and Sciences is supervising the project. If you have any queries regarding the research, please contact me directly or Prof. Philpott by phone (08) 9433 0218 or by email at Martin.Philpott@nd.edu.au

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

Helen Wilson
Tel: (08) 9433 0221
Email: helenmargaret.wilson@nd.edu.au

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
APPENDIX 2
Informed Consent Form

CONSENT FORM

Beyond the Ribbon: An exploration of the experience of self-compassion in self
and other relating in women survivors of breast cancer

I, (participant’s name) _________________________________ hereby agree to
being a participant in the above research project.

• I have read and understood the Information Sheet about this project and any
  questions have been answered to my satisfaction.

• I understand that I may withdraw from participating in the project at any time
  without prejudice.

• I understand that all information gathered by the researcher will be treated as
  strictly confidential, except in instances of legal requirements such as court
  subpoenas, freedom of information requests, or mandated reporting by some
  professionals.

• Whilst the research involves small sample sizes I understand that a code will
  be ascribed to all participants to ensure that the risk of identification is minimised.

• I understand that the protocol adopted by the University Of Notre Dame
  Australia Human Research Ethics Committee for the protection of privacy will be
  adhered to and relevant sections of the Privacy Act are available at

• I agree that any research data gathered for the study may be published
  provided my name or other identifying information is not disclosed.

<table>
<thead>
<tr>
<th>PARTICIPANT’S SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESEARCHER’S FULL NAME:</td>
<td>HELEN MARGARET WILSON</td>
</tr>
<tr>
<td>RESEARCHER’S SIGNATURE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

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## APPENDIX 3
### Interview Schedule: Women survivors of breast cancer

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and greeting. Reiterate the time allowed for the interview. Review the outline for the proposed research as per the information statement emailed. If not already done so, discuss the Informed Consent form and have this document signed by the participant. Ask participant if they feel ready to begin the interview.</td>
<td>Build rapport with participant through conversation about their participation – what it requires of them, the time the interview will take. Orient the participant with the rationale behind the research project and the anticipated aims and outcomes.</td>
</tr>
<tr>
<td><strong>Q1</strong> Can you tell me something of how it has been for you since diagnosis and treatment?</td>
<td>Builds connection with participants to develop rapport. Participants can disclose how they have experienced this recent time. Can also set a context for consideration of their self-relationship.</td>
</tr>
</tbody>
</table>
| **Q2** Self image  
What can you tell me about the impact of treatment in terms of your image of yourself?  
a) physically  
b) psychologically/emotionally | Beginning to focus on a key theme of the study. Opening the potential for comment about disparate aspects of ‘self’.                                                                                                                                                                                                                                  |
| **Q3** Relationship with body  
How would you describe your relationship with your body –  
a) prior to diagnosis  
b) since completing treatment | Focus becomes centred on more sensitive issues. May reveal participants actions, intents, and perceptions of their relationship with their body.                                                                                                                                                                                                 |
| **Q4** Self compassion  
Could you tell me something about what the term self-compassion might mean  
a) for you  
b) for women with breast cancer | Opens topic of participant’s reflection or thoughts about the concept of kindness and non-judgmental approach to Self. Introduction of question about a ‘bigger picture’ perspective.                                                                                      |
|                                                                           | Q2, Q3 and Q4, provide feedback to researcher                                                                                                                                                                                                                                                                                         |
| Q5 | Thinking about the recent past, would you be able to tell me of a time when you, or a friend, were able to be self-compassionate? |
| Q6 | What do you think women with breast cancer might need in order to nurture themselves and care for their bodies? Open question with specific focus on participants thoughts and feelings about recovery (as opposed to more negatively-g geared emotional experiences). |
| Q7 | Is there anything you would say you have discovered about yourself from the experience of breast cancer? |
| Q8 | Is there anything more you would like to say, or think might be useful for me to know about the experience of breast cancer? |
**APPENDIX 4**  
**Interview Schedule: Significant others**

