

# The Experience of Psychotherapy in Greek Women with Breast Cancer: An Interpretative Phenomenological Study

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## ABSTRACT

Breast cancer is amongst the most frequently occurring types of cancer amongst women worldwide. The present qualitative study explored experiences of long-term psychotherapy among women with breast cancer attending psychodynamic psychotherapy at an outpatient service specializing at providing psychotherapeutic interventions for cancer patients, in Greece. The sample was purposeful and comprised of six women who participated in individual interviews, consisting of questions framed in an open way to explore their lived experiences in the context of therapy. The research data was analyzed using Interpretative Phenomenological Analysis and produced five group experiential themes (superordinate themes) namely 1) the experience of breast cancer 2) psychosomatic aspects of cancer 3) psychotherapy as a process of self-awareness and growth 4) the process of change and 5) the therapist – client relationship. Participant women seemed to experience psychotherapy as a positive, even though challenging journey, that integrated past, present and future promoting post-illness and post-recovery well-being, and allowing for the exploration of different needs that surpass the event of the disease itself. Given the complex experiences and different needs of women with cancer, it seems important for further qualitative research to explore the experiences of patients in psychotherapy in different cultural contexts, and taking into account different theoretical orientations in order to offer appropriate therapeutic interventions.

## Keywords

Breast cancer, Women, Qualitative, Interpretative Phenomenological Analysis, Greece.

## Introduction

Cancer is reportedly the second most lethal disease worldwide, following cardiovascular illness, causing 9,6 million deaths in 2018 [1] with women being most frequently affected by breast, colon, lung, cervix and thyroid cancer [2]. More specifically, breast cancer is amongst the most frequently occurring type amongst women both worldwide and in Greece and seems to have accounted for 26,4% of diagnoses in Greece in 2018 [2]. Although cancer is not

seemingly affected by social or racial parameters, it is argued that survival indexes of many types of cancer are significantly affected by early detection and diagnosis, quality of treatment and follow-up care post-illness; indeed, since early 2000, there is a growing argument to consider cancer a chronic illness that presents with multiple challenges for patients and clinicians alike [3,4]. In spite of cancer presenting with an acute phase (such as the time of diagnosis that requires immediate intervention and treatment), it also involves significant characteristics of a chronic condition, such as the possibility of relapse or metastasis as well as the need for ongoing and long-term medical overview even for years following treatment [4]. With regards to breast cancer in particular, it has

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been widely argued that it is considered as a chronic condition as it appears to be affecting women's lives and quality of life for many years following the acute phase [5]. In that respect, Kaiser [3] has suggested that the term 'cancer survivor' may need to be replaced with that of 'living or co-existing with cancer', as focusing solely on the aspect of survival could be limiting the expression of losses often associated with the disease. Medical progress in the field of cancer treatment has led to an increase in the number of women who are illness-free, who however need to adjust to new circumstances around possible changes in their mental health (anxiety, depression, etc.), body image, family dynamics as well as the pursuit of meaning regarding their experience of the illness. Psychotherapy is often a place where women with cancer can explore such psychosocial and existential challenges [6-8], as it was also the case for participant women in the present qualitative study.

