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## "Her Soul Beneath the Bone"<sup>1</sup> On Coping with Breast Cancer<sup>2,3</sup>

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### ABSTRACT

This article focuses on coping with breast cancer. Several common approaches to coping are briefly discussed. Following this is a description of the process of women coping with breast cancer as it is expressed in their own poems. Qualitative analysis was conducted on eight poems. Four themes emerged from the written material: spirituality in response to corporeality; transcendence as a response to pain; giving as a response to intrusion/penetration and rehabilitation in response to destruction. The discussion focuses on coping with the threat of death as it emerged from the themes, manifested primarily in an attempt to separate from the physical and the inevitable and to unite with the spiritual and the eternal. The results of this analysis open new avenues for counsellors who work with women suffering from breast cancer.

### RESUME

Cet article traite des stratégies d'adaptation (coping) au cancer du sein. Plusieurs approches courantes sont brièvement exposées. L'auteure décrit ensuite le processus d'adaptation des femmes atteintes de cancer du sein tel que ce processus est exprimé dans les poèmes qu'elles ont écrits. Une analyse qualitative a été effectuée sur huit poèmes. Quatre thèmes se dégagent de ces documents : la spiritualité en réponse à la corporalité; la transcendance en réponse à la douleur; la cession volontaire en réponse à l'intrusion/la pénétration; et la réadaptation en réponse à la menace de mort, telles qu'elles apparaissent dans les thèmes décrits. La stratégie principale d'adaptation consistait à tenter de se dégager du physique et de l'inévitable afin de s'unir au spirituel et à l'éternel. Les résultats de cette analyse ouvrent de nouvelles perspectives aux professionnels du counseling qui travaillent avec des femmes atteintes de cancer du sein.

Adrift! A little boat adrift!  
And night is coming down!  
Will no one guide a little boat  
onto the nearest town?

So Sailors say-on yesterday-  
Just as the dusk was brown  
One little boat gave up it's strife  
And gurgled down and down.

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So angels say-on yesterday-  
Just as the dawn was red  
one little boat-o'erspent with gales-  
Retrimmed it's masts-redecked it's sails-  
And shot-exultant on!

— EMILY DICKINSON

Coping with breast cancer has received much attention at both the theoretical and the empirical level. The diversity of definitions, instruments, and psychological and physiological variables related to coping makes a comparison between different findings difficult. In addition, a question arises of whether by using only quantitative analysis for assessing coping with breast cancer one can reach a satisfactory picture of women's experience. Recent years have witnessed an increasing use of qualitative methods for elucidating women's personal perspective on the coping process. The purpose of the study reported in this paper is to analyze aspects of coping of women who had breast cancer as expressed in poems they wrote.

#### COPING

The concept of coping was introduced in the sixties, and had stimulated an enormous amount of research in the following two decades (although similar concepts had long occupied a central position on the psychoanalytical map). Lazarus (1993) described two central approaches to the concept of coping. The first views coping as a personality trait, and is primarily associated with the psychoanalytic approaches which viewed coping as a defense mechanism against unconscious conflicts. These approaches categorized behaviour in a hierarchical construction ranging from normal to pathological, with each psychopathology being associated with a particular defensive style. Therefore, according to this approach, it is possible to determine a-priori what outcome can be expected from each coping style. The hierarchical approach in psychology, similarly to that in medicine, strengthens a paternalistic stand that defines what is "good" and "bad." While the psychoanalytic approaches dealt with coping exclusively in relation to intra-psychic processes, psychodynamic theories that have integrated models of coping and defense were more likely to recognize environmental influences. The assessment of coping by dynamically oriented approaches was based primarily on case studies and clinical observations.

The second approach to coping, which has gained centrality since the eighties, has derived from cognitive models. A seminal contribution to the conceptualization of coping has been that of Lazarus and Folkman (1984a, 1984b; Folkman & Lazarus, 1985, 1988), who defined coping as "the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person" (1984a, p. 283). Cognitive approaches assume that the way in which an individual copes with a problem is largely dependent upon his/

her appraisal of the situation, and that people are flexible in their choice of coping strategies, and can change them according to the demands of the situation. These approaches do not assume a hierarchy of coping strategies but rather focus on identifying which coping strategies are used in specific situations and the conditions under which the strategies do or do not lead to positive outcomes. It should be noted that although the majority of coping researchers have adopted at least some aspects of the cognitive approach, many of them recognize that individual differences play an important role in the coping process.