<table>
<thead>
<tr>
<th>Proposed question</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and greeting. Reiterate the time allowed for the interview. Review the outline for the proposed research as per the information statement emailed. If not already done so, discuss the Informed Consent form and have this document signed by the participant. Ask participant if they feel ready to begin the interview.</td>
<td>Build rapport with participant through conversation about their participation – what it requires of them, the time the interview will take. Orient the participant with the rationale behind the research project and the anticipated aims and outcomes.</td>
</tr>
<tr>
<td>Q1 How would you describe the way in which you perceived your (wife, parent, partner, sibling) related with herself prior to diagnosis? Could you describe the quality of life you perceived she had prior to diagnosis?</td>
<td>Linking with participants, developing rapport. Participants can disclose their perception of relating with self and others pre-diagnosis and treatment.</td>
</tr>
<tr>
<td>Q2 What can you tell me about your perception of the impact of treatment in terms of her image of herself? a) physically b) psychologically/emotionally</td>
<td>Beginning to focus on a key theme of the study.</td>
</tr>
<tr>
<td>Q3 Have there been any significant and not-so-significant changes in attitudes to life and beliefs about life since being diagnosed and treated? If so, can you tell me something about those changes?</td>
<td></td>
</tr>
<tr>
<td>Q4 Could you tell me something about your perception of the term self-compassion? What does the term mean to you?</td>
<td>Opens topic of reflection or thoughts about the concept of a kind and non-judgmental approach to self.</td>
</tr>
<tr>
<td>Q5 From your experience, is there anything more that could be done to promote and encourage a healthy self-relationship with body, mind and feelings for women living with breast cancer?</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX 5
Interview Schedule: Counsellors who have worked with survivors of BC

<table>
<thead>
<tr>
<th>Proposed question</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and greeting. Reiterate the time allowed for the interview. Check on their understanding of the timeframe to ensure there is sufficient time for the interview. Review the outline for the proposed research as per the plain language statement emailed. If not already done so, discuss the Informed Consent form and have this document signed by the participant. Ask participant if they now feel ready to begin the interview.</td>
<td>Build rapport with participant through conversation about their participation – what it requires of them, the time the interview will take. Re-orientates the participant with the rationale behind the research project and the anticipated aims and outcomes.</td>
</tr>
<tr>
<td><strong>Q1</strong> Can you tell me how long you have been working in the field of counselling, and how long and in what context you have been working with women with breast cancer.</td>
<td>Opens the conversation Participants can disclose how they have experienced this recent time. Can also set a context for consideration of their self-relationship. Provides an insight into the professional exposure to women diagnosed with BC who seek emotional support from counsellors in either breast cancer care organisations or other services.</td>
</tr>
<tr>
<td><strong>Q2</strong> What can you tell me about your perception of the impact of treatment in terms of a woman’s image of herself? a) physically b) psychologically/emotionally</td>
<td>Beginning to focus on a key theme of the study.</td>
</tr>
<tr>
<td><strong>Q3</strong> What have been your observations about changes in the way a woman relates with herself and others after being diagnosed and treated for breast cancer?</td>
<td></td>
</tr>
<tr>
<td><strong>Q4</strong> Have you observed significant and not-so-significant changes in women’s attitudes to life and beliefs about life since their diagnosis and treatment? If so, can you tell me something about those changes?</td>
<td></td>
</tr>
<tr>
<td>Q5</td>
<td>To what extent and in what ways has your experience of journeying through cancer with this person affected your attitudes and beliefs about life?</td>
</tr>
<tr>
<td>Q6</td>
<td>Could you tell me something about your perception of the term self-compassion?</td>
</tr>
<tr>
<td>Q7</td>
<td>What about the idea of self-kindness? From your work with women would you say there is a general understanding of being kind to self? Would you say self-kindness is something women allow to nurture themselves?</td>
</tr>
<tr>
<td>Q8</td>
<td>From your professional experience is there anything more that could be done to promote and encourage a healthy self-relationship with body, mind and feelings for women living with breast cancer?</td>
</tr>
</tbody>
</table>
APPENDIX 6

Observations from Session 1 of the Breast Cancer Participants’ Personal Reflection Program

SESSION 1
Friday, October 5, 2012

Facilitator: HW (researcher)
Co-facilitator – ‘Leisbeth’ (not her real name)

STEP 1: Each person gave a brief introduction of themselves to Leisbeth

STEP 2: HW (already known to participants) and Leisbeth introduce themselves to group members. Discussion about the plan for the four-hour session and the aims of the session. Outline given of the types of activities to be offered and the process of sharing at the end of each activity. The women were invited to share only what they felt comfortable with. It was made clear that there was no expectation of how they would or should ‘do’ the activities or the extent of personal disclosure within the group. Space and time was allowed for any questions about arts-based activities. Participants were informed they could choose to not participate in any or all activities.

