

**Illness and Transformation:  
A Qualitative Study on Self-Perceived  
Post-traumatic Growth  
And Spirituality in Women Living with Cancer**

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## Abstract

Psychosocial oncology research has primarily focused on distress and related coping skills. Recent research however, particularly the literature on Post-traumatic growth (PTG), describes self-described personal growth and transformation as potential outcomes of the experience of cancer. The processes and/or conditions under which individuals are more likely to experience PTG have been less well researched. To fill this gap in the literature, this research uses qualitative interviews to explore how six women from Vancouver B.C., who are currently in the process of their cancer treatment and/or have completed treatment within the last five years, describe the factors and/or processes that have contributed to self-declared personal growth. This paper discusses nine interdependent themes that emerged from participant narratives. Narrative theory is used to make visible both the socio-cultural context of illness and the participation of the researcher.

## Biography

Laura Montgomery holds a BA (Honours) in International Development Studies from Dalhousie University and is currently completing her Masters of Social Work at the University of British Columbia. She has recently completed an internship at the British Columbia Cancer Agency. Laura has also worked at the Centre for Integrated Healing (now Inspire Health), a centre for people living with cancer which integrates complementary and conventional approaches to cancer care. Laura is interested in individuals' lived experience of illness as well as how personal narratives can inform social work practice and systemic change.

## Introduction

Facing cancer is a life-altering circumstance that can potentially result in emotional upheaval and life changes, including changes in social roles, relationships and an individual's self-perception. On a personal level, the experience of cancer can "result in a violation of [one's] basic sense of how the world works" (Janoff-Bulman, 1992; Knight, 2006, p. 3). Much research has focused on the negative trajectory of this psychosocial transition, focusing on such factors as ongoing stress, grief, loss, and in extreme cases psychiatric disturbance (Manne, Ostroff, Winkel, Goldstein, Fox and Grana, 2004). Other research has suggested however that from this shattering of core beliefs, in some cases a life affirming "fundamental shift in our being" has the potential to emerge (Levine, 1997, p. 219). Individuals faced with this shattering of core beliefs may have no choice but "to re-structure their way of looking at the world and their plan for living in it" (Cordova, Cunningham, Carlson & Andrykowski, 2001, p. 176). Therefore in addition to creating distress and other difficult processes, a cancer diagnosis can be a major psychosocial transition that has potential to catalyze transformative growth and/or positive life changes (Cordova et al., 2001; Tedeschi, Park & Calhoun, 1998).

This research explores the often-ignored aspect of transformative growth resulting from an individual's experience with cancer. Qualitative interviews were conducted in Vancouver B.C. with six women, currently in the process of their cancer treatment or who have had treatment within the last five years, to explore and describe the factors and/or processes that have contributed to their experience of personal growth and/or engagement with spirituality. Narrative theory and methodology were used for both data collection and analysis with the aim to make the 'location' of the researcher visible and to situate the experience of illness within a larger social-cultural context.

For both healthcare providers working within a medical system that focuses primarily on physical health and for individuals navigating the cancer experience, which in the words of one research participant is 'terrifying', an understanding of the potential for transformation and

growth within the cancer experience is essential. This study therefore aims to communicate this lived possibility for transformative growth for people living with cancer, their friends and family, for those working with people living with cancer, the healthcare delivery system and for social workers who are engaged with individuals encountering a variety of stressful and traumatic life circumstances.

### **The Researcher's Location**

The perspective of Narrative theory aims to capture the intimacy and complexity of the lived experience of the research participants. In attempting this however, it is recognized that the analysis is always a partial and co-constructed representation (Blumenreich, 2004). The participation of the researcher is therefore integral to the process and outcome of the research. To make my own participation visible, I will share the roots of my personal interest in this research.

The source of my interest in this research is the challenges I have faced in my life which have led me to discover new possibilities of growth and deepening spirituality. One of the most prominent of these experiences came in my mid-twenties when after facing several life altering events that challenged the way I had come to see the world, I found myself living at a Tibetan Buddhist Abbey in Cape Breton, Nova Scotia. I was fortunate to find myself in a context where I could look deeper into, not just these difficult experiences, but to many of my own unquestioned assumptions about life that these experiences triggered. These assumptions included a sense of security in life. Rather than regaining a sense of security, however, life at the Abbey encouraged a process of looking deeper into the sense of loss and a lack of security as a basis for openness to life. The practice of meditation and living in a supportive community facilitated this exploration as did other aspects of the Tibetan Buddhist practices I participated in there. One of these practices, relevant to my engagement with this research, is the practice of contemplation on death and the impermanence of life. This is something quite foreign to a widespread worldview - which is prominent in our culture - that strives in many ways to avoid death. However, this

contemplation of impermanence is in part done to develop the lived understanding of the preciousness of life. This becomes an incentive to use or live your life well.