Although Lazarus and Folkman's (1984a, 1984b) definition has had a profound impact on the conceptualization of coping, there is still a lack of consensus among researchers on the basic properties of the concept. In a recent article on coping assessment, De-Ridder (1997) pointed out that there are over 30 definitions of coping, and that this is paralleled by a large number of questionnaires used to assess coping. She also pointed out that many instruments are not grounded in theory. In addition, most instruments are based on self-report and do not consider important external resources such as social support.

#### COPING WITH PHYSICAL ILLNESS

Coping with physical illness occupies a prominent position in the field of counselling. The advancement in medical treatment and the subsequent increase in chronic illnesses, especially heart disease, cancer, diabetes and AIDS, have fostered research in health psychology, applying cognitive models which have focused on appraisal processes (Folkman & Chesney, 1995; Folkman, Moskowitz, Ozer & Park 1997), illness representations (Leventhal, Meyer, & Nerez, 1980; Leventhal, Nerez & Steele, 1984), positive illusions (Taylor, 1983; Taylor, Lichtman & Wood, 1984; Taylor & Armor, 1996), optimism (Scheier & Carver, 1985; Scheier et al., 1989; Carver et al., 1993) and hope (Snyder, Irving, & Anderson, 1991; Irving, Snyder, & Crowson, 1998), and the interaction between these variables and coping with illness. Another direction has focused on the efficacy of psychosocial interventions with regard to coping and its health/illness outcomes (e.g., Andersen, 1992; Kiecolt-Glaser & Glaser, 1992; Fawzy, Fawzy, Arndt, & Pasnau, 1995; De-Ridder & Schreurs, 2001).

#### COPING WITH BREAST CANCER

Breast cancer is the most frequent type of cancer in women. The exposure to this severe and life-threatening disease and to the medical procedures accompanying it (such as surgery, chemotherapy, radiation, or bone marrow transplant) demands a tremendous amount of physical and psychological coping resources. In addition to the devastating side effects of the treatments (pain, weakness, nausea etc.) the woman is exposed to an experience of loss (breast, hair) accompanied by fear of death, fear of the unknown, uncertainty, and loss of control. Furthermore, the woman must cope with the assault to her body image and her femininity. For many years, the approach taken to coping with this illness has been

within the framework of the existing dynamic models that focused on coping with death, such as that of Kubler-Ross (1969), partially because in the past, many women died of breast cancer. With the advances in the treatment of the illness, there has been a dramatic increase in life expectancy, and consequently, today women cope with the disease and its consequences for longer periods of time. This change has greatly facilitated research on coping with breast cancer. Indeed, many studies have been conducted in an attempt to answer questions such as what are the most effective coping styles (Pettingale, Morris, Greer, & Haybittle, 1985; Classen, Koopman, Angell & Spiegel, 1996; Hack & Degner, 1999; Epping-Jordan et al., 1999; Spiegel, 2001) and how effective are different interventions in terms of the coping process and its outcomes (e.g., Spiegel, Bloom, Kraemer, & Gottheil, 1989; Gruber et al., 1993; van der Pompe et al., 1997; Richardson et al., 1997; Cunningham et al., 2000).

#### POETRY AS A PERSONAL PERSPECTIVE

I have been working with breast cancer patients during the last 20 years, and I feel that I was privileged to learn from them on ways of coping, courage and creative solutions. Quite often, these women experimented with artistic expressions such as painting, writing, dancing and drama. (See also Dibbell-Hope, 2000; Dreifuss-Kattan, 1990;) I have always felt that the themes emerging from these expressive materials allow an attainment of a uniquely authentic picture about the process of coping with the illness and its implications, without the artificial screening by conventional coping scales or observations by an outside person. Consequently, I have chosen to analyze poems that have been written by women who had breast cancer in order to learn about their coping process.