A multitude of research on the experience of women with breast cancer described it as an 'illness trajectory', whereby individual experiences widely vary according to the stage of the disease which may include initial suspicion around possible symptoms, the acute phase of diagnosis and treatment, life post-illness, possible relapses and metastases as well as in many cases, the final phase of the illness [9]. Initially, during diagnosis, many women report a disruption in their sense of 'normality' of everyday life, whilst the very moment of diagnosis is being linked to a 'biographical disruption', which is being described as more acute compared to the disruption caused by a chronic condition [10-13]; this sense of disruption becomes particularly potent when considering the negatives associations and meanings that the word 'cancer' brings compared to any other illness as well as the fear or threat of death, both on a realistic as well as a fantasized level [4,14,15]. The conceptualization of the illness as a biographical rupture acts as a catalyst to everything that was previously taken for granted (beliefs, attitudes, behavior) and seems to extend for years following the diagnosis. During treatment, patients are faced with multiple challenges, which affect not only the physical but also the emotional, psychological, social, psychosocial, practical and spiritual/ philosophical dimensions of life [16]. Indeed, the multifaceted impact of cancer on women's body image, changing relationships and quality of life has been found to be affecting women even for years following diagnosis; in particular, research has identified increased rates of anxiety and depression, use of poor coping mechanisms such as self-blame and avoidance as well as poor body image and decreased quality of life following treatment, particularly mastectomy [17,18]. Breast cancer itself and its obvious associations with the breast, one of the most prevalent symbol of femininity, female sexuality, attractiveness and maternity arguably presents with significant threats to the female sense of self and feminine identity with the body image of women following mastectomy referring not only to the loss of health but also to that of femininity [9,19]. Another important aspect has to do with experiences of existential anxiety and fears of relapse following physical treatments. In addition, the experience of breast cancer may mean that the return to a prior level of normality may never be fully plausible, as the remnants of the illness may remain even for years after the diagnosis [3,20].

Although a great proportion of research focuses on the negative aspects of breast cancer, it would be an omission to overlook that for some people the experience of illness or trauma may indeed involve positive or growth-promoting aspects; indeed, the signification attached to the experience of cancer may change over time with the philosophical or existential pursuit of meaning emerging long after the cessation of physical treatments [9,20-23]. The notion of post-traumatic growth implies that illness itself does not necessarily need to be associated only with something negative but may involve positive aspects such as personal growth, appreciation of life, redefinition of priorities and personal relationships as well as positive spiritual change. Thus, the assignment of new meaning to the illness as a transformative experience may serve as a catalyst for the re-activation of the individual with regard to their life post-illness. The extent of post-traumatic growth depends on aspects such as severity of the illness, personality traits, positive coping mechanisms such as spirituality, emotional expression and support seeking, availability of social support as well as the pursuit of meaning [9,24]. In her qualitative research, Kourti [25] reported that when the experience of breast cancer is viewed as a challenge or as a reason for change, themes that arise in participant narratives involve love for self, identity empowerment and review of priorities, which are consistent with the notion of post-traumatic growth. Furthermore, it has been suggested that the conceptualization of breast cancer as part of one's auto-biographical flow and as an experience reflecting the inherent contradictions of life helps women reconstruct their identities and give meaning to their experience over time [25]. Within this context there seems a growing need to comprehend the chronicity, the variability as well as the long-term impact of the illness not only on the psychosocial adjustment of patients but also of the ongoing meaning-making processes of women with experiences of breast cancer.

Although not everyone with an experience of breast cancer seeks or indeed requires psychological support, a significant number of women pursue psychotherapy (at different times during the course of the disease and according to their individual needs) for issues related to the illness, such as anxiety management, acceptance of their health status as well as relational difficulties that pre-existed or were exacerbated as a result of the disease; in fact, individuals who do seek help have been reported to have better, faster and longer-lasting outcomes compared to those who don't [26-31]. This seems particularly true for individuals who may need to live with cancer for many years and who are thus the best candidates for longer-term psychotherapeutic interventions, whereby conditions for meaning-making and insight-oriented processes are optimal, following the cessation of physical treatments [8,32-34]. Nevertheless, the vast majority of research in the field of psycho-oncology appears to be dominated by CBT interventions, which are commonly assessed quantitatively, whilst long-term interventions that are compatible with the ever-increasing life expectancy of cancer patients remain under-researched [8,32-35]. Moreover, it has been suggested that the many subjective dimensions involved in the experience of cancer patients call for qualitative studies that aim to explore and assess what patients of different ages,

cancer stages, and cultural backgrounds-- themselves consider as effective `psychotherapeutic interventions [36]. In this context, the present qualitative study explored experiences of longer term psychotherapy among women with cancer, over the course of their illness and recovery, and aimed at enriching existing literature by offering insights from the subjective perspective of participant women within the particular cultural milieu of Greece, where research in this area is scarce.