STEP 3: After allowing some time to address the practical aspects of the session and settle in we began the expressive therapies program with a ‘warm up activity’ - Drawing on My Thoughts and Emotions. This activity involved using crayons, and other art materials supplied by the researcher/facilitator. Participants were invited to ‘warm up’ with three drawings; the instructions given were not about ‘doing’ a drawing, but to engage in slow gentle breathing, to soften the gaze, and see what came to mind in response to several guiding words about different feelings.

First drawing: participants were invited to use colours lines and shapes to represent something that goes with how they were feeling in the present moment.
Second drawing: participants invited to use colours, lines, shapes to represent thoughts that emerge as I think about the things I like most about myself.

Third drawing: participants then invited to be ‘open’ to whatever thoughts come into their mind and to choose colours, lines, shapes that might reflect those thoughts.

The format of this activity was to make ‘contact’ with feelings being experienced in the present, then to turn thoughts to positive things about the self, and then to open the process to something that might emerge from the process of doing the first and second images.

Outcome: All participants engaged eagerly - to my surprise. After completion of the third drawing, the ‘space’ was opened for a group sharing. Again, there was little hesitation in participation in this group discussion.

Shirley began the sharing. She said she had drawn balloons, because releasing balloons is, for her, a happy thing to do. Shirley had just suffered a recent bereavement of a young grandson killed in an active war zone. Shirley repeated many times during the four-hour session that “I can’t draw”. Despite making these statements Shirley engaged well with the activities and the tentativeness when using crayons to express herself seemed to ease by the time we reached the final art-based activity for the day.

Lara had also engaged in the art activity, and when sharing, commented: “when the word cancer comes to you, you discard anything that is not precious in your life. You quickly decide what you want to keep and what you want to throw out”. Lara went on to refer to this as not only an outer process, but primarily an inner one.

Geneva commented that counselling should be integrated into the care ‘package’ for cancer patients, saying, “they don’t even know they need it, and while you’re told about it, I doubt very many people would take up the suggestion”. After the group sharing, we moved on to an activity using miniature objects as a means of finding different language to express.
Here and Now: This activity used miniature objects and words for thoughts, for mood/feelings and what I would like to have for myself for today. The aim of this activity was to guide participants to find a focal point or intention for something they would like to gain from taking part in the PRP. Participants were thoughtful and reflective in the choosing of the miniature objects (see images at pp. 418-424). Again, I was pleasantly surprised at the level of engagement with the process of experiential activities that would stimulate deeper thinking. The women were each able to enter the sharing phase with relative ease. Their sharings had a poignancy as they reflected on what they would like to have for themselves. Comments included having the feeling of freedom and peace, as well as a return to some fun moments in life indicated both the strain of the journey they were on in combination with what could be interpreted as a vision for their own future.

Body outline drawing: This activity devised in 1988 by Mark Pearson, invited the women to draw a body outline (‘gingerbread person’ shape). The rational and steps of the activity as outlined in Pearson and Wilson (2009) were explained. Participants were then given time to scan through the body and to map on the outline anything they found. As a final part of the activity, participants were invited to sit back, take some deep breaths and see if they could imagine a place inside where a flower or flowering plant was growing. They were then asked to imagine what the flower would be, and what it might mean, or what is happening to the flower/plant. They then drew the flower somewhere on the page, either in the body outline shape or out to the side. Flowers ‘found/imagined” by participants included – boronia “growing right under my nose” (this was connected to memories of childhood and pleasant remembrances brought forward by the fragrance of brown boronia), lotus flower (two participants imagined a lotus flower), another imagined Singapore orchids, and for another participant a red rose was the flower ‘found” (she shared with the group that this was because she loved red roses).