My choice of poems is not incidental. I always find in poems the reflection of feelings and emotions, which I find difficult to express or am not aware of. Poetry as an art form has the capacity to capture. Poetry is the essence. The Israeli poet Amihai (1995) aptly described its nature: "When people say, 'I have no words', poetry spells out the words". . . . "The art of poetry is the only true language of the soul, the most primary" . . . "The need in poetry is like a need in prayer . . ." Contrary to the popular belief that the materials of poetry are emotional and vague, Amihai claims that poetry, like science, is very precise, much more than prose. While in prose, ambiguities arising during reading can be clarified as one continues reading, and obscurity is often intentional, in a poem, precision is crucial, because everything must be here and now on the page, the obvious and the hidden all in one.

#### METHOD: INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

IPA is a dynamic process whereby one is trying to get close to the participant's personal world and to get an insider's perspective (Conard, 1987 cited in Smith, Jarman, & Osborn, 1999, pp 218), although it is acknowledged that this cannot be attained fully. The aim of IPA is to reach an interpretive understanding. The hermeneutic phenomenology approach (van Mannen, 1990) used in the present

study combines two methods of data analysis, the phenomenological and the hermeneutic. The phenomenological approach is concerned with how human beings construct and give meaning to their actions in concrete social situations (Holstein & Gubrium, 1995), whereas the hermeneutic approach refers to the theory and practice of interpretation.

#### DATA GATHERING AND SAMPLING PROCEDURES

The poems I chose to analyze were taken from a collection of women's poetry *Her Soul Beneath the Bone* (Lifshitz, 1988). The contributors are women who have coped with breast cancer. Upon first reading, I was swept with intense emotions. I felt that although the poems were written 15-20 years ago, they accurately represent the emotions, dilemmas, pain and fear accompanying each woman exposed to such a traumatic event, even today. Therefore, I believe the poems can serve as information-rich cases for in-depth study. After reading the book several times, as well as asking one of my colleagues to read it, we have jointly agreed that it corresponds to the intensity sampling criterion (Patton, 1990), meaning that it is 'a sample of sufficient intensity to elucidate the phenomenon of interest' (Patton, 1990, p. 171). Therefore, I have decided to choose this book for my analysis.

The collection includes 50 poems written by different women. During the first stage of analysis, I read the titles of the poems a number of times and found that there are similar titles that can be grouped together. The analysis of the titles enabled them to be grouped into four major categories: a) The Medical Procedure; b) The Wounded Woman<sup>4</sup> (Body and Soul); c) Illness as a Metaphor<sup>5</sup> (Breast Cancer); and, d) Relationships. Three titles could not be easily categorized. For text analysis, eight poems, two from each category, written by different women, were randomly sampled.

#### EVALUATING THE RESEARCH PROCEDURES AND RESULTS

The plausibility of an interpretive phenomenology method is based on its comprehensiveness and on the descriptive data being presented in a manner that illustrates understanding (Benner, 1994; van Mannen, 1990). Several strategies were used in this study to strengthen the plausibility of the results. First, a consultation with a qualitative researcher with a different academic and cultural background provided a comprehensive perspective on the data during all phases of the research. Second, the circular manner of analysis forced the author to consistently check for coherence between her interpretations and the narratives. Third, direct quotes are presented for readers so that they can scrutinize the connections made between the data and the conclusions that were drawn.

#### ANALYSIS

The analysis had three main phases: sense of the whole, themes, good enough gestalt. The first phase involved getting a sense of the whole, a feel of the data, by

reading the poems and getting an overview of the various thoughts, feelings and reactions that were expressed by the women (Giorgi, 1997). Each poem was read several times and each time notes and reflections were recorded until I felt that I had established a global sense of the poems. The second phase of the analysis identified four major themes, using the selective, detailed and holistic approaches (van Mannen, 1990). The last phase of the analysis involved the comparison of the four themes to the four categories and presenting the results in a visual format. The aim of this phase was to combine the different elements that were revealed in the sampling and the analysis of the data, into a representational structure, that is both holistic and analytic, personal and universal (van Mannen, 1990).

#### SENSE OF THE WHOLE

##### *Structure of the poems*

The poems are written in a free rhythm, the pace of the statements is fast, as if racing against time. Several poems are written as one long sentence, without punctuation marks. In others, sentences begin with lower level letters, again giving a feeling of continuity.