## Methods

The study utilized Interpretative Phenomenological Analysis (IPA), one of the most widely employed methodologies in health related studies [37]. This qualitative methodology enables an in-depth exploration of the subjective experience and meaning-making processes of participant women with regard to their experience of breast cancer in the context of psychotherapy. The aim, here, was to focus on the experience, as this is lived by individual participants and not to reach the essence of the experience itself [38]. In IPA, researchers seek to enter the subjective frame of participants and to understand their lived experiences; in that respect, a process of a double hermeneutic takes place, whereby participants try to make sense of their experiences and researchers attempt to make sense of participant meaning- making processes, in a dynamic, cyclical interpretative process, where the focus lies within the specific and the idiographic and not the universal. Within that, both participants and researchers are perceived as sense making agents [38].

## Research setting and participants

The present study took place at an outpatient service specializing at providing psychosocial and psychotherapeutic interventions for cancer patients and their families, in Athens, Greece. The sampling strategy was purposeful [39] and participants were specifically targeted for meeting criteria and questions addressed by the research project. Moreover, the sample was homogenous in some aspects, as IPA researchers usually aim to generate a fairly homogeneous sample to capture the experiences of individuals who face similar circumstances related to a particular phenomenon [38]. Participants needed to be attending individual, long-term psychotherapy for a minimum of two years and further to be in ongoing psychotherapy at the time of their participation in the study. All participants had undergone mastectomy and thus shared a common experience both with regard to the changing body image and sense of identity [40]. Further, a basic inclusion criterion for participation was the absence of relapse or metastases over the

course of their illness. Six women with breast cancer participated in the study; in line with the idiographic focus of IPA research, smaller samples are often used, even though “there is no right answer to the question of sample size” [38]. Women’s age ranged from 33 to 63 years. All participants had received their diagnosis of breast cancer between 2011- 2017 and at least two years prior to the conduct of the present study; all participants were of middle/ high socio-economic status, as indicated by their academic and occupational status outlined at Table 1 (see below). All women were attending ongoing psychotherapy for the past two to five years and worked with female psychotherapists of psychodynamic orientation in the context of the outpatient Day Centre premises. We chose the psychodynamic approach as it fulfills the criterion of long term psychotherapy and it is an orientation commonly practiced in Greece.

## Data Collection and Ethics

The study obtained ethical clearance by the relevant university board as well as the board of the outpatient service. Individual interviews were utilized to explore participant experiences of their ongoing, individual psychotherapy and their relationship with their therapists. Psychotherapists working within the Day Centre were initially informed by the researchers about the aims and purposes of the study and subsequently informed and identified participants who met inclusion criteria for participation in the research. Those women who expressed an initial interest in the study were further contacted by the research team, where they were informed more thoroughly about the purpose of the study but most importantly about issues of confidentiality, anonymity and data protection as well as their right to withdraw their consent for participation at any point during the course of the study. Individual interviews were arranged at a time that was convenient for participants, in the premises of the Day Centre, where written consent was also obtained. The interview guide consisted of questions framed in an open way exploring participant women’s subjective lived experiences with psychotherapy. For example, can you tell what this last period of your life has been like for you? How did you decide to begin psychotherapy in the day center? Can you tell me about your experience with psychotherapy? How do you experience your relationship with therapist?