My own experience may therefore impact the research in terms of what I consider to be spiritual or transformative. Thus, while my own experience has the potential to bring depth to the research process, it may also bias my understanding and potentially lead to overlooking other ways that people define transformative growth within their own lives. In sharing my own experiences I have attempted to provide a degree of self-reflexivity. In keeping with the Narrative method I acknowledge the inter-subjective dimension of this research and analysis. At the same time I have tried to represent the participant's experience as genuinely as possible. I would also like to note I have a deep respect for different religious and spiritual traditions and do not hold a bias that any path is better than another.

### **Conceptual Background**

A personally transformative change arising from suffering is a longstanding theme within the literature on existential philosophy (Frankel, 1959). Within clinical empirical literature, however it has only recently become well accepted "that a traumatic event has the potential to lead to personal growth and positive personal change" (Joseph and Linley, 2006, p. 1041; Tedeschi et al., 1998). As well, this potential for growth, in the aftermath of a wide range of traumatic events, may be more common than once thought (Christopher, 2004; Joseph and Linley, 2006; Manne et al. 2004; McMillen, 1999). This interest in growth is in line with the social work models that recognize human potential amidst adversity, such as the strengths perspective, resilience, hardiness, empowerment and solution focused approaches (McMillen, 1999).

Research related to 'post-traumatic growth' (PTG) is one of several theoretical frameworks which examines and defines the experience of personal growth and transformation as a result of living through a traumatic experience, including a serious illness such as cancer. These growth outcomes include *altered self-perception, transformed interpersonal*

*relationships* and *philosophies of life* (Tedeschi et al., 1998). One aspect of the change in *self-perception* is that people may have feelings of greater vulnerability or a feeling that may include a sense of the fragility and preciousness of life. Vulnerability can lead to closer interpersonal relationships, increased inner strength and an intensified appreciation for life, among other outcomes. The domain of *interpersonal relationships* involve a deepening sense of compassion for others, connection to and recognition of the importance of relationships and the ability to share one's emotions. *Changes in life philosophy* can include changes in priorities as a result of a greater appreciation for life, negotiating with existential questions, exploring new life possibilities and connecting with spirituality (ibid). Spirituality in this context is defined as "a deeper engagement with one's religious tradition and/or an open ended dialogue with existential questions" (Tedeschi et al., 1998, p. 14).

One or more of the above growth outcomes may be seen in PTG (Post-traumatic Growth). PTG is, therefore, broader than and distinct from, coping as it encompasses growth beyond that of the pre-trauma state (Cadell, Regehr & Hemsworth, 2003). It is important to note that PTG is described as both a process and an outcome; growth may occur in tandem with ongoing distress (ibid; Folkman & Moskowitz, 2000).

### **Contributors to Post-traumatic Growth**

Within the PTG literature contributors to growth include: an individual's social and environmental support systems (including friends, family, faith-based organizations, co-workers and community), personal qualities (including demographic characteristics, such as severity of illness), age and prior experience with illness (Tedeschi et al., 1998). Additional factors include the subjective perception of the threat as well as the severity of the threat. Some research has shown that the greater the perceived threats to one's sense of self the greater the PTG (Cadell et al., 2003; Cordova et al., 2001; Sears, Stanton, Burg, 2003).

Transcendent meaning is in close alignment with the PTG concept of engaging with existential issues, spirituality and shifting one's priorities to live with greater authenticity.

Frankel (1959) posits an individual's ability to create meaning "through the stand we take towards a fate we can no longer change" and can lead to the development of transcendent meaning or the "suffering that becomes life giving" (Ferch & Ramsey 2003).

Other factors reported in the PTG literature that may contribute to the development of post-traumatic growth include: a greater amount of time passed since the trauma (Cordova et al., 2001), more time spent talking through and processing the loss (Manne et al. 2004; Sears et al., 2003) and a strong connection to spiritual beliefs (Cadell et al., 2003). It is generally thought that time is needed to process the loss and that post-traumatic growth will occur after an extended processing time (Cordova et al., 2001); however, Manne et al. (2004) state that some people have reported positive changes shortly after a traumatic event.