##### *Content of the collection*

We have no information on how the poems included in the collection were chosen, but from inspecting their titles, it appears that they reflect the entire process that every woman diagnosed with breast cancer undergoes. There is a distinct feeling that we have a narrative with a beginning, a midst, and an end: Diagnosis, Mammogram, Cancer in the Breast, Does it eat too? In the Hospital, Mastectomy, After Surgery, The Weeping Place, Ma, Now only one of us remains, elegy, Healing Dance, Recovery, I am no longer afraid.

The reading of the women's poems establishes an immediate and direct contact with their tormented emotional worlds and gives the reader/researcher a unique opportunity to get a close look at their experience and a feeling of participating in their drama. Everything is open and exposed, the women summon us into the most intimate parts of their world, although there seems to exist a vague barrier to a full entry manifested in a kind of a humor that apparently can be fully understood only by women who themselves experienced breast cancer (those who have it know it).

The poems contain many metaphors taken from nature, both from animate (birds, earth, seeds, trees) and the inanimate (stone, pearl) worlds. The nature is presented as a part of the process of cyclicity and regeneration. There is a use of metaphors of food (melon, onion, milk, peach) representing things that grow and get eaten up, and referral to parts of the body (knee, elbow, thighs, breasts, legs, heart, brain, lips, forehead) as distinct entities rather than as elements of a whole.

#### THEMES

In searching for main themes, I have focused only on coping with breast cancer, although the poems include additional themes. Already in the first poem it is

possible to identify a pattern of using contraries similar to a split: "When they came at me with sharp knives I put perfume under my nose. When they knocked me on the operating table I dreamed I was flying." (From: In the Hospital, by Patricia Goedicke, 1988). The feeling is that in the face of a threatening and brutal experience, there is always some kind of a response, and that this response is an expression of the woman's coping. Thus, in the face of the material, the harsh and the cold (sharp knives, operating table, harsh hands) there is an answer by means of distancing, elevation, or soaring, often resorting to the use of the senses (flying, sky, floated, perfume, Sodium pentothal still blooms). This pattern is evident also in other poems (x-ray machine vs. faint, boom vs. laughing, hospital bed stretches vs. to the sky). The severe pain (insert the needles, knocked me out, hell, pain, inquisitive) is reacted to with detachment (I who was not there, faint, detached, disintegrate), escape (dream, a picture clicks in your brain, laughing, stare out of the window) and depersonalization, a kind of a transcendental experience. An additional theme revealed in the poems is an experience of intrusion, penetration and rape (X ray-checking your soul, invaded, vandalizing your thighs, rapist's mouth, trampled, cut away your mask) and robbery (harrowing your breasts, strangers take parts of you away, cuts across, scoop it out). In response to these, there is giving, and a voluntary surrender (I gave it to them). In response to the destruction (trampled, left me with dumb skin instead of breast, barren trees), there is an answer of rehabilitation, regeneration and cyclicity, which as noted above, are reflected in metaphors from nature. In summary, four major themes could be identified in the poems that share the principle that to each stressful and harmful phenomenon there is an answer: *spirituality* as a response to *corporeality*; *transcendence* as a response to *pain*; *giving* as a response to *intrusion/penetration* and *rehabilitation* as a response to *destruction*.

#### GOOD ENOUGH GESTALT

A further analysis of the themes reveals that women use the mechanism of splitting between the material (flesh, machine) and the spiritual (imagination, hope), whereby everything related to the bodily aspects is relinquished from control. In contrast to this, in the spiritual domain no one can harm them, they are protected, because it is distant, detached, and eternal. Looking within the themes, it appears that the suffering and the evil always come from the outside and destroy the body, whereas the coping strategy is derived from the inside world, pleasant memories, dreams, imagination. For some women, writing itself may serve to master the pain (see Pennebaker, 1993).

. . . I can trace the motions  
Of the surgeons knife  
Its dull and futile dance  
Over my soft, dissembling skin  
I try to master it with art.  
(Elizabeth Lincoln, *Scars*, 1988)

The answer to the evil and pain is given with an air of defiance and even teasing, as if saying, “I will beat you,” “I will defeat you.” However, victory is not attained by confronting the threat and destruction but rather by a total detachment from them and a unity with the spiritual and the eternal, maybe because these are the essence of hope, as in the citation: “Hope is within the realm of potential; it has no time or space boundaries . . .” (Boris, 1976). Thus, the materials reveal what may be termed a three-layered splitting: between the outside and the inside, between the bad and the good, and between the physical and the spiritual, whereby the outside is the seat of the physical and the bad, and the inside is the seat of the good and the spiritual.