Each group member was invited to engage in a homework activity for personal reflection before we meet in one week’s time: The homework was a journal writing activity and to take time to do another Body Map. They were asked to write a brief question and answer dialogue with their body (based on Progoff’s dialogue with the body). The suggestion was for each person to do the ‘homework’ activities once
over the coming seven days. All agreed they would take time for reflection, however, the suggestion to the group was to take a mindful approach to the homework. This means to undertake the activities as a time for self-reflection, an opportunity to discover more about themselves rather than as a process to be completed for someone else and the results returned to an authority figure or ‘teacher’. The invitation was to do the activity only if they wanted to and felt it would be useful for giving time to their own wellbeing.

**Researcher’s observations:** We’re off to a good start! Everyone seems open to connecting with each other. They seem very happy to include Leisbeth in their discussions. I was concerned the expressive therapies activities could cause some of the women to feel ill at ease. In particular I was concerned about the emergence of negative comparisons and evaluation of their creative ‘products’ in the session. This was not the case. There was a lot of laughter even in spite of a background of deep sadness for Shirley whose grandson had been recently died.

I noticed that the women commented many times during the day that they felt having this small group was a great benefit for them. Two of the group were not feeling calm and relaxed in themselves (one was recently bereaved, and one did not specify exactly why her mood was unsettled). Validation and acceptance given in verbal statements by the remaining group members meant that both women felt nurtured and cared for by the group.

Comments from each woman were deeply personal although not related to cancer or their illness experience. Discussions were about the details of their lives in the moment, what they were struggling with personally and emotionally, what they were enjoying, and what they hoped to do in the future. An indication of their moving into a new life was in the example of one woman who brought her camera and took close-up photos of flowers in the garden where we met. She commented that she had realised how much she loved taking photographs. One person commented that the best thing about the group was that none of the women belonged to her past, so they had no link to, or investment in, the previous ‘life’ she had lived.
Another surprising aspect of this first meeting was that the women talked openly about their relationships with significant others in their lives. Most of the dialogue centred around what sounded like quiet resignation about feeling a lack of the support they felt they needed. Their perception was that support had not been forthcoming from partner or family. Lara commented that “others just don’t understand [about BC], that’s why this small group is so important [to me]”.

Prior to ending the group the women realised they all enjoyed going to see a movie. A decision was then made to meet each month for a movie and lunch date so as to keep contact. This seemed a very positive step forward. The women had decided to meet simply because they enjoyed each other’s company and wanted to extend the social contact.

Part of my debrief after the first session was to prepare a list of possible activities for the next session in three week’s time. It seemed helpful to take time this afternoon to reflect on what happened in the group and then think about the direction that could be taken in the next session.

Each of the subsequent sessions had a prepared format that could be followed. My observation was that with each session more time was needed for the women to discuss with each other the changes they had been making in their lives since the previous session. Changes included taking a holiday, not worrying so much about having things done around the house, taking time to indulge in creative pursuits, and, importantly, making time to meet with each other on a regular basis to share lunch and talk.
APPENDIX 7

Images of art responses by women survivors to creative arts activities in the Personal Reflection Program

Personal Reflection Program (PRP) sessions

As a result of requests from participants, they were re-assured any artefacts created during these experiential sessions would not be analysed as a means of extracting significant data. They were asked if they would, however, be willing to allow photographs of their work to be included in the final thesis. Assurance was given those images would be accompanied by minimal comment and would be used only as a way to highlight an overall theme or therapeutic experience. The process of the group interactions and participant involvement in those sessions was monitored and observed by the researcher using the concepts of participant observation research. Notes made immediately on completion of sessions served to emphasise or highlight themes that had emerged from both individual interviews, and the OtSC sessions.

No images have been included of the body outline drawing activity. While participants engaged well with this activity the images created were not offered for inclusion in this thesis. The body outline drawing was created by each participant and this was then followed by an invitation to ‘search’ for a range of feelings (nominated by the facilitator) in the body and to record what was ‘found’ using colours, lines and shapes on the body outline. Some of the images had scant details recorded in response to prompts such as “where in your body do you feel a sense of happiness?” or “where in your body do you feel a sense of sadness?” Other body outline drawings were complex and detailed with brightly coloured markings.