## Data analysis

Individual interviews were recorded and transcribed verbatim in Greek. In order to get to know the interview data, we began with

Table 1:

	Age	Family status	Academic status	Occupational status	Year of diagnosis	Years in psychotherapy
<b>P1 Polyxena</b>	48	Married with two children	University graduate	Employee in private sector	2014	2 years and 3 months
<b>P2 Melina</b>	47	Divorced with three children	University/ Doctoral graduate	Lawyer	2014	4 years and 3 months
<b>P3 Electra</b>	44	Single	University graduate	Teacher	2017	2 years
<b>P4 Cleo</b>	63	Divorced with one child	University graduate	Retired University Lecturer	2011	5 years (8 years at Day Centre)
<b>P5 Daphne</b>	47	Single	University graduate	Teacher	2016	2 years
<b>P6 Aphrodite</b>	33	Single	College graduate	Employee in private sector	2013 *double mastectomy	2 years and 2 months

listening of the original audio recordings along with a thorough reflexive reading and re-reading of the transcripts (keeping also initial notes). In line with the IPA commitment to the idiographic, we began with coding and experiential analysis of each interview case and then searched to identify candidate themes which cut across interview cases. In conducting a detailed experiential analysis of each interview transcript, we identified experiential statements and worked towards a preliminary clustering of statements (candidate themes). This process was repeated separately for each individual transcript with the examination of all six interviews resulting into the final cross-case themes and group experiential themes (superordinate themes) [41]. The process of analysis was inductive and close to the data (participant women's accounts), an ongoing dialogue between researchers and original data that resulted at a conceptually higher-level organization of narratives. We looked both for convergence and divergence throughout the analysis as IPA strives for a balance between commonality and individuality [38]. All names used are fictional to safeguard the anonymity of the participant women.

### Quality of the study

To ensure quality, we took into account the principles of IPA at each stage of the project (trustworthy data collection, analysis and writing up) [38]. We tried to show sensitivity to the interactional nature of data collection in the context of the Greek sociocultural milieu. There was prolonged engagement and immersion with the data, commitment in undertaking careful experiential analysis, as well as thoughtful discussion and checking among the researchers throughout the research process. We also aimed for transparency by describing carefully the sample selection, the interview process and steps of analysis.

### Research Findings

The data analysis produced five group experiential themes (superordinate themes) namely 1) The experience of breast cancer 2) When the somatic meets the psychic: psychosomatic aspects of cancer 3) Psychotherapy as a process of self-awareness and growth 4) The process of change 5) The therapist –client relationship. Superordinate themes along with their subthemes are presented in Table 2. Data extracts from participant narratives --used below to support the themes and subthemes generated in the analysis--were

translated into English by the researchers (Greek native speakers). We agree with Torop [42] and Lapadat and Lindsay [43] that the conversion of ideas from one language into another is a process where decisions are made for obtaining equivalence in meanings and interpretations taking into account particular sociocultural language contexts.

### The experience of breast cancer Psychosocial and physical aspects

Although participants were not directly asked about their experience of breast cancer, their narratives contained many references to the illness itself, which they often linked to their need for psychotherapy (as it will become apparent later). More specifically, they reflected upon the psychological and physical impact of the illness, namely the shock of being diagnosed with breast cancer, the blow on participant identity and body image, as well as its effects upon their social life and interpersonal relationships.

'...Cancer was like a punch in the stomach, a big wakeup call...I felt invincible before that... a feeling that nothing bad would ever happen to me...' (Daphne, P5)

'...I never looked at myself (without hair)... I didn't want to... And that was very helpful for me, the fact that I do not have an image of myself of that time... And that is really important for me...

I opted for preparation towards breast reconstructive surgery immediately... To proceed to the next stage... Because for me the most important thing was the way I felt as a woman...' (Polyxena, P1)

Changes in physical appearance with the loss of hair and 'the breast' were closely linked to aspects of female identity for participant women, and those were further associated with the significant impact that the disease had on their social life and interpersonal relationships. They narrated experiences of shame, isolation and rejection that have led them to reassess their relationship with both others and themselves. Such experiences may be related to the stigma associated both with the identity of a cancer patient but also with the body image and issues around femininity and womanhood.