A comparison of the titles’ categories to the themes reveals that the medical procedure stands for penetration; the wounded woman stands for corporeality, suffering and pain; illness as a metaphor stands for a physical entity that devours and destroys. No themes were identified for the relationships category but, if we look at Figure 1, we can see that the category of relationships is actually being represented by the splitting mechanism as if there is no relationship between the outside and the inside world.

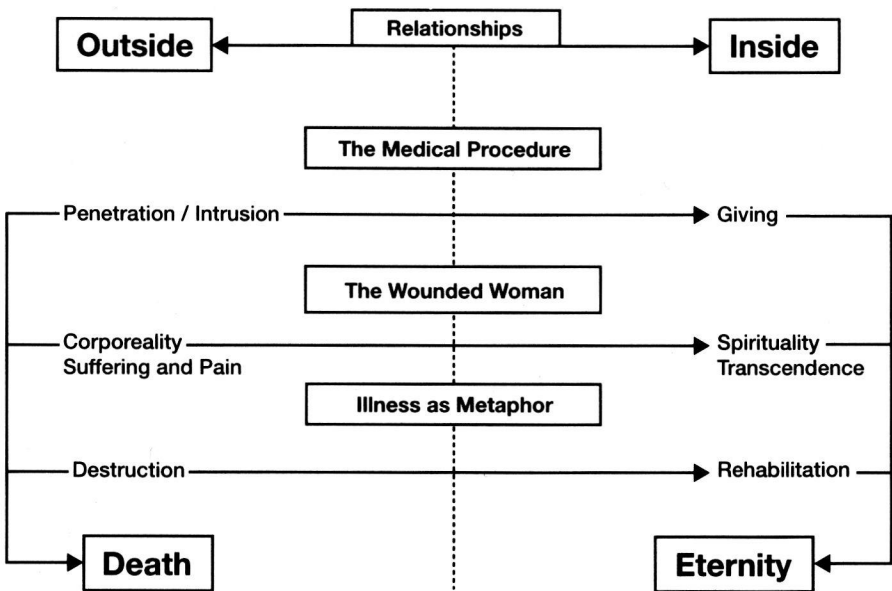


Figure 1

SUMMARY AND DISCUSSION

Breast cancer is one of the most extensively investigated illnesses with regard to coping processes. Clearly, coping with breast cancer is a difficult and a complex



process that involves coping with the physical aspects of the illness as well as with its ramifications at the personal and the social levels, and requires the use of problem-focused mode as well as emotion-focused mode. Whereas the problem-focused aspects of coping are primarily determined by the treatment protocol decided upon by the medical team, the emotional aspects are much more complex.

The present study has focused on analyzing aspects of coping by women who had breast cancer as expressed in poems they wrote. Our analysis identified four major themes. From the revealed themes emerges an experience of a profound suffering, violent penetration, abuse, and destruction of the body. Yet remarkably, at the same time women generate an answer to each of the aspects of their devastating experience, they do not give up, they fight the threat. It appears that this coping strategy is attained by using the mechanisms of splitting and projection. Embedded in the splitting mechanism is a perception of the illness as residing outside the body rather than as an internal bodily process. Thus, it appears that women use the mechanism of projection in order to extract the "bad" from their inside and transplant it to the outside. This projection enables them to continue struggling and survive because fighting a destructive force that resides within oneself is a fight with oneself, and thus might destroy both the bad and the good. Projecting the illness outside allows fighting it without destroying the good parts and moreover, allows recruiting the good inside for struggling with the bad. Splitting and projection may also serve as a means for restoring a sense of control: whereas one has no control over illness and physical destruction, one can control her own spirituality, to transcend the physical and thus flee from its inevitability, as it has been profoundly expressed by one of the poets in this volume:

When they told me I was sick and might die  
I left them and went away with you to where I live

(Patricia Goedicke, *In the Hospital*, 1988)

Death is almost never mentioned explicitly in the poems; rather, "it is there," looming below the surface in the form of an ever-present threat of death, which is penetrating, destructive, harmful, physical and uncontrollable.