1 Warm-up activities using writing and selecting miniature objects to record thoughts, feelings and hoped for outcome for themselves from the sessions. Words such as “life sparkles”, “peace”, and “freedom” were used. The women enjoyed this
activity and shared openly. Two different representations of the worksheet were presented: The first two images are one format, the second three images show the worksheet formatted slightly differently but with the same themes.
2. Drawing/writing activity as a catalyst for self-recollection of times when compassion was offered to others and what that has meant for my sense of self. The last section of the worksheet asked participants to record what they would say to themselves about the compassion they offered others.
3 A self-discovery worksheet afforded opportunity for a participant to consider a personal characteristic that she regarded as a ‘strength’ (perhaps previously unrecognised or undervalued) and that could support a positive sense of self during survivorship.
4 An activity about affirming self, finding the meaning in their strength and to depict this using colours, lines, shapes or images. After the art process participants had time then to reflect and record their thoughts in words using the image as a reflection point. Participants enjoyed finding and depicting a personal strength and the meaning of that strength for their life.
‘Free’ painting with watercolours was a time at the end of each session when the women explored using colours, lines and shapes as a completion, integration,
activity for ending each PRP session. There was no instruction given other than to experiment, ‘play’ and allow an image to emerge on the page. This was a particularly pleasurable time for each of the women. After completion of the research project one participant chose to have one of her paintings framed to hang on her living room wall.
AND ...THE FINAL WORD

In the final personal reflection session one participant said she enjoyed “just having fun with colours”. Another participant commented about using watercolours and wet paper to explore the ‘unknown’ as a self-expressive activity, saying “We should’ve done this [expressive therapies] sooner... we’d have told you a lot more...”
APPENDIX 8

Summary of Researcher’s Personal Reflection Journal

Over the course of this PhD I encountered a range of questions, feelings, and ponderings about what it means to be kind to oneself and to develop an abiding self-love despite life circumstances. Preconceived notions I had about self-compassion were tested. Assumptions I had made about women and their self-relationship were constantly reviewed. I felt in awe of the capacity of women to soothe and nurture others who experience physical or emotional pain while at the same time feeling isolated or struggling to make sense of things in their own lives.

The interview process with 17 women brought me sharply face to face with breast cancer. The discussions with these women forced me to reflect on the aim of my research. The focus group sessions offered me an opportunity to discover more about how life post-BC was influenced and shaped by what had happened prior to diagnosis and what had happened for the women during treatment for the disease. The personal reflection program brought me into a much deeper understanding of the uniqueness of each woman.

My thought processes began to wrestle with a psychodynamic query. This query was that while breast cancer had brought each of the women into the research project, and while some of the life changes they made after treatment ended sounded very familiar, each woman’s intimate relationship with themselves before BC continued to ‘colour’ the lens through which they ‘saw’ life as a survivor.

As each phase of the project unfolded I found it more possible to separate from the ‘therapist self’ and take on the occasional role of the naive observer. This shift was made more possible through a constant reminder to myself that the role of researcher working with a potentially vulnerable population involved acute awareness of the fact that the women had not requested any therapeutic intervention.
The women were interested, primarily, in sharing the narrative of their experience, most probably for the benefit of women who may be diagnosed in the future. The key focus was to gain participants’ perceptions of their illness; in essence, was that perception negative or positive. I saw my role as simply a conduit for open discussion about living post-BC. This became more pertinent as I worked through the verbatim transcripts. I regarded my role was also to report the findings in a way that could both advantage future users of breast cancer care services, and bring to attention the potential for BC survivors to build capacity for self-kindness.

My intention to complete this PhD in as short a time as possible meant I thought I could listen to the interviews, transcribe them and discover themes quite quickly. Brief notes I made at the time recorded my sense of “deep sadness – even sorrow - at what I am now hearing as if for the first time. And, not my grief but an existential sadness.”. The interviews with the three significant others left me with a profound sense of the challenges inherent in the journey partners, husbands and loved ones make as they move through BC as if “looking at the event through a veil, not fully in the experience, and yet unable, for the most part, to extricate themselves from the experience (almost) of voyeur and captive”. One of the husbands interviewed gave me a wake-up call to the intense need for others to feel heard about their experience. His words when I first greeted him at the appointed time and place for our interview indicated the distress he had been feeling when he announced that he was pleased to finally get the “chance to tell my story”.