'...I did not want people to know about my illness... This is the reason I isolated myself a great deal...It was particularly painful

**Table 2:**

Group Experiential Themes (Superordinate themes)	Cross-Case Themes (Subordinate Themes)
1. The experience of breast cancer	1.1 Psychosocial and physical aspects
	1.2 Reflections post-cancer
2. When the somatic meets the psychic: psychosomatic aspects of cancer	2.1 Perceived psychic origins of cancer
	2.2 The experience of illness as a trigger for the onset of psychotherapy
3. Psychotherapy as a process of self-awareness and growth	3.1 Self- awareness and identity integration
	3.2 An expansion of meaning
4. The process of change	4.1 The challenge of change
	4.2 Time as a basis component of change
5. The therapist-client relationship	5.1 Establishing a relationship of trust and respect
	5.2 Challenges in the therapeutic relationship

being stuck in the house for two months, without being able to move...I couldn't bathe for two months...' (Daphne, P5)

'...There issues around femininity... Because some things make you feel good as a woman...if you lose them...I don't know...' (Electra, P3)

'...In this situation, no matter how many people are around you, you live alone...You always live alone and you walk alone...You always walk alone...' (Aphrodite, P6)

'...How easy is it for me to make a relationship following the mastectomy...With my body that has changed in that way?' (Electra, P3)

### Reflections post-cancer

Participant women emphasized how the experience of the illness contributed to new knowledge about life, changes in the ways they perceived the world around them, as well as a greater appreciation for health, time and simple everyday moments. The experience of cancer seemed to give new meaning to life and to lead to significant revisions and awakenings with regard to how does one live their life.

'...it is a big school. It is a big school. It is a great life experience. You learn a lot of things through cancer, both important and insignificant. I started to appreciate simple things like food or even health that I was taken for granted. You appreciate everything (Daphne, P5).

'...appreciation for life changes and even the sense of time is revised. Every moment becomes valuable and needs to be experienced (Cleo, P4).

'...It is fine to have survived cancer... But the question is 'how do you live?' (Melina, P2)

### When the somatic meets the psychic: psychosomatic aspects of cancer

#### Perceived psychic origins of cancer

Respondents seemed to link the occurrence of cancer with pre-existing psychological factors in their lives, something that may communicate an important need on behalf of some women to comprehend and to explain why they fell ill. The emergence of illness was attributed to prior experiences of loss or rejection as well as the way such events were managed by the participants themselves. Certain women even related that they knew that they would fall ill, prior to their diagnosis, because of traumatic life events and interpersonal circumstances. In all participant women emphasized a sense of continuum between body and psyche, acquired either as a result of the experience of cancer or prior to it.

'...Life events that .... I have associated with cancer relate to the death of my father...and breaking up from a relationship... Accumulated loss and adversity...that I regard as relevant way before the onset of cancer...When we do not take care of our emotions, the body falls ill... I mean, I had this certainty that I will fall ill physically in some way, as the emotional burden was unbearable...it felt like swallowing poison' (Electra, P3)

'Following a difficult marriage and an even more difficult divorce... then the cancer came... I believe that this is an illness inherently linked to stressful situations...' (Melina, P2)

'...I was not happy for a long time and for the rest I feel that my psychological state played a role in becoming ill...' (Polyxena, P1)

### The experience of illness as trigger for the onset of psychotherapy

For all women the experience of illness served as a trigger for the onset of psychotherapy. Their initial request for psychotherapy included anxiety management, fear of relapse, exploring causes and making sense of the illness, as well as acceptance of the changing body image and identity. Some participants expressed more openly the view that falling ill served as highlighting prior issues and trauma, that were not dealt with in the past, and were now explored in the context of therapy; in this sense there was a preexisting need to engage in psychotherapy.

'...Other than managing the experience of cancer itself... this was a trigger for me to deal with some issues that were swept under the carpet...We take care of our bodies and not taking care of our emotions and then the body falls ill...' (Electra, P3)

While all women seemed to regard psychotherapy as a valuable and significant component of cancer care treatment that should be inseparable from physical ones, certain women underlined also its potential to serve as a preventative measure both for the emergence of cancer as well as for possible relapsing.