PTG literature is not explicitly grounded within the social and political constructions of society at large. Within a narrative perspective the experience of growth does not arise within "a self-contained individual...managing a unified event" such as cancer (Mathieson & Stam, 1995, p. 286; Blumenreich, 2004). The socio-cultural narrative therefore has an influence on individual narratives. For example the socio-cultural context influences how a person assigns meaning to the experience of cancer and/or to what healing entails for them. Data analysis of this research, therefore, will aim to make this sociocultural narrative visible.

### **Purpose of the Study: Research Question**

Within the literature on post-traumatic growth, the process and outcomes of transformative growth in the aftermath of a trauma have been well articulated (Tedeschi et al., 1998). There is little research however, on the processes and/or variables that contribute to post-traumatic growth, particularly as applied to people living with cancer (Cadell et al., 2003; Cordova et al., 2001; Sears et al., 2003). This research, therefore, contributes to filling this gap. The purpose of this study is to explore: *what are the processes and factors that contribute to self-declared growth, transformation and spirituality following a cancer diagnosis?*

## **Theoretical Framework: Narrative Theory**

This research is grounded in Narrative theory. A Narrative approach recognizes the uniqueness of peoples' lives and embraces the continual unfolding process of meaning negotiation. Narrative theory was chosen to highlight and evoke the meaning of growth, transformation and/or spirituality expressed by the interviewees and to locate these narratives within the broader socio-cultural narrative (Blumenreich, 2004).

Narrative theory promotes the establishment of a collaborative, non-judgmental relationship that takes its lead from the participant, thereby increasing authentic dialogue. To facilitate this relationship I made it clear from the outset that participants could feel free to share only what they felt comfortable sharing. In addition, an informal conversational style and a non-directive interview stance were used to enable participants to tell their story in their own way. My aim was to make the interview useful to the research participant as well as the researcher through the development of a supportive and reflective space (Maxwell, 2005). This reciprocal style and aim of mutual benefit of interview has been shown to elicit more authentic and complex narratives (ibid; Rogan & de kock, 2005).

## **Participants**

I conducted qualitative interviews with six women who were undergoing, or who have undergone, treatment for cancer within the last five years and are experiencing self-described growth, transformation and/or spirituality. The participants ranged in age between 31-70 years old and were well-educated, Caucasian and residents of Vancouver. The types of cancer included: colon, breast and ovarian.

Within the interview process, I felt honored that each individual shared their deeply-felt story. Many of the participants stated that their motivation for participation in this research was for their experience to be of benefit to others.

## **Access to the Field**

Six self-selected participants who were currently undergoing treatment for cancer, or who have had treatment within the last five years, were recruited and interviewed. Semi-structured interviews were selected as the method of inquiry so that each interviewee could express their story in as much depth as they chose.

Participants were recruited through posters and third party recruitment by counselors at the British Columbia Cancer Agency (BCCA). The posters were distributed at the BCCA and through other community support services for people living with cancer. In order to avoid any potential coercive influences regarding participation, counselors at the BCCA were asked to inform potential participants that participation in the study was voluntary.

After the interview the participant was sent a copy of the transcript in order to ensure that the meaning they intended was understood. In addition, a draft of the final manuscript was sent to participants. The anonymity and confidentiality of the participants were protected through the removal of all identifying information within the study documents and through storage of all research documents under locked premises at UBC with restricted access.

## **Interview Protocol**

Interviews were audio taped and transcripts of the interviews were made. Open-ended interview questions were based on the domains of PTG focusing particularly on altered self-perception, including perceptions of strength and vulnerability as well as transformation in philosophy of life, including engagement with existential and spiritual issues. (See Appendix for interview questions.)