One of the most immediate challenges for me involved the need, and desire, to manage a dynamic tension between my training as a counsellor and my role as a researcher. With each response to questions in the interviews I found myself tempted to ask a question that would take the participant into some self-exploration. To resist that internal urge to ‘cure’ a participant’s emotional disorientation and discomfort through ‘caring’ meant holding a focus on an awareness that being ‘cured’ of that discomfort may be the very thing that could inhibit acceptance - or provision - of compassionate ‘care’ from self or others. This challenge involved being able to bear silent witness to narratives of physical suffering, emotional and social dislocation, as well as to stories that reverberated with subtle and not-so-subtle reminders of a general and lifelong lack of self-worth, and frequent negative self-evaluation. Yet,
participants seemed to have accepted an unspoken ‘rule’ that they were the ones who had to make family relationships work. I wondered how these women went about proving their worth and wondered also whether they had relied on their willingness to accept the socialised messages about what they had to do to be regarded as a ‘good’ woman.

My way of maintaining separation between the role of researcher and the professional of counsellor was to reflect on the interaction with each woman and to create brief notes about my thoughts. Some extracts from those notes reveal thoughts about women’s ways of coping, of managing, and of experiencing their external world. For example, one of my notes commented that “Carole became a completely different person when she laughed. Who might she be? I wonder what brings light and joy to life for her?”. This note was in response to an observation that one participant in the personal reflection sessions carried a demeanour that could be interpreted as a person who was very unhappy with life. The ‘face’ shown to the world was very different to the vibrant, capable, jazz-music loving person the group met as we worked through the PRS. Another note I had made held the comment “each of the women seems engaged in consolidating a new narrative about who they are or who they now want to be”. Another reflective note highlighted my impression of the “defining experience” that BC was for each of the women. That same note went on to question whether these women had ever had time and space in which to recognise and acknowledge personally defining moments. My note states “they may not have been aware of defining moments before their BC. Apart from childbirth it sounds as though they have carried on through life without too much fuss made of their defining moments”. A further note reflected my wondering whether their BC experience would eventually be placed in that same ‘treasure chest’ of internalised experiences that they relegate to the ‘background of life’, and from which they will move on back into a way of life with much about it that is reminiscent of how they related with themselves and others in the past. “BC has brought them to this moment of re-arranging their life in a way that brings an opportunity to make the shift from survival, to what a client many years ago called ‘thrival’? Before exit comes existence … a question to ponder about illness”.

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Another strategy to maintain a deeply reflective stance on the participants’ data was to engage in creating my own sandplay on a regular basis. This step was taken to make sure I could continue to step aside from a mindset influenced by my own perceptions of what kindness and warmth to oneself meant. Taking time to use the reflective space that creation of a sandplay image can offer assisted the process of ‘holding’ the moment of difficult feelings rather than using that moment as a springboard to the next action step. Each sandplay image was kept intact for several days to allow further contemplation. Time to reflect on the image and allow deeper knowing of self to grow was a reminder of the how a person could benefit from self-compassion. Creation of a sandplay helped me externalise, symbolically, the questions I had and the tension I experienced. The images created in the Sandtray were reviewed with a qualified Sandplay Therapist whose support helped me to not, unwittingly, obscure clarity. Persistent themes in the images created at the time of reviewing all data collected for this project were “facing options”, “alone with the struggle”, “fear of the unknown”, “hidden gifts” in addition to themes that reflected concerns about honouring the stories of participants. Four images taken from the series of process Sandplays are included here (pp.430-432).

Looking through different eyes

For the first personal reflection session a co-facilitator joined the group. This step had received ethical clearance prior to commencement of the project. After that group session, ‘Leisbeth’ the co-facilitator and I met to debrief about what had happened. This helped me maintain objectivity. Leisbeth commented that “this group is very important to these women … it doesn’t have the shroud of breast cancer.” During the four hours of the group Leisbeth observed the women as “recognising profound moments of experiencing themselves.”. One particular comment about a participant was that “she presents as a tough little thing, but she’s a lot softer than she presents. She’s very loving but doesn’t know any other way to be except tough on the outside.”. Another observation Leisbeth commented on related to her experience of Shirley. What Leisbeth felt she experienced with Shirley was that “the death of her grandson has helped her open up and acknowledge the depth of her feeling-self”.