Fear of death and the ways of coping with it have long been central topics in philosophy, psychotherapy and social and clinical psychology. In his provoking book, *The Denial of Death*, Becker (1973) argued that the terror of death is an innate fear, which haunts human beings from birth. This fear is the root of human anxiety and the source of motivation for many of human behaviors, because humans possess unique cognitive capacities that enable them to be aware of their inevitable fate of death and obliteration. Becker argued that humans would be paralyzed with terror if they did not develop ways of coping with the inevitability of their death. Becker's analysis has served as a basis for the development of the Terror Management Theory (TMT), which has contributed to the understanding of a wide range of human behaviors that are influenced by the knowledge of mortality (Solomon, Greenberg, & Pyszczynski, 1991; Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000). TMT posits that humans use the same cognitive

capacities that give rise to their fears of death to construct means of managing this fear through the development of death-denying cultural belief systems. According to TMT, humans cope by embedding themselves in a meaningful culture which enables them to transcend their physical lives and to attain a sense of symbolic immortality, and thus protects them from their deeply rooted existential fears surrounding their mortality. In a recent article, Goldenberg et al. (2000) distinguished between coping with the problem of death and coping with physical bodies. According to these authors, although humans solve the problem of death by living their lives on an abstract symbolic plane, they are still left with the problem of their physical bodies, which serve as a perpetual reminder of their physical limitations. They propose that humans cope with the problem of their physical bodies by elevating the body from flesh and bones to a cultural symbol, an object of beauty, dignity, and worship.

While the threat of death is a pervasive human condition, for women with breast cancer death becomes a reality. For these women, the body is no longer “a perpetual reminder of the inevitability of death” (Goldenberg et al., pp. 200), but its immediate and very real source. Therefore, they cannot flee from the dread of death by elevating the body, nor in fact, by merely transcending it into an abstract symbolic plane. Instead, it seems that they transform the meaning of the body – they turn their body into the saviour and the defender, the only source of spiritual strength. Indeed, the body is the seat of her soul - Her Soul Beneath the Bone.

It should be born in mind that the materials we analyzed came from poems written by women with breast cancer and we have no information on how they actually coped with the illness. However, in recent years there has been an increasing trend for people coping with life threatening illnesses to resort to coping by means of art, spirituality, or religion. Indeed, in 1999 Psycho-Oncology dedicated a special issue to the role of religion and spirituality in cancer patients' coping with the illness, and urged that such coping strategies be taken into account both in research on coping and in interventions with cancer patients. The qualitative approach represents a transition from a more paternalistic approach in assessing and counselling patients to one that stresses intersubjective processes, and thus opens up new and unique avenues for understanding, intervention, and support.

There are different ways to cope with breast cancer, and there is no right way, because in the end women differ in their coping styles. This may have an important implication for counsellors, as there is also no one way to treat women with breast cancer. Therefore, counsellors should be open to these differences during counselling.

*Not All Women Are the Same*

Not all women are the same  
though each looks in the mirror of the other's face  
And smiles, and looks away,  
Though in the end there's the mastectomy,

The skin like blotting paper, and hair like wire  
 While everything else softens and lets loose,  
 Though there is always a white curtain  
 Drawn over the surgical sun, and a table wiped clean  
 For hands to knot, tangled with rings,  
 And fine powder like ashes drifts from  
 The cracked china forehead rising  
 As the hair recedes,  
 Though it should finally come unplugged,  
 A black O in rubble of white linen,  
 Not all women sit with their death daily  
 In rooms flooded with light.

Dolores Rosenblum, 1988

### Notes

- <sup>1</sup> "Her soul beneath the bone" is the title of the collection of women's poetry on breast cancer from which the poems analyzed in this article were taken.
- <sup>2</sup> This article is dedicated to all those brave women who have taught me about coping more than scientists.
- <sup>3</sup> The author wishes to thank Patricia Goedicke, Dolores Rosenblum and Elizabeth Lincoln for allowing me to quote from their poems. Permission was received from each author to quote from their work.
- <sup>4</sup> "The wounded woman" is the title of a book written by Leonard (1982).
- <sup>5</sup> "Illness as metaphor" is the title of a book written by Sontag (1979).

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