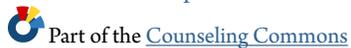

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Beyond the Pink Ribbon: An exploration of the experience of self-compassion in
Western Australian women survivors of breast cancer

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Chapter Five

Methodology and Research Methods

5.1 Overview

Rigour in research is maintained through provision of detailed methodology that builds on a robust framework for a research project. The purpose of this chapter is to provide detailed descriptions of the process of first posing a research question, to recruitment of participants, data gathering, and analysis of data collected. At the same time, credibility and trustworthiness of this research study were considered paramount. This chapter will discuss the epistemological stance, theoretical perspective, methodology and methods employed to explore the question of how women survivors of BC (BCS) experience SC. The rationale for choosing a qualitative methodology will be discussed. Depicted in Diagram 6 are the chosen frameworks and the process of interaction between the four methodological elements of this project.

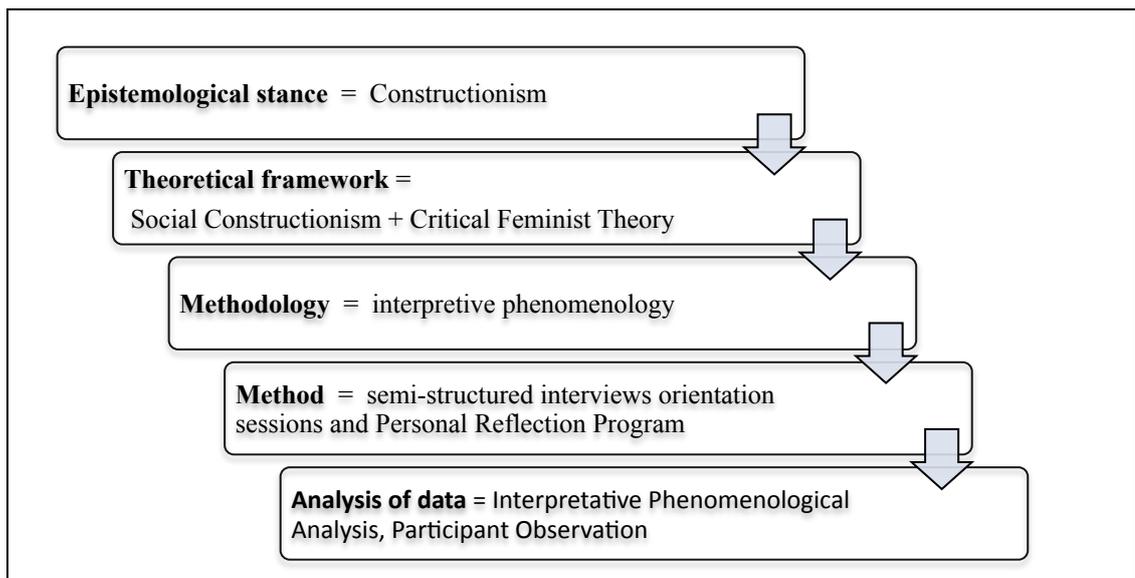


Diagram 6: *Elements of the research process*

Research is informed by basic beliefs, observations and/or premises we have about the world. This set of beliefs represents a worldview that provides information about the nature of the world, our place in that world, as well as information about how we interact and create our personal niche within our social environment (Hesse-Biber & Leavy, 2013). For the design of this study it was important to consider the nature of the topic being explored, the nature of personal narratives contributed by participants, and the vulnerability of the population being interviewed. An important adjunct to these considerations was my own motives, presuppositions, and personal history.

The methodological choices arrived at mirrored research in the human 'sciences' that has reasoned for a qualitative epistemology rather than a quantitative method as an appropriate methodology when setting out to study individual interpretations and meanings in participant's lived experiences (Bradshaw, Atkinson & Doody, 2017; Ezzy, 2002; Fossey et al., 2002; Hesse-Biber & Leavy, 2013; Moerer-Urdahl & Cresswell, 2004; Sousa, 2008).

A relevant factor to consider was an epistemological stance that would acknowledge experience as replete with contradiction, richness, and complexity. Additionally, in research that specifically involves exploration of gendered experience the recommendation is to use qualitative methodology (Hesse-Biber & Leavy, 2013). This project had as one of its objectives locating in academic literature, and the discourses of women themselves, the effects and subtlety that social constructions of BC and negative after-effects of BC would have on the erosion of personal empowerment as survivors of BC age.

When researching sensitive topics within the discipline of counselling, tension between the roles of counsellor and of researcher must be accepted and addressed. The boundaries can become blurred, particularly when participant distress is evident in the interview process (Mudaly & Goddard, 2006). As a professional counsellor the nature of my relationship with participants had to be considered carefully. In this study the chosen methodology needed to reflect the important question of 'how I wanted to be with and respond' to participants when they spoke about distressing life experiences. To avoid potential bias it was therefore

appropriate for me to step aside from my profession as a counsellor and confine myself to the role of researcher. This stance was taken so that participant narratives were neither interrupted nor influenced by a shift to counsellor mode. For example, in a research project that involved interviewing abused children Mudaly and Goddard (2006, p. 75) found the shift from skilled professional to ‘naïve’ observer a necessary although “uncomfortable” stance.

Another decision made prior to embarking on the project involved consideration of which methodological framework was best suited for me as the researcher and to the research questions (Moerer-Urdahl & Cresswell, 2004). The key was to choose methodology that would provide the most useful frame of reference for participant narratives to be honoured and to reveal useful data. Since research methodology creates a direct link between the choice of method and the use of it (Caelli, Ray, & Mill, 2003) a combination of professional interest, topic, participant gender, relationship with a woman with BC, and professional and personal factors led me to nominate qualitative enquiry through interpretative phenomenological analysis (IPA) for all interview data. Participant observation was used as the most appropriate method for reviewing information from the three Opening to Self-compassion (OtSC) sessions as well as for the Personal Reflection Program. Overall, the clear focus that phenomenological enquiry could bring to the essential experience of women survivors was particularly useful for this qualitatively-driven study (Fleming, Gaidys, & Robb, 2003; Lopez & Willis, 2004).

5.2 Research question

The perceptions, concerns, meanings and unique lived-through experience of seventeen (17) Western Australian women survivors of BC was investigated through interpretative phenomenological exploration. The temporal, social, interpersonal and intrapersonal aspects of the ongoing self-relationship post-BC were prime matters of interest. The primary research question asked in this study was:

What is the experience, in women survivors of breast-cancer, of self-compassion in relating with self and with significant others.

5.3 Purpose of the study

The purpose of this study was to investigate in detail:

- 1) the extent to which women's experience of living post-BC affected their feelings and attitudes about themselves and their body
- 2) whether the concept of self-compassion had relevancy for women survivors of BC
- 3) what particular aspects of the construct of self-compassion might women survivors of BC need to nurture in order to enhance self-care, self-acceptance, and self-kindness?

5.4 Significance of the study

The significance of this study lies in the fact that understanding what women need in terms of appropriate emotional support post-breast cancer treatment, and what factors influence their post-cancer relationship with themselves and others may lead to more efficient, effective holistic survivorship care. While acknowledging the need for women to monitor their health and to understand the changes their breasts go through as they age, helping women actively reduce any post-treatment emotional burden may eventually prove useful in reduction of fear-driven presentations to medical support. Research has identified self-acceptance and self-compassion as able to engender a more peaceful and hopeful attitude (Birnie, Speca, & Carlson, 2010; Dodds, 1999; Neff, 2003; Neff, 2009; Neff, Hsieh, & K. Dejitterat, 2005) in people with cancer. This means there is the distinct potential for women with BC to relax into an enhanced quality of life that would support a capacity to deal more securely with the uncertainties of the future.