## **Data analysis**

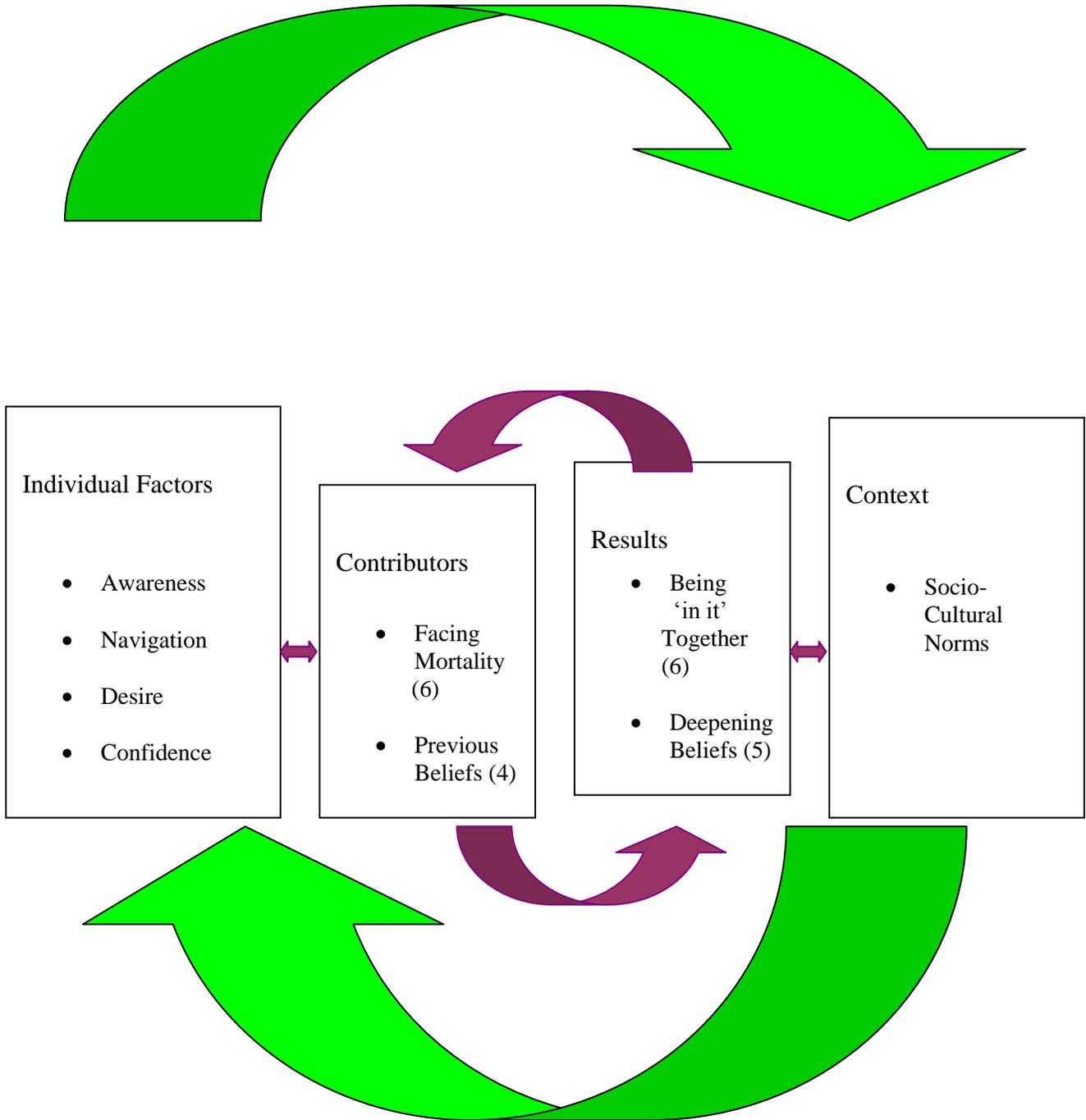
Data analysis included making notes after each interview that allowed for attention to the researcher's subjective feelings. Transcripts and tapes were gone over with attention to the constitutive elements of the story such as plot, emotional affect, intensifiers, pauses and repeated stories or themes. Using Lieblich's (1998) method of Narrative analysis each narrative

was read several times with attention to the above constitutive elements until patterns or themes emerged. These themes and global impressions were written down for each interview. Next, five to six themes were identified for each interview and were marked in the interview transcript. These themes were based upon their repetition, the intensity of expression, significant statements, the amount of details shared within a story and the degree to which they contributed to the research question. Attention was paid to themes that often linked together. By going through this deliberate and detailed process for each interview, common themes among all interviews began to emerge. The themes for each interview were compared for similar and differing themes, which were then distilled into nine major themes. This method allowed for detailed attention to each interview and a step-by-step process of identifying common themes that originated from within each of the interviews.