'... what interested me and I brought with me in therapy is the subject of ...I would like to face all those things that gave birth to cancer in order to ensure my health for me and my children, and that he [the cancer] would not knock my door again. I knew that cancer was born because of specific reasons and I would like to delete from my personality certain elements...to ensure that in the future will not erupt again ( Polyxena, P1 )

An emphasis on the connection between psychotherapy and prevention may give women a sense of control over their life and possible cancer relapse. Nevertheless, highlighting only the psychic aspect of a complex phenomenon, could also bring out issues of guilt and self-blame for participants or even unrealistic expectations about psychotherapy. At any case it is important to take into account medical warnings against hasty psychological explanations of cancer [44].

### The Psychotherapy as a process of self-awareness and growth Self-awareness and identity integration

Participant women related how in the context of psychotherapy, reflecting upon their own past and present, they embarked on a journey of self-awareness, self- respect, self- development and identity integration (emotional, physical and spiritual), while paying particular attention to the previously neglected embodied aspects of self.

'...It helps you link things that previously seemed unrelated...and to get a better idea of who you are...How you have developed as a human being, how your experiences have formed you...and this helps you grow as a person (Electra, P3

'...there is a sense of redemption...Redemption in the sense that you realize some things about yourself...' (Melina, P2)

'...to come to a better relationship with myself...to feel integrated

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as a person, emotionally, physically and spiritually...For a very long time, I placed emphasis on the mind and what I can do with it and I could not see what was happening to my body'. (Aphrodite, P6)

'...After two years of psychotherapy, I am better at respecting myself, understanding that if I do not want something I do not have to oppress myself...' (Daphne, P5)

### **An expansion of meaning**

Psychotherapy seemed also to expand participant meaning making of self, others and life by providing possibilities for different and new perspectives.

'...It helps you see things that you have not thought before. I see things from a different perspective that I may not have previously been able to have...to realize things that I may never have realized...to accept that there is a different point of view...' (Daphne, P5)

### **The process of change**

#### **The challenge of change**

Participant women experienced the process of change in the context of psychotherapy as challenging, slow, at times, painful and difficult, requiring great effort, struggle and self-exploration.

'...Sometimes it is very painful because you have to start thinking and feeling...' (Aphrodite, P6)

'...it is not magical because it is not something that happens from one moment to the next...after a long time you realize a change that has taken place within yourself...' (Cleo, P4)

'...I feel as though it has helped me in many aspects of my life... but there is still a long way to go...You may need to struggle with something ...many many times, but you will have made a start...' (Melina, P2)

Furthermore, respondents commented upon the repetitiveness and cyclicity of the therapeutic process which are perceived as necessary components of change, which may also involve the re-experiencing of earlier events or feelings, often stemming from childhood.

'...I think it works through the repetition. Again and again, gradually I can work this within myself...it is not just having the insight ... I bring issues again and again, issues that are repeated... and I think to myself why I am not over this, since I am aware of it...But then I realize that this is not how it works...there is a journey to reach to the point of leaving things behind that are deeply rooted and have nothing to do with the cancer, they have to do primarily with early childhood, experiences that have formed your personality...' (Electra, P3)

For others the difficulty of translating emotional insights into tangible acts of change, actions and immediate results often brought frustration, ambivalence or self-criticism in failing to live up to their own or their therapist's expectations.

'...I often feel that we may be discussing many things with my therapist but in action, there are not many things that I actually do...' (Daphne, P5)

'...The difficulty with me is... to move into action with what I learn...to move from an understanding of why I work like that... to working in a different way...' (Electra, P3)

'...Sometimes, after discussing things with my therapist, I think whether I am doing something wrong... how can I turn the switch...how can I do something differently...at least I have got my self-criticism...in case I am not paying enough attention to what I must do...Perhaps I must...' (Melina, P2)

### **Time as a basis component for change**

While understanding that change is often a long and painful process, certain women seemed to seek a further explanation as to why change is delaying, attributing it, partly, to non-sufficient psychotherapeutic time. Reflecting upon the issue of time, they expressed a desire either for an increase in the frequency or the length of the psychotherapeutic sessions. Concerns around the quantity and sufficiency of the psychotherapeutic time may further indicate women's strong desire to experience tangible change in their lives, as discussed above. Moreover, a concern with time may also be associated with existential issues in the context of cancer and the fear of separation or death and dying.