The ability to tailor psychological support that encourages women to reconnect with personal resourcefulness for successful individual adjustment to living post-treatment for BC is anticipated to have positive implications for effective, empathic health care and for appropriately informed counselling strategies. Results from this study will help inform counsellors, counsellor educators and other mental health professionals who specialize in the psycho-social concerns of oncology populations.

A benefit, therefore, would be to increase the awareness of women with BC that so-called ‘negative’ emotions are a natural part of the reactions to cancer and provide a means of understanding their experience without judging development of or vulnerability to cancer as a failure on their part. Awareness of self-compassion would be expected to help reduce rumination and restore feelings of connectedness with self. To be able to lessen fear and distress in the transition from BC patient to survivor may offer women who suffer from post-BC depression and anxiety hope of more experiences of peaceful, positive self-acceptance of themselves ‘as they are’ (Neff, 2015).

Tailoring psychological support that encourages women to reconnect with personal resourcefulness for successful individual adjustment to living post-treatment for BC is anticipated to have positive implications such as a kind, connected, clear-sighted way of relating with themselves (Neff, 2015). Through convey to women the continued support available from effective, empathic health care and compassion-informed counselling strategies. Results from this study will help inform counsellors, counsellor educators and other mental health professionals who specialize in the psychosocial concerns of oncology populations.

5.5 Strategy and design

This study was developed with the view to observe individual realities as they emerged from the unique perspective of participants. The frame of reference was that the ‘actualities’ (details, perceptions, facts) of the lived experience of participants were critical (Butler, 2016; Morrow, 2007; Smith & Osborn, 2008; Tan, Wilson, & Olver, 2009). This means that while the results of this study may not be able to be generalised universally to all women with BC, nevertheless, the outcome is expected to have implications for psychological support for those with BC who share similar social and cultural influences to participants in this study.

5.6 Epistemological stance

The epistemological issue in research addresses how we come to know the world. Given that research is about knowledge and generation of new knowledge, the approach taken in this study was an holistic one. The aim was to try to understand different parts of the issue by first looking at the whole ‘picture’. Taking this stance

meant I commenced from the standpoint of my personal assumptions about the way the social world can influence health behaviours and personal identity. I also began this study with my assumptions about the perceived social reality of participants. Therefore, the larger picture of their experiences incorporated both the positive outcomes of survival as well as the possibility of persistent, increased levels of depression and/or anxiety, as well as a personal malady of insistent self-criticism for some breast cancer survivors. Treating reports of the lived experience of the individual as an active process of interpretation rather than passive collection of concrete information indicated that phenomenology as a method for research merged comfortably with social constructionist epistemology (Karnilowicz, Ali, & Phillimore, 2014; Morrow, 2007).

Rather than reporting abstract representations of the participants, the importance of presenting findings that gave an accurate reflection of the phenomena being studied was central to the search for data (Butler, 2016). The process of conducting interviews, plus observation and monitoring of the 8 women in the group OtSC sessions and Personal Reflection Program (PRP) enabled development of an informed inventory of possible themes. The progressive stages of the research process encouraged participants to bring more ‘voice’ to their experiences as well as time to deeply explore meaning within their experience. In addition, the experience of face-to-face contact with participants gave me the opportunity to more closely consider and reflect on how the range of personal variables in each woman came together in the real world of this group of BC survivors.

Therefore, in this study the combination of social constructionism and a feminist standpoint provided an epistemological foundation from which to explore how each participant experienced their self-relationship living with the after-effects of BC. The potentially exploitative nature of qualitative research interviews with vulnerable populations was central in my thoughts. Gathering data from a feminist perspective in which the safety of participants is seen as a critical factor in the process of gathering knowledge (Gatrell, 2009). Understanding of whether women BCS do or do not experience self-compassion, and how they practice self-compassion, requires developing conceptions of both knowledge and reality (Ramazanoglu & Holland, 2002).

Exploration into each woman's particular experience considered whether each narrative differed from or was similar to that of other participants. From a feminist perspective the knowledge gleaned was considered as not-total (Ramazanoglu & Holland, 2002) in that the findings were not regarded as 'true' for all BCS. Treating the data in this way allowed a more nuanced understanding of each of the women who participated in all three phases of the process of information gathering. Taking a feminist perspective meant beginning from the argument that women's experience of BC and survivorship had, traditionally, meant that in the past, the emotional struggles of women with BC may have been rendered silent. The women in this study were active and experiencing participants, particularly through their involvement in the OtSC sessions and the PRP sessions.

The experience of significant others and of counsellors who supported women with BC revealed insightful and compelling narratives. Their personal 'explanatory model', and the meaning each person had made of their experience, revealed itself in the characteristics, nature and essence of their stories. A constructivist frame provided the means of being able to look specifically at how participants had constructed meaning, and the lens through which they viewed the world after their encounter with a life-threatening illness (Morrow, 2007).

5.7 A social constructionist perspective

One of the central components of the methodology adopted for this study was to privilege the knowledge of ordinary everyday persons and the way in which they interacted within their social world. Constructivist theory has posited that human beings construct knowledge and meaning from life events and experiences. Social constructionism situates knowledge of the self in a linguistic, narrative and interpersonal realm (Guterman & Rudes, 2008). Constructivist thought suggests people take action based not on 'things' but rather on the 'meanings' things have for them (Gergen, 1985). The main argument is that cultural and historical perspectives are not necessarily inherent in a phenomenon but arise as a by-product of the social context in which the phenomenon exists (Guterman & Rudes, 2008; Walker & Charles, 2015). For the study reported here this means that the meaning participants made of their BC, revealed in conversations about their social, emotional and

cognitive constructions, considered the interactive elements within the dynamics of the event.

An extension of constructivism, social constructionism presents a postmodern epistemological formulation that firmly places knowledge within the context of human conversational transactions (Guterman & Rudes, 2008; Järvinen & Miller, 2015). While acknowledging the experiential, interactional, language-based foundations of constructionism, what cannot be denied are the constructed nature of some realities, and the reality that some social interests are served by particular constructions (Hesse-Biber & Leavy, 2013).

The language of illness has now become socially constructed at an experiential level (Conrad & Barker, 2010). This can affect how the person diagnosed understands their illness, constructs meaning of their experience, and as a survivor, then lives with the psychological and physiological consequences (Galgut, 2007). Contrary to a stance of objective detachment from the participant narratives, it was important in this study for the research lens to concentrate on the idea that the lived experience of participants and the meaning they made of that experience was the central focus.

Since the points of view I sought most to understand were those of the participants, active engagement with and observation of the combination of verbal and non-verbal responses offered was required. Standard 'talking cure' methods for listening were not the only ones employed in the process of the interviews. Without a focus on 'doing' listening through making mental note of congruence and incongruence in statements made, being alert to feeling statements, observation of verbal versus non-verbal communication, and listening as a prelude to responding, the quest was to subordinate the 'will-to-help' below the 'will-to-hear' (Wilberg, 2004). This meant learning to listen in the way that has been referred to as a 'pregnant silence'. This type of listening meant perceptive observation for signals that the participant had space and time to make 'inner contact' with her own realities (Wilberg, 2004).

Therefore, the relevance of a social constructionist frame for counselling research meant that what transpired between the researcher and participant was largely constructed through ongoing linguistic and energetic interchange. The process of focusing on the dialogic and interpersonal exchange meant social constructionism offered a useful epistemological framework for this counselling-focused research. In summary this means that language and social processes are regarded as impactful on the ability to know an objective reality in as close to its completeness as is possible.

Social constructionism has been referred to as a product that is in a continual state of change that makes it subject to reconstruction (Guterman & Rudes, 2008). This approach involves the construction of shared meaning-making happens between a client and counsellor (Russo, 2005). This means that phenomenological research addresses the meaning a person makes of their lived experience through connection to a world that, in turn, “is translated in a social and cultural co-constructed network” (Sousa, 2008, p. 144). Humans are constantly monitoring the environments in which they live this can mean that emotional responses to life events become themselves guided by social constructions (Averill, 2012; Järvinen & Miller, 2015).