## **Results**

Data analysis from the six interviews yielded nine themes. Each theme both contributes to and results from the growth process. However, in order to more closely examine the research question that aims to look at the processes and factors that contribute to growth, the themes were divided into groupings which reflect *contributors* to and *results* of growth. Two of the themes lean more to the side of being a *contributor* to the growth processes identified by participants while others appear to be *results* of the growth process. Themes that were placed in the *contributor* section were themes that participants identified as being contributors and/or were pre-existing conditions within participant's life, such as particular spiritual beliefs. However, it became clear that *contributors* and *results* are intertwined and interdependent. To make this division of themes clear a Diagram was made (see Diagram 1).

Diagram 1: Contributors and Results Related to Self-Declared Post Traumatic Growth



## **Themes**

Each theme will be discussed individually in terms of how it is expressed in the interviews, including quotes, significance, stories and personal affect upon telling. The words of participants are used to describe the ideas whenever possible. The way that each theme intertwines with and wraps around other themes will also be described.

### **Facing Mortality**

Research participants all referred to facing their mortality as being a powerful and ongoing catalyst to their growth. This struggle included facing the ‘terrifying’ reality of death and led to questioning and looking deeper at what was truly important in one’s life. Participant #1 talked about how death brought into sharp focus fundamental questions: *“So I went from being somebody who never talked or thought about my own death to somebody who had to think about that now. And would I die because of this? Would I survive? Would I always be sick? Would I get better? Would I get the life back that I had? Would I be active again?”*

Facing one’s fear of death was an ongoing process that participants spoke openly about. Participants spoke about the desire to fight for their life, to do all they could to participate in their well-being, and to accept what they had or what might be. Appreciating life and not taking it for granted was expressed by many as an integral part of the living knowledge of death as being a part of one’s life. Participant #1 expressed this negotiation process in her comments: *“so one of the other things I’ve tried to do is not hang on too tightly to things that I enjoy or I feel I need to make my life better or make my life feel like my life to me. That means that every time I ride my bike, I ride it like it’s the last time I’ll ever be able to ride it.”*

It may also be that the intensity of one’s engagement with questions related to mortality depends upon the degree of perceived threat. Participant #2 stated that the fullness of her life, including connections with others, ‘blossomed’ when she moved from cancer Stage 3 to Stage 4, a more advanced stage of the disease. At the same time, the struggle to negotiate death and life

continued: *“So I had this dual thing of dealing with the dying and living with the dying and then also really wanting to live, you know, as long as I can live in as best quality as I can live.”*

### **Intertwining: Facing Mortality and Being ‘In It’ Together**

The power of facing mortality led to a greater connection to others and a felt connection to life and to death. These two elements intertwined in the statement by Participant #3: *“Just knowing that all these people are in this together. I mean, I know some are caregivers and some are employees. It doesn’t matter. We’re all in this together. I felt really good about that and there’s no.... And so it made me give up pretending I wasn’t in it.”*

Several of the participants repeated this phase of ‘being in it together’. Being ‘in it’ together or feeling a connection with others is catalyzed by the lived understanding that we are all going to die. As a researcher this theme became an invitation to question my own sense of being ‘in it’, an invitation for me not to pretend I am not going to die. It brought up the thought that we are all pretending we are not going to die until the time that we must realize that we are. And, as expressed in the fact that several participants used this statement of ‘being in it together’ or expressed in different words the sentiment within this statement, an understanding of death brought a deeper connection to others.

‘Being all in this together’ was also connected to needing the support of others who also understood the lived experience of this truth of mortality. When Participant #2 moved from Stage 3 to 4, she found a deeper connection with those who were facing death in a more immediate sense: *“You have to be in Stage four to know what it is...so we really can understand one another and it’s nice to know you’re not the only one dying”*. Participant #1 noted that, in her connection with the cancer support community, death was constantly faced and in facing another’s mortality you also faced your own. Participant #1 also talked about how it was sometimes ‘uncomfortable’ to be around people who were not dealing with their own mortality.

## **Building on Previous Spiritual and Religious Beliefs**

Four of the participants had previous spiritual and/or religious beliefs that they brought with them into this experience and applied to their current experience with cancer. Of the two participants who did not apply previous beliefs to their current experience, one participant stated that religion and spirituality were not connected to her experience with cancer although she did have spiritual and religious beliefs. Another participant did not build on previous beliefs.