'...I sometimes feel that time is not enough...' (Daphne, P5)

'...I may have wanted a greater frequency...if there was greater frequency perhaps insight would come faster...and I would find the answers I am looking for...On the other hand...perhaps this is not right...time may be needed. You need to work...' (Melina, P2)

### **The therapist-client relationship**

#### **Establishing a relationship of trust and respect**

All participants highlighted the central role of the psychotherapeutic relationship making reference to a sense of trust and safety and understanding that enabled them to share deeper or threatening thoughts and feelings that are not easily shared due to guilt or fear of burdening the other.

'...Since there is trust...and a relationship of trust has been established with the psychotherapist...This is essential and it makes me feel that I can share things that I would be ashamed to share with anyone else...' (Electra, P3)

'I speak to somebody who understands what I want to say, this is very important- I am not talking to a wall- and I do not feel guilty...I do not feel I am burdening someone...this is very important...not feeling guilty...' (Polyxena, P1)

The role of the psychotherapist as companion in the process of change was also acknowledged as particularly important. The therapist is being viewed as a benevolent companion, who mirrors, re-frames or interprets what participants say, thus aiding them in making connections, realizations and deepening their understanding of themselves and their difficulties.

'...This sense of help and companionship through this journey ...this experience changed the view I have had of psychotherapy... what it means...and ok it does not mean that you can manage by yourself...It quite possibly means the opposite...this sense ...' (Cleo, P4)

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Participant women brought up also the notion of therapist- client match, which may actually communicate a desire to be in sync with the therapist or for an absence of conflict within the therapeutic relationship.

‘...I am lucky to have found a person that suits me...I don’t know what are the criteria for matching or not but I certainly consider myself lucky...’ (Polyxena, P1)

For others, the therapist-client match is not a matter of a lucky coincidence but rather is viewed as a purposeful relationship that requires time and effort and which is built gradually around specific goals.

‘...This is a relationship...it is not something random but something that is being built gradually over time...But it is being built purposefully towards a certain direction...it has this goal, it is not something that can evolve without direction...’ (Cleo, P4)

### **Challenges in the therapeutic relationship**

According to participant narratives, the therapeutic relationship is based upon a meaningful, trustful bond, which is nevertheless bounded and purposeful. Nevertheless, the strict boundaries of the psychotherapeutic relationship seemed to evoke different feelings amongst participants with some experiencing ambivalence and frustration, especially at the onset of psychotherapy, and others expressing a desire to surpass those boundaries and to have a more personal relationship with their therapist.

My therapist insisted in addressing each other in plural...she was consciously keeping a distance...So I do feel this distance so that we cannot discuss things as though we were friends...’ (Cleo, P3)

‘...She obviously places boundaries. You cannot get close to her... under no circumstances do I see her as a friend...I feel that all these things that we discuss, the space, the predictability of sessions, the stability of this person...all this is very helpful’ (Daphne, P5)