The critical task in this study was to explore the nature of reality for BC survivors as well as face the challenge of taking into account multiple perspectives in an attempt to discover what more could be known about each participant’s experience of BC (Cresswell, 2007). Those multiple perspectives included the cognitive, linguistic, affective, and physical self of all three groups of participants. For this research project qualitative methodology provided the most appropriate and suitable platform for a sensitive and thoughtful exploration of the inherent complex processes (Morrow, 2007; Tong, Sainsbury, & Craig, 2007).

Criticism of social constructionism as a tool for understanding counselling processes refers to the challenge that a constructivist perspective does not directly focus on individual liberty or personal agency (Guterman & Rudes, 2008). The concern that constructionist analysis dispenses with any notion of there being one ‘objective truth’ or fact, is another criticism that has been levelled at a constructionist approach (Jacobs & Manzi, 2000, p. 37). However, Sousa (2008, 2013) has

highlighted that phenomenology is ideal for studying human experience because it makes use of context; something that other models may not employ. Therefore the method seeks to explore and understand how people interpret and make meaning of their life world to allow the researcher a deeper understanding of the life of the participant and the potential to uncover hidden meanings in narratives provided (Matua & Van Der Wal, 2015).

Qualitative research positions the researcher as a subjective and necessary part of the research process. This is in contrast to a quantitative approach that attempts to eliminate or neutralise any influence from a researcher. Qualitative research is a collaborative process between researched and researcher (McLeod, 2011). The life world of participants is structured in relation to the particular meaning and relevance they attributed to the events of their life. Meanings and relevance can be inherited from parents, teachers, or friends (Embree, 2009). Therefore, adoption of a qualitative frame of reference offered an important response to the genuine necessity for a non-abstract way of appreciating and understanding consciousness as expressed in participants' narratives.

Research into survivorship experiences of survivors of BC means there was a need to choose a methodology that could both improve the understanding of professional helpers about the challenges of living through the experience of confrontation with one's mortality, and additionally, could provide a way to disentangle some of the powerful and lingering socially constructed rhetoric about cancer survivorship. Furthermore, since this project revolved around a selfishness versus self-kindness dichotomy for women, inclusion of a feminist perspective guided the research. Feminist methodology offered a frame of reference that was a constant reminder of maintaining deep respect for participants and their narratives. Using a feminist lens fostered honesty and openness, along with awareness of, and sensitivity to, the value of listening to and being able to bear hearing the realities of life in the long shadow of breast cancer.

5.8 Feminist methodology

The uncovering of meaning is the basis of phenomenology. Doing so in an environment that privileges women's experiences is one basis of feminist

epistemology. Critical Feminist Theory offers encouragement for exploring women's lived experience and uncovering the potential for invisibility of women's intuitive knowing in regards to what they perceive they need in relating with themselves and their lived environments. In research, adopting a feminist-oriented methodological approach presents a challenge to our existing understanding of gendered social realities (Ramazanoglu & Holland, 2002). These authors maintained that feminist methodology can uncover authoritative knowledge that is able to highlight ways in which women's experiences may be discounted, trivialised or misunderstood.

A feminist framework explores the origins of socially accepted knowledge and power within a female context. Feminist epistemology acknowledges a collaborative interaction between researcher and participants. Through emphasising the denial or obfuscation of women's voices and the ways women's experience has been employed by a dominant culture to reinforce notions of gendered norms, feminist enquiry seeks to challenge claims to knowledge from those who occupy privileged positions (Hesse-Biber & Leavy, 2013).

Although BC is not unique to one gender, women are, primarily, the ones treated for this disease, and consequently the ones who make up the vast majority of survivors (Bennett et al., 2013; Frazzetto et al., 2012; Hanchate et al., 2010). BC is an illness that has become socially constructed as 'women's business'. Reports from women who have had BC as well as from experts who research the effects of the disease (Galgut, 2007), confirm the painful, uncertain and enduring process women encounter in their quest for survival and restoration of their wellness.

Understanding the ways a particular method of investigation can influence, and how methods chosen 'interact' with research participants is of importance when researching from a feminist standpoint (Ezzy, 2002). The heart of feminist theory has highlighted the need to question prevailing constructions of what is truth as well as accepted assumptions about gender norms and how social institutions perpetuate inequalities for women, particularly gendered interpretation of women's emotional distress (Fullagar & O'Brien, 2014). Taking this into account meant feminist theory was able to offer a position from which to understand the implication of how

unexpressed psychological residue compressed by, or ‘capturing’ the BC experience, might negatively affect psychological and psychosocial recovery.

Medicine in our society has operated within a ‘cultural metaphor’ that has influenced and guided language, attitudes, assumptions, and actions around healing practices in Western medicine (Petersen et al., 2001). This notion of a cultural metaphor is particularly important to consider in exploring women and self-compassion. Although no longer the status quo, a history of BC indicates that women with breast cancer have traditionally received treatment from male surgeons and scientists whose expert knowledge afforded them power over treatment regimes for female patients Olson (2002) This prevailing dynamic means a feminist standpoint was required for this study so that women’s experiences were placed inalienably “at the center of the research process” (Hesse-Biber & Leavy, 2013, p. 56). The women in the study were regarded as the expert ‘knowers’.

Diverse feminist perspectives currently exist and in effect there is no one rigid standpoint for feminist research (Eun-Ok, 2013). Traditionally, feminist epistemology has sought to ensure those who have been oppressed and objectified are able to tell their own story (Levy, 2012). The focus in feminist research is that the research would be in the interests of women (Eun-Ok, 2013). Therefore, as a researcher this means listening so as to hear the unsaid. The methods used in this study meant that women were afforded opportunities and encouragement to express themselves in a safe context using non-threatening activities. As a person who has not had breast cancer I became aware that the final thesis meant I would be ‘speaking’ for the women participants. This view is in line with feminist research that requires a researcher to consider their own attitudes, beliefs, values and bias (Eun-Ok, 2013). For me, the responsibility of speaking on behalf of these women was held ‘close to the heart’. My family experience of BC called into consideration whether my family history would compromise my position as researcher of the topic of BC. On reflection it was not the issue of BC that was the primary consideration, but the topic of how self-compassionate women are to themselves, especially when they have undergone a life-changing experience.

Contemporary feminist research seeks to include both women and men rather than conducting research that includes only women. One of the interests of my study was to discover if women BC held the same, or different perspectives on self-compassion to males whose partner was either a survivor or had died from BC.

To safeguard and privilege the voices of BCS taking part in this study, to value the meanings they ascribed to their experience, and gain an accurate understanding of their experience, a safe psychological forum in which women could discuss the impact on their lives, their perspectives on self-compassion, and their perceptions of what emotional and social support might help women diagnosed in the future was created in the Personal Reflection Program discussed later in this chapter.

5.9 Knowledge generation

There is always more than one way of knowing; knowledge is available from a range of sources (Ramazanoglu & Holland, 2002) including available research literature. In this study critical knowledge came from the women who have had BC, and from the significant others in their lives. A third source offered both knowledge and practice evidence. This was available from practitioners - therapists whose work placed them in the high touch field of professional contact with people with cancer. Each of these sources had its own unique construction of meaning and ways in to establish what was a perceived reality. However, when combined, these sources presented an appropriate method to understand how some women's lives had been shaped by their experiences.

In addition to the three sources of knowledge from which data were gathered formally, there were three women whom I came to know, in a social context, who provided a background source of 'reference' for me. The women were each survivors of BC, were not known to me prior to the study, did not want to participate in the study, but made contact with me because they wanted to help. The three women became a source with whom I could 'check' ideas, discuss my thinking, and learn more about how women live with BC. These were sources of anecdotal information and as such no direct material from those conversations is included here.