For the participants with previous beliefs, these beliefs contributed to the process of growth by providing a foundation for meaning to be accessed from within one's experience. This foundation allowed for both a deepening of experience, an exploration of new spiritual potentialities and the application of previous beliefs to one's current circumstance.

Participant #4 experienced how her faith was deepened and 'made real' through her journey with cancer. She stated: "*...like before even, I do believe in that, I might be living in something very different than my faith*". Other participants developed greater interest in previous spiritual matters that they had previously not given priority to. In terms of utilizing previous spiritually based beliefs, one participant, who had previous experience with a twelve step program as a part of her spiritual path, stated: "*I just applied all the principles and all the spiritual disciplines I had learned there to my cancer experience. It was a perfect seamless transfer.*"

## **Deepening Spiritual and/or religious beliefs**

Several participants explored significant events that occurred in their cancer journey that brought forth renewed faith. These significant stories were expressed with feeling, attention to details and lead to a sense of feeling whole in their lives. Two participants shared personal stories of events which confirmed their faith and allowed them to '*really experience*' what they believed. For Participant #1 these experiences inter-related with having the sense of having '*a right to be here*'. She stated: "*I've been helped in a miraculous way that really can't be explained by human intervention although humans were involved. I felt affirmed. I felt like*

*my life mattered.*” Both participants expressed their efforts to engage with God and the questions that they struggled with as a result of this effort. Participation within these stories included both personal agency and ‘being helped’ by a higher power.

Overall spirituality and/or religion became embodied in four participant’s lives and affirmed and verified the meaning within personal experience.

### **Being in it together**

All participants spoke about supportive relationships as being a key contributor to growth as well as a fruition of their experience. These relationships included the cancer support community (including service providers), family, friends and strangers. Two participants also spoke about how previously they experienced less connection (and in one person’s experience a great deal of isolation) and through their experiences with cancer their relationships and trust in others had deepened as they were finding a greater interest in connecting with people and experiencing deeper connections. The cancer support community was spoken of as a place of belonging and a place to get needed support. Participant #3 stated that when she walked into the cancer agency she thought: *“What is this? My club or something?”* Participant #1 knew from previous experience that supportive others were helpful in difficult times and she stated: *“I realized that I couldn’t do it alone and that I didn’t want to do it alone. That the work that I needed to do to help me with this huge challenge; it was beyond me.”*

Community was interwoven within all other themes as a support and a way to discover new insights and explore areas of uncertainty or places where there are no answers. Participant #1 stated: *“So they helped me through that and, you know, it’s important. It doesn’t matter if you have an answer for it. There is no answer for that...”*

The theme of interdependence arose among many research participants; helping others and helping oneself was seen as interdependent and the feeling of wanting to give back was strong. Participant #5 stated that within a helping interaction, *“it helps both people, both sides”*. Thus, participants stated that having ‘supportive others’ in your immediate environment both

contributes to and results from growth and transformation within the cancer journey. Support contributes to the work it takes to grow, including exploring fear and uncertainty. Support results in the lived understanding of interdependence of the 'helper' and the 'helped'.

### **An awareness/recognition of personal growth unfolding**

The process of being aware of growth was articulated as a process of observing oneself and one's experience, recognizing positive personal shifts and/or as a kinesthetic or experiential understanding. This theme and the three themes that emerge from it (actively desiring growth, navigation of the growth process and confidence in the process as being life enriching) are each contributors to and the results of growth and transformation within the experience of cancer.

The growth process was expressed by participant #6: *"I see that if life is just straightforward and easy it might be comfortable but it doesn't allow you to grow and you may not have as interesting experiences as someone else who had more problems would have. And so I do see that. And you know it has been...in some ways it has been interesting even though it's been unpleasant. It's interesting."* Participant #3 described her process of growth as being catalyzed through a book that *"opened my awareness"*, an experience which might not have *"spoken"* to her prior to her cancer diagnosis. In talking about her growth process she also states *"but once I started I find this (growth process) in more places than one"*.

Many of the participants also felt that they were experiencing and valuing new possibilities. These included energy healing, meditation and greater compassion for self and others, among them. Two participants also discussed developing new awareness of and working on patterns, habits or fears that they had held for many years. Participant #3 talked about working on patterns in the context of relationship and bringing to light those aspects of relationship previously hidden from her awareness.