### **Conclusions- Discussion**

The present qualitative study aimed at an in-depth exploration of the experience of long-term psychotherapy amongst women with breast cancer at an outpatient service providing psychotherapeutic interventions for cancer patients and their families, in the city of Athens. All participant women referred to the experience of being ill and particularly to the physical, emotional, social and existential implications of the illness, and consequently their need for psychotherapeutic support [3,10,17,20]. They described the sudden overwhelming shock of initial diagnosis as well as the sense of rupture in their lives lasting long after diagnosis [13,25], and highlighted the emotional impact that mastectomy and hair loss had not only on body image but also on social life and relationships. Consistent with other studies, the loss of the breast (both as an organ as well as symbolically) and the associated body changes, seem to deeply affect female identity [10,13,18,40,45]. It has been suggested that, in the context of sociocultural representations about femininity and health, women with cancer can experience a double stigma, both that associated with the identity of a cancer patient and with that of a ‘deficient’ woman [19]. Despite shifting perceptions and positive change, the illness of cancer continues to carry a

significant amount of stigma in Greece as in many other parts of the world [19,46,47]. Such stigma associated with experiences of shame or rejection can lead women to isolate themselves in order to avoid telling others about their illness or hide changes in their bodily appearance. In our study, women experienced the context of psychotherapy as a place where they could express themselves; talk about difficult or threatening feelings and thoughts that could not share with others [36], because of shame, fear of rejection, or because they did not want to worry or burden them [19]. In a sense, individual therapy seems to have provided the psychosocial support that women would have otherwise preferred to obtain from family, friends and significant others –Greece being a sociocentric society, where psychotherapy still holds a certain stigma [48]. In fact, all participant women referred to the experience of the illness and its psychosocial consequences as instigating the onset of psychotherapy, even though cancer-related issues did not seem to constitute the only focus of psychotherapy [34]. Women’s narratives reflected different aspects that go beyond the illness itself such as pre-existing concerns related to psychological functioning, difficulties with interpersonal relationships, and so on. In an effort to make sense of ‘why’ they fell ill, a number of participants even attempted to link the occurrence of cancer with pre-existing, negative psychological or traumatic experiences and underlined the potential of psychotherapy to serve as a preventative measure both for the emergence of cancer as well as for possible relapsing. Research findings have suggested that emotional expression, social support and reduced anxiety levels may indeed be linked to the increased life expectancy of cancer patients, possibly through better adherence to medical treatment, improved immune and biological functioning as well as enhanced self-care and quality of life, nevertheless the exact mechanisms on the ways in which psychotherapy affects the clinical course of cancer remains to be empirically answered [6,26,30].

All women stressed the need for self-care, personal reflection and for reviewing ways of living, including integrating one’s sense of identity (emotional, physical and spiritual), furthering self-awareness and growth in the context of therapy [49]. It has been suggested that when faced with the threat of self-annihilation, cancer patients attempt to understand who they are, in a process whereby anxieties around the illness itself may reignite earlier reflections related to the meaning of life itself; such findings are consistent with the notion of post-traumatic growth as addressed by existing literature [9,15,22,25]. In this context, longer term therapy such as dynamic or existential therapy may be especially suitable for such explorations. Participant narratives reflected also the positive aspects of the therapeutic relationship (trust, safety, respect, and understanding) with particular emphasis upon the therapist as a valuable companion in the challenging and often painful and slow process of change [7]. In fact, they expressed ambivalence, particularly with regard to the notion of cyclicity and repetitiveness of the therapeutic process as well as the quantity and sufficiency of the therapeutic time. In all, psychotherapy seemed to be experienced as a positive, even though challenging journey, which integrated participants’ past, present and future promoting post-illness and post-recovery well-being, and allowing

for the exploration of different needs that surpass the event of the disease itself and its negative consequences.

The present research is not without limitations. As with all qualitative studies, the small sample limits generalizability of the findings [50], even though IPA qualitative research aims mainly for transferability of findings from group to group and contribution to the existing professional knowledge [38]. Our findings concern the experiences of women with cancer who engage in long-term psychotherapy (psychodynamic) in the Greek urban context. It is also worth paying attention to the voluntary participation of women, in our study, that may reflect their already positive attitude towards psychotherapy. Finally, given the complex experiences and different needs of women with cancer, it seems important for further qualitative research to explore the experiences of patients in psychotherapy in different cultural contexts, and taking into account different theoretical orientations in order to offer appropriate therapeutic interventions.

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