5.10 Theoretical framework

Both qualitative and quantitative approaches have been used to investigate BC and the influence its sequelae has for the quality of life of a survivor. A definition of qualitative research informs a researcher that qualitative methodology is a broad umbrella term for research. It is a method that describes and explains persons' experiences, behaviours, interactions and social contexts without the use of statistical procedures or quantification (Fossey et al., 2002, p. 317).

Characterised by its in-depth subjective nature, a qualitative approach lends itself well to better understanding the needs and concerns of receivers of qualified support (Greenhalgh & Taylor, 1997). Qualitative research in health care provides a means of locating a clear understanding of how 'end-users' experience emotional and psychological support provided. The aim is to understand perceptions, perspectives, meaning and the uniqueness of the subjective life experience of an individual; to understand the encounter between the carer/system of caring, and the cared for. This then provides a reliable base from which to create, test and implement appropriate interventions.

Qualitative methodology has, at its origin, a broad range of disciplines such as anthropology, psychology, and sociology (Fossey et al., 2002; Morrow, 2007). It is particularly suited to research that is closely related to professional counselling practice because of its capacity to answer 'how' and 'what' questions rather than 'why' questions (Morrow, 2007). Its aim is to focus attention on the perspective of each participant in the study (Fossey et al.). In a qualitative enquiry the researcher's clear intent is to be reflexive and thereby develop a deeper knowing, and understanding, and have insight into how to make sense of the meanings or uniquely personal interpretations people have about their lived experiences (Cresswell, 2007; Ezzy, 2002; Morrow, 2007).

To know and understand as best as possible, the contexts in which survivors of BC live and how those settings influence and organise their experience, places the survivor at the centre of that knowledge and understanding. To understand their experience means to accept that "Humans are embedded in their world to such an extent that subjective experiences are inextricably linked with social, cultural, and

political contexts” (Giorgi, 2010; Lopez & Willis, 2004, p. 729). The outcome of this approach was to ultimately treat the data from interviews and information gathered in the Opening to Self-Compassion sessions and PRP, not as a concrete reality, or an objective truth to be isolated from the verbatim reports, but rather, as a type of ‘unfinished’ but unified work in progress.

The central component, however, is to highlight the knowledge, experience, and meaning-making of people in their everyday lives. One aspect of the epistemological frame of this study rested on the notion that an extensive array of meanings are developed as we experience the world; meanings that then form the basis of engagement with our social and emotional environments (Morrow, 2007). To carefully listen to women with BC, and thoughtfully explore the real meaning of words used is a participant need that can easily be overlooked (Galgut, 2007). In order to gain answers of value a researcher accepts the responsibility to carefully and reflexively consider which methods of enquiry and analysis to adopt (Shinebourne, 2011; Englander, 2016). The risk, otherwise, is that the needs of the research project, or the researcher, could be prioritised.

As a research approach for the counselling profession, phenomenology has the potential to generate knowledge that can be directly applied to practice in the field (Pringle, Drummond, McLafferty, & Hendry, 2011). Phenomenology calls into question what has been taken for granted. This means that in order to critique a particular idea or commonly held view the task is to first disengage from any presuppositions. Phenomenology is not a research tool with which to follow an empirical epistemology that would base the search for credible knowledge on causality (Sousa, 2008, 2013).

As a method of qualitative enquiry, phenomenology has “many different strands” (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013, p. 18) that seeks to examine and evaluate data about a person’s uniquely lived experience without any attempt to present that data as an absolute actuality. Because phenomenology privileges the person’s experience and their perception of the world, it is more about an inevitable truth than generalizability. In this study the search required me to care enough to reach out for a deeper understanding of women’s meaning of their

experience and so exploration of the meaning of an issue for women meant encountering experiences that, perhaps, an ‘outsider’ may never be able to fully comprehend or capture.

An emphasis in a phenomenological perspective is to listen to and learn from the other’s voice (Orange, 2011). Possibilities for new meanings to emerge requires that a researcher is able to set aside, as much as possible, any prevailing understandings of the phenomena and be present to our immediate experience of the phenomena. The power of phenomenological investigation for this study was that it provided a lens through which to hear, see and understand, in a new way, the depth, diversity and richness of women’s experiences (Finlay, 2009, p. 13). The aim was to examine and interpret the phenomenological experience of women’s feelings, attitudes, experiences and concerns in connection with their self and other relating in breast cancer survivorship (Cronin-Davis, Butle, Mayers, 2009). Therefore it became possible to understand what it is that is actually happening for BCS rather than giving descriptions of what had happened to them.

5.11 Phenomenology

Based in philosophical traditions, phenomenology is rich in both its history and approach (Cresswell & Plano Clark, 2007). Phenomenology delivers detailed exploration of the essence of the lived experience (Priest, 2004); the experience of people in their particular context. This form of enquiry provides an effort to identify, understand, describe and maintain the subjective experiences of ... respondents. The preference for phenomenology as the basis for investigation for this study was to encourage participants to talk about their experiences and promote open discussion about the topic being explored. Methodology that encourages giving voice to a person’s concerns and their unique experience is well suited to exploration of the concept of being self-compassionate.

Listening to the voices of participants meant being ‘with’ them and following their conversation, and “letting participants speak for themselves” (Mudaly & Goddard, 2006, p. 67). What was said was listened to and respected; their self-interpretation of BC and their survival was central to the discussion. At the same time the researcher’s expertise as an experienced counsellor was useful, in an

ethically respectful way, to offer probing questions that might uncover rich multi-layered data.

The interpretative process then involved adoption of a person-centred approach that would allow me to take a step back from the position of ‘expert’ or ‘psychological knower’, and look at the inter-relatedness of various aspects of participants’ human experience (Wilberg, 2004). While research and therapy are undeniably distinct from each other, interpersonal capabilities of a therapist would be useful in a qualitative interview and consequential interpretative process.

5.12 Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) offered significantly more than what has been referred to as an ‘insider perspective’ (Smith, Larkin & Flowers, 2009). Women who survived BC were the experts in the lived experience of what happened, how they felt, what they wanted, and what was needed for them to nurture a healthy self-relationship post-treatment. The women were the specialists in the everydayness of life after BC.

IPA specifically focuses on the depth and richness of individual lived-through situations (Sousa, 2008, 2013) and provides a phenomenological account of subjective experience through exploration of the context, structure and essence of that experience (Aisbett, 2006). This means that IPA affords a researcher unique advantages over more traditional forms of analysis. Using an interview process means that the researcher uses a simple tool of questioning to gain access to information that can lead to greater understanding of a particular phenomena (Aisbett, 2006). When language and personal interaction forms the nature of the relationship between participant and researcher the result is they are present to and with each other (Tan, Wilson & Olver, 2009).

The epistemology of Heideggerian philosophy with its view of human beings as embedded and immersed in their world of objects and relationships, language and culture, projects and concerns (Paley, 2014; Smith et al., 2009) is particularly relevant to this study. Because this study sought to gain a detailed and in-depth view of the multi-faceted phenomenon of how women BCS experience self-compassion, it

was important to adopt a research approach that would achieve a broad understanding of women's lived experience and at the same time be able to delve into the realms of complex emotional processes. The interpretative counselling researcher seeks not to exclude bias but to become more aware of their own bias, and in so doing derive a clearer, more true account of the phenomenon as experienced by each participant.

My responsibility as a researcher and counsellor was to present sufficient detail of how I went about the task of designing this research. That responsibility extended to being able to present in this chapter relevant information so readers could reach their own conclusion about methodological rigour and the credibility of my interpretative process. This chapter discussed the fundamental epistemology of the study, methodological framework, research method, sampling, recruitment of participants and process of data analysis.