Kinesthetic or experiential understanding, experiences that involved the body, the emotions and the senses, also gave a sense of a 'felt' experience of growth. Participant #6 described her experience of training her mind to be in the present moment. By engaging in this

practice her growth process was more than just a conceptual understanding. Participant #2 also commented that her experience of the world has '*dramatically*' changed. She stated: "*I am so much more engaged now. It's like I am in technicolour, really.*" Exploring the 'felt' nature of experience was also described by Participant #1 as a new way to explore healing and growth in terms of trusting her intuition.

The awareness of the growth process is, therefore, in different ways, a part of all the research participants' interviews. Notable differences in one's life and a non-conceptual and/or felt experience bring the growth process clearly into an individual's awareness.

### **Navigation within the growth process**

All participants discussed the ways that they actively accept, reject or aren't sure about the processes and/or factors that will best support the growth process they are aware of and engaged in. Growth was supported by 'going inward', approaching life with values and qualities that promoted opening to one's experience, and connecting with faith and/or spirituality within changing external circumstances. Navigating growth can also involve dealing with interwoven fears about one's health. How to navigate growth in the context of relationships was also discussed.

Many participants mentioned 'going inward' and/or practicing meditation. This was connected with greater relaxation, a sense of expanded experience and greater peace. 'Going inward' was also mentioned as a way to connect more deeply with one's emotions and share this with others: "*So you really got deep and quiet and really delved into some... Sometimes, you know, it was a lot. There was crying there....*"

Participants also talked about qualities that are connected with 'going inward' such as being gentle or compassionate with oneself, having a curious mind, letting experience be a teacher and having a sense of humor. Gentleness with oneself meant taking care and listening to one's body. Participant #3 describes going in to get chemotherapy with a sense of curiosity and an open mind: "*I try to go in - even if I am in pain - I try to go in with an open mind...I guess I*

*don't see things as purely black anymore. There's always something to discover and even if something is negative, it's still kind of interesting in a way".*

Faith was intertwined with participation in growth among two of the participants in the sense of participating in one's growth to the fullest of one's ability and having trust in being helped. One participant called her faith her *'inside story'* and she navigated growth by not letting her experiences and/or growth *'depend on the situation'*.

Choosing what types of experiences would support growth was also filled with uncertainty. In terms of choosing what types of things would best support health and growth Participant #1 stated, *"Its kind of that overwhelming superstitious kind of feeling, you know, and that if I do something it might come back on me"*. Participant #6 talked about navigating negative thoughts skillfully within her belief that negative thinking could cause potential harm.

Growth can therefore be interwoven with one's health status. For example, as mentioned by one participant *"if you can heal yourself then you can probably hurt yourself"*. Therefore, negotiating personal growth also included negotiating one's relationship to death and/or worsening health.

Growth was also tied to one's relationships with others and acting in a way that best promoted growth. Participant #3's growth process involved growth in the context of an intimate relationship. She describes navigating this process: *"So I have to approach it in a way that isn't so 'hey, this is a new thing and I'm going to really make the most of it.' I've got to back off from that a little bit. This sounds like nothing perhaps in terms of growth but it really is for me"*.

### **Desiring growth**

All participants expressed the desire to continue to grow. 'I' statements with verbs such as 'want' or 'encourage' were followed by actions taken to further growth within the transcripts. Even when this desire for growth was not directly articulated stories included the choices that people had made that both did and did not work for their growth. Personal work included a

desire for growth: *“I didn’t want to be tough on the concrete or any of these surfaces that allow things to just bounce off of you. Even internal things, things that are going inside can bounce off of you if you have this coating on it. I didn’t want to be like that, you know. I wanted stuff to come in and I wanted stuff to come out.”* Another participant spoke of her commitment to a practice of training her mind to be present: *“And now when I’m in the car I just try, really try to experience the car ride and look... It’s amazing what you notice when you, when you’re not wrapped up in your head”*. The two participants who discussed their deepening Christian faith also talked about their active desire to do whatever they can while also being helped by God.