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In the debrief with Leisbeth we also discussed breast cancer through a metaphor of “the other lover”. Our discussions led us to ponder whether BC in the ‘form’ of that other lover could be seen as demanding of their attention, their physical being, their emotional life, intimacy, and their body. The conversation went on to wonder whether the encounter with this unanticipated ‘lover’ had brought to light old ways of being that no longer served them well. ‘Kissed by breast cancer’ was a metaphor we discussed. In following the creative thoughts of that metaphor we explored between ourselves the idea of BC as a type of ‘kiss of life’ that awakened each participant from a sleep about who they were, their self-worth, and the value of their life. Part of my thinking looped around whether this particular group of women had led a life in which service for others meant life had become over-domesticated and had therefore ‘lost’ contact with essential aspects of themselves. BC may have brought release from constriction, which activated the potential for freedom from previously unquestioned constraints. Leisbeth and I agreed that our ponderings could definitely not be indicative of or relevant to the experience of the larger proportion of women survivors of BC. The ideas had connection only with our experience of this particular Western Australian group of women.

When it came to discussion of self-compassion during the interviews, focus group sessions, or the personal reflection sessions, I found I was constantly drawn to looking at the whole person and their life story and particularly how it related to the central tenets of self-compassion, not just the story relevant to their illness and subsequent survival experience. An alertness to there being a sense of a ‘wounded self’ in each of the women began to grow. Interest in a link between childhood attachment experiences and self-compassion in women’s adult life generated a deeper interest in the residual power of negative familial injunctions. I wondered if these injunctions may have accidentally (or, sadly on purpose) eroded a capacity for women to value their feminine nature and to without question turn inward the care, love and support they learned to give others.

In the OtSC group sessions what stood out was that the topic of intimacy, sensuality and sexuality was ‘skirted’ around. This was not a comfortable topic for the women. There was a definite sense of disenfranchisement from their essential feminine nature, gauged through the non-specific responses given during the OtSC
group sessions. The original question asked sought to gain information about possible detrimental effects of BC on women’s sense of themselves as a sensual and sexual being. Typically, responses given were practical examples of ways of relating with self through increased personal care. Some examples were buying pretty underwear, wearing different colour wigs, attending make-up classes, and socialising more when possible.

What seemed puzzling was the remnants of concern in women participants about bringing shame on themselves if they were to respond to the needs of others from a purely self-focussed way. In other words, the concern they had was related to shame they would feel if they were ‘judged’ by self or others as being selfish. It seemed that being of service to others meant to place self-need at the end of the list of things needing attention.

These notes from my recorded observations of the first PRP session have been included to provide context and a sense of the group format and processes involved in participation.

and an unfamiliar land (building on top of the mound). Wisdom and trust are needed to guide the ‘visitor’ to new and unfamiliar surroundings.

Sandplay 2 – September, 2014 - Thinking and organising – feeling as though I need to be highly organised so there is a structure to hold the ‘whole’ of the body of work. My brain hurts – it is working overtime on a labour of love.

Sandplay 3 – May 2015 - Voyaging to an uncertain destination – at this stage it seems as if analysis of the findings is luring me into a more and more indistinct world of words while at the same time I have a sense of being guided to go through a
more narrow aperture than I had seen before or, upon glimpsing the path forward, do not think it possible to confidently move forward.

Sandplay 4 – November, 2016 - Still some hurdles. This sandplay represented the process of bringing together all elements of the thesis. There were the gleaming jewels (findings), the portal (discussion), and the corralled section where emergence from mystery into light would hopefully happen (implications of SC for counselling and relevance of SC for counselling). To the upper left of the sandtray was the goal – peaceful and reflecting the colour blue: a colour of harmony.

The Sandplay process was continued until August, 2017. In 2017 weekly sandtrays were completed and discussed with a qualified Sandplay Therapist as a means of keeping the vision and passion alive and to move forward to the point of completion.