5.13 Historical factors for a phenomenological perspective

Phenomenology is categorised into two key method pathways, each going about the process in a different way. Two main philosophical traditions in phenomenology offer separate pathways for exploration: one descriptive and the other interpretive (Lopez & Willis, 2004). For this study, the accepted, essential difference between the two options was that one approach would seek to find out 'what' was the experience a BC survivor had of a the phenomenon being explored, whereas another phenomenological approach would explore 'how' a person experiences a particular phenomenon.

5.14 Bracketing

Bracketing can be defined as excluding a habitual way of perceiving something. It involves active management of pre-understandings in an attempt to allow a phenomenon to reveal itself in novel ways (Finlay, 2009). The process of bracketing calls for identification of a researcher's own assumptions, biases and presuppositions so that their influence could be negated or at least minimised. This works to ensure that a 'phenomena' spoke for itself and data would therefore remain uncontaminated (Moustakas, 1994). This means analysis would need to be conducted in a way that reported the actual experiences of individuals rather than presenting

abstract theoretical concepts.

Working from the perspective that a researcher's presumptions about the phenomenon being investigated will be present prior to embarking on the investigative journey, the task in interpretative phenomenological enquiry is to set aside pre-existing ideas and hypothesising. The effect of bracketing enables deconstruction of perceived reality and information about a participant's authentic self is able to be discovered (Ashworth, 1999). In addition, bracketing was regarded as a way to allow unanticipated insights, themes and findings to emerge (Landridge & Hagger-Johnson, 2009). For research this means all preconceptions can be reformed and reconstituted through a process of re-interpretation by keeping a central focus on what the participant has to say.

In contrast, Caelli, Ray and Mill (2003) claimed the notion that a researcher value neutral can be questioned. These authors further claimed the existence of neutrality can in fact be overturned (Caelli et al., 2003). Another precept these authors placed under question was of the capacity of a researcher to set aside or bracket their presuppositions (Caelli et al., 2003; Finlay, 2008). McConnell-Henry, Chapman and Francis (2009) also argued that the concept of bracketing was not compatible with interpretative phenomenology. Acceptance of these argument means the inability to completely "set aside all conscious and unconscious thoughts, beliefs and influences" (Tuohy, Cooney, Dowling, Murphy & Sixsmith, 2013, p.18) that to bracket completely one's personal or professional perspective would not be possible.

My own pre-assumptions were that the experience of surviving BC would leave a residue of both trauma and growth and that there would be a 'back story' that could negatively or positively influence the meaning a woman would extract from the event. Therefore the challenge to be faced in the study reported here was one of constructing meaning out of another person's construction of what they experienced. In short, to make meaning of the meaning they had constructed around having had BC (Wertz, 2005). Prior acknowledgment of my own biases and influences in relation to psychological recovery from breast cancer and self-compassionate communication supported openness to the meanings imbued into participant's experiences.

5.15 An Heideggerian perspective

The work of Martin Heidegger (1889 – 1976) emphasised the idea that while each individual is unique, they do not exist separately from the world in which they exist (Paley, 2014). Heidegger argued that an individual's subjective experience is inexorably connected to their outside world, meaning that the everyday lived existence entails interactions or involvement in the world (Paley, 2014). To this end, Heidegger philosophised that human beings are constantly self-interpreting, constantly involved in making meaning of the experiences and events of their lives. Bracketing, according to Heidegger, can be only partially achieved (Smith et al., 2009).

The research position taken for this study was that existing experiences and perceptions can never be separated out and treated as entirely detached from the researcher themselves. In phenomenology the researcher is regarded as having experiences and perspectives valuable to the study, and as such is recognised as an instrument in the process. In addition phenomenology allows for emergent design because “it is inconceivable that enough could be known ahead of time about the many multiple realities to devise the design adequately” and because diverse perspectives and values systems of the researcher and participant “interact in unpredictable ways to influence the outcome” of the study (Lincoln & Guba, 1985, p. 41).

Central to a phenomenological approach is the concept of hermeneutics as a systematic method of interpretation; an approach to enquiry that focused on examining common, everyday experiences for shared meaning and practical wisdom (McLeod, 2011; Paley, 2014). Originally concentrating on interpretation of sacred or religious texts, hermeneutics related more specifically to the ways people make sense of their lives through the meanings inherent in everyday processes. Hermeneutics has been described as going beyond “mere description of core concepts and essences to look for meanings embedded in common life practices” (Lopez & Willis, 2004, p. 728).

The implication for data reported in this thesis is that Heidegger's perspective provided a way to be receptive to human feelings and unveil detailed life narratives

of women who have had BC. In addition this approach can provide a deeper understanding of how to create and provide emotional and psychological support mechanisms for women in their recovery from a confounding and complex disease. In this regard, the argument is that understanding of a phenomenon is best gained by studying that phenomenon in the context of daily life (Larkin, Watts, & Clifton, 2006; Tuomola, Soon, Fisher, & Yap, 2016).

5.16 Hermeneutics

Hermeneutics, the process of interpreting a text seeks to go beyond descriptions of core concepts, instead searching to “make clear, to make sense of an object of study” (McLeod, 2011, p. 23). The aim is to find out what people experience rather than “what they consciously know” (Flood, 2010, p. 9). The researcher engages in a process of inquiry “through moving back and forth between the part and the whole” (McLeod, 2011, p. 28).

Heidegger’s definition of hermeneutics allowed for the notion that interpretation of a participant’s experience is likely to be influenced by the history, culture, bias or empathic response of the researcher (McLeod, 2011). Another way in which Heidegger’s approach to phenomenology differs from Husserlian principles is a central question of how an individual experiences a particular phenomenon rather than what the person’s experience was. Thus, Heidegger’s work epitomized a move from epistemology to ontology (Flood, 2010). McLeod defined ontological hermeneutics as “a way of understanding that view people as existing within multiple horizons of meaning, as striving to make sense of their experience, as constituted by their cultural and historical context, as engaged in dialogue” (2011, p. 30).

An interpretative approach highlights the active role of a researcher as well as the dynamic nature of the research process. Therefore, my own perceptions could be thought of as a complication with my understanding of participants’ lived experience. This then requires interpretative activity by myself as researcher and results in what could be called a ‘double hermeneutic’ (Smith & Osborn, 2008). In other words, while the participant is in the process of making meaning of their world I was simultaneously making sense of the participant’s meaning-making. This process required balancing concern for what things were like for the participant

alongside my questions about whether something else was happening that was not in the participant's awareness.

To help bring to consciousness elements of my own experience that might interfere in a non-productive way with clarity I sought as I read, re-read and reviewed transcripts and audio-recordings, I maintained a series of personal journal notes (see Appendix 8, p. 425) and a series of sand tray images I created as tools for reflection on the process of living in to the task I had set myself (photos of sand trays created are at Appendix 8, p. 430). Peer debriefing with a colleague with extensive experience in counselling as well as experience as a qualitative researcher supported deliberate contemplation of my personal and professional connection to the topic and the demands of writing a doctoral thesis. Transcripts of three of the interviews with women in Group 1 were given to my colleague to code. This was done as a means to cross-check that themes identified in the remaining transcripts were a complete and faithful reflection of what the women had said and how they had related their experience and its meaning. Regular de-briefing discussions were had with my colleague to uncover any potential bias, and monitor and bring awareness to my perceptions, interpretations and the relationship with emergent themes from the stories told to me by participants.