### **Confidence in this process as being life enriching.**

Participants spoke about having gained greater confidence in their unique path to growth as a result of their experience. This confidence included knowing that there would be fear and uncertainty again but that they had a means for working with this: *“You know I may have that frantic fight again but I’ll have to always go back to again, you know, the value in my faith”*. Another participant expressed confidence that she would break through a relationship pattern:

*P: You know we got to get out of that.*

*I: Right.*

*P: We’ll get out of it.*

### **Socio-cultural Context**

As depicted in diagram 1, context wraps around and has a major influence on individual factors, the contributors, the results and the outcomes of growth. Socio-cultural influences were present in stories which embodied the societal norm that success is defined by one’s independence and one’s career. Challenges to these norms emerged through the cancer journey. Through this challenge, new narratives emerged that included a lack of being able to define success or failure and valuing interdependence.

For example, one participant stated that she put a lot of energy into her career and felt successful in this while at the same time it was both stressful and “*a difficult image to hold up*”; as well, she looked on others without careers as less successful. She also felt that it “*would be nice not to have to care about those things*”. Through her experience with cancer and no longer having a ‘successful’ career as well as through questioning her life more deeply she stated: “*And I now think how can you measure whose a failure? You don’t know where someone has come from.*”

## **Discussion**

The findings have both validated the existing PTG literature and introduced new avenues for exploration. Struggling with a new reality, including facing mortality, and the active search to understand and make sense of one’s experience are research findings in common with the PTG literature (Tedeschi et al., 1998; Manne et al., 2004). In addition, as found within this study, previous spiritual and/or religious involvement and connection to others has been shown to promote PTG (Cadell et al., 2003). The themes of being ‘in it’ together and deepening spiritual beliefs are also congruent with the PTG literature.

This research has contributed to the literature by highlighting the role of personal recognition, participation and desire for growth as playing a role in transformative growth. Exercising personal agency can exist in tandem with being ‘helped’ by a higher power. In addition, challenging the socio-cultural context as a component of growth is an added dimension which has only recently begun to be explored within this study and within the literature (Christopher, 2004).

The PTG literature also states that ongoing distress is often present with PTG. As based on the finding of this research, growth and distress may have a complex relationship. The expression of growth may also contain distress to the degree to which growth is tied to the hope or wish for positive health outcomes. Further research in this area is needed.

## **Implications for Clinical Social Work Practice**

The awareness that transformative growth is possible, without making it a standard that people need to live up to, is important. This awareness is vital for people living with cancer, their family and friends and healthcare professionals working with people with cancer.

Within clinical social work practice, the first implication, and something that arose from the responses of participants, is for the professional helper to engage with their own embodied experience of suffering, growth and mortality. The recognition of growth, as described by participants, is not a conceptual realization but rather experiential. Therefore healthcare professionals must recognize that their understanding must also be experiential. According to Arthur Frank (1992), to truly join with another who is facing serious illness social workers must engage with the knowledge that death is what they are facing too, even if that is not a lived understanding at that moment. This is important in order to support the process of struggling with mortality, which is seen within this study and within the PTG literature to be a contributor to growth. As well, within a culture that does not face death a purposeful engagement with mortality requires both courage and insight into its importance. Furthermore, a dialogue about a person's spiritual and/or religious belief could potentially be important for both catalyzing and strengthening growth. Being aware of the variables described in terms of the significance of social support, it is also imperative for the social worker to encourage group contact, involvement and participation for clients and families.

This study also shows that growth processes manifest uniquely in terms of what people define as growth, yet the personal recognition of a growth process and taking active steps to support this is common among different individuals moving through their respective processes of PTG. Healthcare practitioners can therefore be aware of this personal agency as being a central feature of growth and also recognize, access and reinforce the existing wisdom and processes that people are engaged in to support and strengthen their growth. Strengthening

growth may also involve challenging socio-cultural norms and social workers are uniquely positioned to support this process.

*Schedule 1*

*What motivated you to want to participate in this research?*

*How have growth and/or transformation been a part of your experience with cancer?*

*What has helped or contributed to the development of (paraphrase one or more of the elements identified)?*

*Does spirituality play a role for you?*

*Has your experience within the medical establishment been an influence (particularly in the experiences we have been discussing)?*

*What tips (advice/suggestions) would you have for the healthcare professional to create the conditions to support people living with cancer to engage with transformative growth?*

*Optional questions:*

*How has your perception of yourself shifted or changed?*

*What do you feel brought about this shift/change?*

*In what ways has your perspective on life shifted or changed?*

*What do you feel brought about this shift/change?*

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