During the process of analysis instinctual gut reactions, ideas from informed intuition, reflections on emerging themes, and links to reviewed literature were recorded in a process journal, and then formed as an image in a sand tray. The creation of sand tray images has been found to be a useful resource for deeper reflection in relation to the participant narratives, as well as opening to the process of non-verbal thinking (Pearson & Wilson, 2001). The significance of recording journal notes was that this resource documented my views, beliefs and relevant background information (Tan et al., 2009; Willig, 2008). The reflexivity afforded by both the series of visual images and journal notes created a heightened awareness of perspectives and beliefs that I brought to the process of exploration (Finlay, 2009). Creation of sand tray images provided a process of temporarily suspending rational thinking. This helped maintain a continual experience of a new or renewed sense of myself as researcher in relationship with both participants and with the stories they willingly donated.

5.17 Participants

Phenomenology means that a researcher can work with a select group or groups of participants who have particular knowledge, and something to say, about the topic being explored (Aisbett, 2006). For this study three different groups of participants were recruited through purposive sampling to provide rich, in-depth data relevant to the relational experiences of women who have had BC (Fossey et al., 2002). Gathering narratives of women's experiences of BC in a number of ways and from a diversity of sources (women with BC, significant others, and counsellors) delivered a way to enhance and extend my understanding of what it is like to live through diagnosis and treatment and provided a way of harvesting more complete and holistic data (Yardley, 2008).

The narratives from three husbands (SO) about their witnessing of their wife's journey, along with the perspectives of three professional counsellors was invaluable in helping expand and enrich the women's narratives with more detail. The aim in seeking information from additional participants was by way of ensuring each woman's story of BC could be seen in the larger context of life. This focus came from the recognition of the importance of emotion and emotional adjustment in illness recovery in addition to the way that emotional states from stressful events can be transferred onto significant others (Segrin et al., 2005; Sharpe & Curran, 2006).

5.17.1 Participant Recruitment.

A purposive sample of participants was recruited by third party email and twenty women responded to the invitation to participate in this study. The email request was sent by the Institute of Health Research, University of Notre Dame Australia, to women who had indicated an interest in taking part in an earlier research project into exercise and counselling for BC recovery. Of the original twenty respondents, seventeen elected to take part in this study.

Significant others and counsellors were recruited by convenience sampling. Three counsellors who took part in the project were all known to the researcher as professional colleagues and were approached in person by the researcher about participation. Three significant others were recruited by convenience sampling. Two of the significant others were husbands of women who were already participating in

the project and offered to take part. The third significant other was known to a colleague of the researcher (but not known to the researcher) and on hearing about the project volunteered to participate. Table 1 outlines participants in each group.

Group 1: Seventeen women who have been diagnosed and treated for BC who reside in the Perth metropolitan area in Western Australia with an age range of between 35 and 70 years. Treatment for BC had been completed at least 12 months prior to participation in the study and may have involved treatment such as mastectomy, double mastectomy, radiotherapy, hormonal treatment, and /or adjuvant chemotherapy. Participants may also have undergone breast reconstruction, however, this treatment option was not an essential part of the inclusion criteria; nor did breast reconstruction exclude a person from participation. Exclusion criteria for participants in Category 1 were if a woman were pregnant or became pregnant during the course of the participation process.

Group 2: Recruitment of participants who were a ‘significant other’ in the life of a woman with BC, was not limited to spouses or partners. Three men, who had each been, or were, in a long-term married partnership with women who had undergone treatment for BC no less than 12 months prior to commencement of this study, volunteered to take part in this study.

Group 3: Three counsellors who work with women living with BC. The counsellor participants need not have counselled any of the participants in Groups 1 or 2.

Group 1 Women living with BC	Group 2 Significant others	Group 3 Counsellors
Women living in the Perth metropolitan area of Western Australia.	Spouse, partner, close family member	Currently in practice as a qualified Counsellor / Therapist
Women who had completed medical treatment for BC at least one year prior to participation in this study.	Currently or had been in a spousal, long-term, or familial relationship, with a woman with BC	Has worked with persons with BC (client population need not be exclusive to women survivors)

Table 1: Participant groupings

5.17.2 Sampling and sample size.

For qualitative research that involves IPA a recommended sample size of between 3 and 6 participants is considered sufficient (Smith & Osborn, 2008; Tuomola et al., 2016). A limited sample size has been deemed preferable to a larger study that might seek to generalise findings to a larger proportion of women with BC (Higginbottom, 2004). The uncertain nature of living with a life-threatening illness, particularly fatigue, experienced side-effects of medication, specialist medical appointments, and the possibility of recurrence of BC prompted the decision to interview a larger than required number of participants. Mindful of the various phases of data collection, it was acknowledged that not all seventeen (17) women may be able to participate in all phases. This turned out to be the case. Of the initial group of 17, eight women participated in the OtSC sessions and the PRP. Reasons for the reduction in numbers able to join in all phases of the project has been discussed elsewhere in this chapter.

Of the 17 women interviewed one woman experienced a recurrence of cancer and did not continue with involvement, with eight participants taking part in all steps of the data collection process. Of those eight women, seven completed all phases, while one person was absent from two of the OtSC sessions in addition to one of the 6-hour Personal Reflection Program sessions due to health issues. Work and family commitments, health issues and the scheduling of the phases all mitigated against more extensive involvement.

5.17.3 Saturation of themes.

Saturation is a concept used in qualitative analysis and has been said to refer to the point at which sufficient participants have been recruited to access the data needed (Morse, Lowery, & Steury, 2014, p. 558). The point of saturation is also the point at which new data constantly fails to yield new themes additional to those already identified. Since qualitative research operates on the assumption that the social world is not predictable, and so does not seek to generalise the findings, the sample does not need to be representative of the population as a whole.

Saturation of themes is generally considered to occur after 12 interviews, although basic elements for meta-themes has been found to be present as early as six

interviews (Morse et al., 2014). Saturation of themes in the analysis of interview transcripts was facilitated in this study through seeking diverse sources of data through interviews with significant others and counsellors in addition to group processes.

For this study the sample size of 17 participants if Group 1 provided a ‘buffer’ in case the number of anticipated participants dropped below the desired 12. That reduction in numbers may have happened because of BC-related health complications. However, all 17 women who originally accepted the invitation to participate were interviewed.

The perceptions of significant others in the lives of women with BC, and the perceptions of counsellors working with women with BC was triangulated alongside reports from the women with BC. Consistent with qualitative research the sample size in each category was relatively small, however, the amount of data to be collected was extensive and provided rich and textured data as well as a means to reduce researcher bias (Fossey et al., 2002).

5.17.4 Inclusion criteria.

In this study, it was anticipated that combining variables such as age, diagnosis, time since completion of treatment, would influence the available number of women able to take part in this study. It was anticipated that theoretical saturation would likely be reached with between six and up to fifteen (15) Group 1 participants. Too large a sample size was considered to be uneconomical in terms of time, energy and finances and would have yielded cumbersome amounts of data beyond the point when saturation was reached.

5.17.5 Phases of participation.

The women were invited to participate in one semi-structured interview, followed by three Opening to Self-Compassion (OtSC) sessions. Participants were invited to take part in a 12-hour (three four-hour sessions) Personal Reflection Program - an experiential creative arts program focused on self-discovery. These sessions did not involve participants undertaking group or individual therapy. In the interests of maintaining participant protection, the program was facilitated by the

researcher who had extensive training in the clinical application of creative arts in therapy.

The OtSC sessions had a twofold purpose. Firstly these sessions gave the women time to orient themselves to the nature of the topics to be discussed. Secondly, responses to issues raised for discussion in the sessions provided a framework for creating the experiential PRP program. The aim of the PRP was to provide participants time and space to reflect, share, and discuss in greater depth their experience of BC, as well as an opportunity to explore their perceptions and revisit their experience in a small group context.

Significant Others (SO participants) were invited to participate in one semi-structured interview. A third group, counsellors who worked in the field of cancer recovery, were invited to take part in a single semi-structured interview.

5.18 Data collection

The qualitative interview has been referred to as an important tool for gathering extensive data (Cresswell & Plano Clark, 2007). Largely directed by participants, the qualitative interview and following the frame of an interpersonal conversational style (Tong et al., 2007). A semi-structured interview is characterised by the fact that the researcher facilitates and guides the interaction (Smith & Osborn, 2008) but does not control or direct it – a type of up-close and personal approach rather than taking the stance of the ‘knower’ who provides and manages a set agenda and priorities for the interview (Galletta, 2013). Semi-structured interviews offered the capacity to be responsive and flexible (Fossey et al., 2002) and optimise opportunities for receiving subjective, rich and complex responses from the women.

Although the interview format was based on a set of pre-defined ideas and questions developed from my previous experience of providing facilitation for group counselling for women in recovery from BC, this approach still was consistent with a feminist perspective where the women being interviewed were regarded as expert, and ultimately the person who directs the process. Because the interview was semi-structured it allowed individually-focused exploration of each woman’s exclusive

experience of their life including their perceptions, attitudes, values and beliefs (Galletta, 2013).

Transcription of audio-recordings of the interviews was attended to either by myself, or for several of the recorded interviews, a qualified transcription service. Five interviews transcribed by a transcription service in the interests of economy of time, were then carefully reviewed to ensure every word had been captured as accurately as possible. Transcripts of the interviews were returned to participants for verification of accuracy.

5.18.1 Instruments and procedures.

Data was collected from the following source:

- one-on-one semi-structured interviews

Additional strategies included in this study are listed below. No measurable data was gathered in the OtSC and PRP sessions. The primary purpose for inclusion was that through deeper sharing of experiences it was assumed that women would reveal truths that may have been obscured by the need to concentrate on physical survival. In that process of deeper sharing and reflection it was considered the women would be able to express extended ideas of personal meaning and interpretation of their experience and their 'world' of BC. Hearing the lived experience of others was considered to encourage personal reflection. The focus was on the way in which participants gave direct expression to their experience prior to interpretation by the researcher of those experiences. Details of these additional strategies are:

- three one-hour (3 hours) Opening to Self-Compassion (OtSC) sessions, and
- observation by the researcher of group responses and interactions in three 4-hour (12 hours) sessions of a personal reflection program (PRP) during which participants engaged in creative arts activities designed to enhance personal enquiry.

5.18.2 Opening to Self-Compassion sessions.

Group interaction was regarded as the optimal way to stimulate in-depth discussion in part because of a snowball effect that happens when groups come together to discuss a personal and socially pertinent issue. Three one-hour Opening to Self-Compassion sessions were conducted to provide participants in the ‘core group’ time to meet each other and to familiarise themselves to the central topics of this study. This number of sessions (3) was considered necessary to successfully orient the women to in-depth discussion within a participatory group context. The rationale behind this strategy was informed and driven by the sensitive and personal nature of the topic. It was integral to this study for the women to feel able to talk freely about their experience. To allow empathic connectedness it was essential to meet more than once so as to allow the development of connection, trust and openness with other group members and with the researcher/facilitator. Topics suggested for discussion at the OtSC sessions were pre-selected by the facilitator prior to the women meeting. This was done because of their relevance to the study topic. Responses to those topics were used to inform the design of self-discovery-focused creative arts activities that would be offered in the Personal Reflection Program sessions.

The group format for the OtSC sessions also allowed the women an encounter of having their opinions accepted and their experiences mirrored in collaborative, facilitated discussion with other post-BC women. The first group session consisted mostly of the women telling what seemed like a familiar narrative. Those narratives were ones used when they had tried to communicate their feelings and concerns to others.

5.18.3 Personal Reflection Program sessions.

The Personal Reflection Program employed the use of creative arts activities. The idea behind these sessions was to provide an opportunity to further explore and ask for clarification of what participants had said during the interviews and OtSC sessions. In addition, using creative arts was regarded as a way to provide non-threatening alternative ways for participants to more fully articulate their experience of BC using creative, expressive methods. In short, it was a means of providing additional, meaningful information for this study; a means of participants having an opportunity to relate with each other in a non-threatening environment, and to reflect

and discuss at greater depth the unique aspects of the way they felt about themselves both before and after BC. The nature of the experiential activities included exploring metaphor, painting, music, journaling, reflection time. No therapeutic work or counselling was offered for the women. The sessions provided only a different way to express themselves and their experience of BC. An acknowledged beneficial relationship between art and health was the basis for deciding the PRP could be an appropriate intervention that could offer the group of women relaxation from the exacting process of trying to process a new life as a BC survivor. Changes in attitudes, beliefs, values or behaviours as a result of participation in the PRP sessions were not measured. This would have been the case had the methodology for the research been quantitative in nature. What mattered was the personal reports of the women of their understanding and experiences – or lack of - self-kindness.

One underlying principle in the practice of ET is the use of some form of creative process – often symbolic – as a method for externalising internal states by offering something the client can do, or create, and then relate to (Malchiodi, 2005; McNiff, 2004; Pearson & Wilson, 2009). The artifacts such as drawings, expressive writing, and self discovery worksheets produced in the PRP have not been used, nor analysed, as data; drawings or expressive writing produced have, however, been used with permission to amplify comments made within the interviews, OtSC sessions or the PRP.

5.19 Participant observation

Participant observation has been referred to as a way to explore and discover social interactions of a group of people (Shah, 2017). As such, this was the methodology chosen for the second and third phases of participation for this study (OtSC group sessions and PRP group sessions). This method was employed as an appropriate means of gaining insight into the historical/personal perceptions of those woman survivors who participated. Participant observation in this project offered the possibility of “gaining insights into behaviour, beliefs and attitudes that participants might otherwise find difficult to articulate or predict” (Moore, 2010, p. 159). While the group sessions did not form a major part of the data gathering process, they were nonetheless a rich source of new knowledge about participants’ interactions with each other, their interactions in a social setting, and the way in which the women

talked about their experiences with BC. Participant observation of the group process provided much greater understanding of aspects of BC culture that either encouraged or demoralised these women. The observations were gathered in a narrative form as notes kept by the researcher as well as photographs of images created by the women participants. The information gathered from this particular group of BC survivors revealed more about beliefs, attitudes and behaviours than would have been possible to glean from interviews only. The tension between involvement and detachment (Shah, 2017) was managed through the researcher taking the facilitator role without engagement in the experiential processes.

5.20 Data analysis

O’Leary (2010) suggested that a researcher check their interpretations with people considered to be “insiders” (p. 33) as a way to consider alternative and even pluralistic points of view. In this study, it was accepted that participants and the researcher were engaged in a collaborative, interpretative processes as meaning was generated through the stages of interview, group sessions, transcription and analysis (Dallos & Vetere, 2005).

Interpretativism has been defined as a way of tapping into complex subjectivities that otherwise may go unnoticed. Interpretative Phenomenological Analysis has been found to be useful for a type of hybridised version of focus group activity that combines an interview style with a focus group approach (Palmer, Larkin, de Visser & Fadden, 2010). Throughout the various stages of connecting with participants for this study, an interpretative approach to analysis involved reflexivity with the focus not on bracketing myself out of the picture, but on being able to provide an in-depth picture of exactly how the interpretative process of reported experiences was undertaken. Application of an interpretative frame of reference offered a medium for extracting both the complexities and subtleties of meaning.

5.20.1 Analysis of semi-structured interviews.

Use of IPA involved detailed analysis and intense examination of verbatim reports from a small number of participants (Larkin, Eatough, & Osborn, 2011). Interviews were recorded using a digital recorder and/or smart-phone facility. The

researcher listened to each audio recording, paying particular attention to vocal tone, voice energy, laughs, pauses and any other indicators of meaning. To maintain a sense of close contact with each woman's interview, audiotapes were read four times and listened to twice, with a reasonable time lapse allowed between listening sessions granted that my first impressions may need to ease and then further develop. In the first analysis, interpretations were not ascribed to interviewee responses (Tan et al., 2009). The first reading was done simultaneously while I listened to the taped material for a second time. This was a way to orient myself with nuances in the spoken word and connect what I heard with what had become the written word.

As transcripts were read for the second time, relevant words, phrases, passages were highlighted. Using a two-margin approach to coding was used. One margin was used to record key words and phrases with attention paid to frequency of possible emergent themes (Dallos & Vetere, 2005). The second margin was used to record in-the-moment reflections of the researcher (Dallos & Vetere; Willig, 2008).

A third review of the transcripts highlighted similarities and differences in responses. Each transcribed interview was then coded according to themes characteristic of different sections of the transcripts (Willig, 2008). This process helped underscore distinctions between major and minor themes. This review helped ensure no relevant themes had been overlooked.

Transcripts were reviewed a fourth time to explore meanings inherent in statements made by participants (Fossey et al., 2002). Themes identified and catalogued in the third reading were reviewed with a view to exploring the relationships and commonalities evident in the themes from each transcript (Willig, 2008). I was also reading to consider if there was a stand-out core characteristic of optimism and strength post BC. Statements made by the women that seemed to highlight the experience of self-compassion were extracted and connected with identified themes. Super-ordinate themes that had been identified were cross-checked against the table of super-ordinate and subordinate themes categorised and classified in the third review (Willig, 2008). Major themes and sub-themes were compared and contrasted with extant literature. These themes were at all stages connected to

extracts from the transcripts so as to maintain a direct link to participants' experiences (Chapman & Smith, 2002).

5.20.2 Opening to Self-Compassion (OtSC) sessions.

Exploration of data generated within these three 1-hour sessions involved coding participants' open-ended talk into categories or themes. Coding aided summarizing and systematizing the data (Wilkinson, 2008, p. 198). Responses from the sessions helped illuminate participants' dominant discourse. From the interview questions a draft list of core ideas or topics was generated and this approach required the researcher to prioritise, from reading and review of transcripts and relevant literature, categories to be included in the list of topics for possible discussion. Review of written notes made during and after the group sessions was used as a means to identify and consider the impact of subtle forms of expression.

5.20.3 Personal Reflection Program (PRP) session discussions

A period of art-making or artistic activity has been found to provide some relief from stress at a time when an individual is experiencing a personally stressful situation (Curl, 2011). Therefore artistic activity was the tool used to allow the women in this group to engage in deeper personal exploration without the risk of adding to their stress. As a result of requests from participants, however, 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 that respected the depth of the reflection and shared personal experiences. As a result it was agreed that comments made in the sessions 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 the individual interviews, and the OtSC sessions.

5.21 Protection of participants

Approval for the study was received from the Human Research and Ethics Committee of the University of Notre Dame Australia. Particular attention was paid, in the application for ethical clearance, to sensitivity to the potential for emotional vulnerability in participants. Survivor and Significant Other participants were supplied with information about available counselling services in the event of any distress as a result of participation. A discussion was had with each participant to ensure they knew that support was available for them. Once ethical clearance was received, recruitment of participants then began.

Names of participants were known only to the researcher. Participants did use their real name at the time of registering an expression of interest and during the interview. However, these names were deleted from the transcripts and were replaced with a name chosen by the participant. For example, they were asked to choose a name that they would want used when the study was published, and that, for each participant, would make it easy to identify their contribution.

Paper-based materials from this study were filed in a locked cabinet in the office of the researcher. Signed consent forms were filed in a locked cabinet separate to other documents and audiotapes of interviews. Electronic files were stored held on a computer that was password protected. All documents such as transcripts, journal notes, photographs of the paintings and images created by participants using miniature objects, and audiotapes, were kept in a secure office accessed only by myself.

5.22 Credibility

In qualitative research it is critical to ensure that not only are participants' views accurately represented but also that comment has been gathered from a range of sources (Fossey, et al. 2002). As a validating strategy, data was generated from a range of sources and analysed in a way appropriate to qualitative enquiry. Intra-method triangulation was used as a way of exposing differing perspectives and identification of any irregularities in the interpretative process. Triangulation provided both a sense of completeness and confidence in the data as well as reducing the potential for bias (Casey & Murphy, 2009).

Interview schedules (Appendices 1, 2, & 3) were reviewed by two independent researchers with professional qualifications and expertise in counselling. Feedback from both reviewers was used to refine the interview schedules. In addition, the design and structure of the multi-phase approach for this study was reviewed by another researcher with expertise in the field of BC research.

Discoveries made were attributed to the collaborative working relationship between researcher and participant (albeit focused and short-term), and the participant's lived-through experience. Useful engagement with participants was met by spending sufficient time with them during the interview process, OtSC sessions and the PRP. Interviews lasted from 50 to 150 minutes, with the average time around 75 minutes. The 75-minute time frame offered enough time to gather detailed narratives that resulted in rich text.

Two methods of establishing reliability – triangulation and obtaining participant verification of and feedback about transcripts – were used. Participant checking of transcripts gave participants the opportunity to validate my interpretation of their stories. None of the participants provided negative feedback from reviewing their transcript. One woman commented that she felt the study gave her an otherwise missed opportunity to reconsider her self-relationship. Yet another commented that she felt deeply moved when she read her interview – she had forgotten how challenging the process of BC had been for her. Others participants gave positive feedback about involvement in the study.

To provide referential adequacy for this study I read extensively in the area of qualitative research, particularly phenomenology, read texts from both authoritative academic sources and from self-help collections about cancer and BC, and listened to audio-recorded material. My reading and listening concentrated on what was being written and said about the history of treatment regimes and the psychological sequelae of BC, about shame, guilt, and self-acceptance. I became acutely conscious of the emotional experience that coincides with hearing someone has received a diagnosis of cancer and had renewed insight into the phenomenon of living with the legacy of BC.

5.23 Chapter summary

The primary benefit of qualitative enquiry is that it has significant application in the field of health research (Aisbett, 2006). More specifically, research into the domain of psycho-social interventions for BCS becomes problematic when consideration is given to the uniqueness of personality, personal cultural history in forming and maintaining relationships, and the nature of a woman's relationship with her body. Taking a phenomenological approach to exploring the individual's experience of self-compassionate relating in women survivors of breast cancer afforded a way to clarify the nature and practice of self-kindness in BCS. Additionally, using Interpretative Phenomenological Analysis meant the potential for evolution of knowledge and understanding of the psychological wellbeing of BCS could be realised through gathering first-hand reports of how a BCS relates with themselves and significant others. IPA meant more accessible understanding of the phenomena of self-relating and provided a more flexible way of reporting findings. Applying a phenomenological lens in this study also provided a way to take notice of non-verbal ways of communicating experience.

Social construction theory helped draw attention to the role of social stigma in the experiences of BC survivors. This is an area of importance for women who survive. Social constructions of BC can impact on a woman's capacity to shape their own response to BC. In summary, social constructionism helps identify that public discourse on BC and survivorship can unwittingly 'locate' any challenges (with pessimism or optimism) within the individual of the woman herself .

During the writing of this thesis four close relatives were diagnosed with cancer; two of whom have survived. This close personal encounter provided me with greater insight into how the phenomenon I was exploring was understood by each participant in this study. Conversations with women not participating in this study, but who had lived through BC occurred by happenstance and without my initiating discussion on the topic. These coincidental and animated conversations with people I had never met and may never meet again took place on bus journeys, at conferences, at social events, and in a myriad of unlikely ways and places. Each conversation informed and extended my relatedness to and engagement with the topic of self-compassion. In some of these conversations the women talked openly and

unashamedly about their experience and how they now related with themselves and others. Others, I observed, talked in quietened tones and while giving a lot of detail about what they had been through, contained the discussion to the two of us and changed the topic if we were ever joined by a third person.