Adolescents with a parent with cancer: personal construct psychology interviewing techniques

Michael Henman
University of Wollongong

UNIVERSITY OF WOLLONGONG
COPYRIGHT WARNING

You may print or download ONE copy of this document for the purpose of your own research or study. The University does not authorise you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site. You are reminded of the following:

This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part of this work may be reproduced by any process, nor may any other exclusive right be exercised, without the permission of the author.

Copyright owners are entitled to take legal action against persons who infringe their copyright. A reproduction of material that is protected by copyright may be a copyright infringement. A court may impose penalties and award damages in relation to offences and infringements relating to copyright material. Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

Unless otherwise indicated, the views expressed in this thesis are those of the author and do not necessarily represent the views of the University of Wollongong.

Recommended Citation
2011

Adolescents with a parent with cancer: personal construct psychology interviewing techniques

Michael Henman

University of Wollongong

Recommended Citation
UNIVERSITY OF WOLLONGONG

COPYRIGHT WARNING

You may print or download ONE copy of this document for the purpose of your own research or study. The University does not authorise you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site. You are reminded of the following:

Copyright owners are entitled to take legal action against persons who infringe their copyright. A reproduction of material that is protected by copyright may be a copyright infringement. A court may impose penalties and award damages in relation to offences and infringements relating to copyright material. Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.
CERTIFICATION

I, Michael J. Henman, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Michael J. Henman

06 January 2011
A few quotes in which I came to invest meaning:

Man’s mind stretched to a new idea never goes back to its original dimensions. – Olive Wendell Holmes

A belief is not merely an idea the mind possesses; it is an idea that possesses the mind. – Robert Bolton

Education is not a product: mark, diploma, job, money – in that order; it is a process, a never-ending one. – Bel Kaufman

The writer’s life is suffused with anxiety. In a productive, entrepreneurial age, it seems odd, even insane, to be locked in a room, trying to hammer words into their correct places. – Alain de Botton

Genius begins great works, labour alone finishes them.

– Joseph Joubert

A permanent state of transition is man’s most noble condition.

– Juan Ramón Jiménez

By the very fact of his being human, man is asked a question by life: how to overcome the split between himself and the world outside of him in order to arrive at the experience of unity and oneness with his fellow man and with nature. Man has to answer this question every minute of his life. Not only – or even primarily – with thoughts and words, but by his mode of being and acting. – Erich Fromm
# CONTENTS

List of figures and tables viii
Acknowledgements x
Abstract xi

## CHAPTER ONE: GENERAL INTRODUCTION 1

1.1 Definitions, History, Theory and Dissent 2
   1.1.1 Definitions 2
   1.1.2 History 3
   1.1.3 Theory and Dissent 4
1.2 The Literature 6

## CHAPTER TWO: THE RESEARCH LITERATURE 7

2.1 Studies by Content Area 7
   2.1.1 Affect 7
   2.1.2 Behaviour 24
   2.1.3 Communication and Information 30
   2.1.4 Coping Strategies 33
   2.1.5 Existential Issues and Other Findings 37
2.2 Evaluation of the Above Research 42
   2.2.1 The Quantitative Research 42
   2.2.2 The Qualitative Research 44
   2.2.3 Strengths and Limitations of Retrospective and Longitudinal Research Designs 45
2.3 The Proposed Study 48

## CHAPTER THREE: GEORGE KELLY’S PSYCHOLOGY OF PERSONAL CONSTRUCTS 53

3.1 The Philosophy and Elemental Ideas of Kelly’s Psychology of Personal Constructs 53
   3.1.1 Philosophical Influences 53
   3.1.2 The Fundamental Postulate 55
   3.1.3 Constructive Alternativism 56
   3.1.4 The Bipolarity of Constructs 56
      3.1.4.1 Construct elicitation and elaboration 59
   3.1.5 Dilation and Constriction 61
   3.1.6 Emotion in PCT: Kelly’s Dimensions of Transition 62
   3.1.7 Kelly’s “Man-the-scientist” Metaphor 65
   3.1.8 Coping and PCT’s Experience Cycle 67
   3.1.9 Freedom v Determinism 69
   3.1.10 Kelly on ‘Development’ 70
   3.1.11 Applying PCT and Methods of Research with Children 72
3.2 Theoretical Integration of the Disparate Literature 73
3.3 Summary 79

## CHAPTER FOUR: METHOD – STUDY ONE 81

4.1 Participants 81
4.2 The Semi-Structure Interview and PCT 82
CHAPTER FIVE: RESULTS AND DISCUSSION – STUDY ONE

5.1 Ken 88
5.2 Simon 100
5.3 Andrew 109
5.4 Trevor 116
5.5 Discussion 122
  5.5.1 Level of Disruption to Life 122
  5.5.2 Reconstruing Life 124
  5.5.3 Anxiety and the Experience Cycle 125
5.6 Strengths and Limitations 131
5.7 Summary 133
5.8 Where To From Here 135

CHAPTER SIX: RAVENETTE’S “WHO ARE YOU?” TECHNIQUE

6.1 The Development of the Technique 137
6.2 The Three WAY? Technique Root Questions 141
  6.2.1 Root Question 1: “Who are you?” 141
  6.2.2 Root Question 2: “What sort of person are you?” 144
    6.2.2.1 The ABC model 146
  6.2.3 Root Question 3: “If I were to ask your father/ mother what sort of person you are, what three things would you say?” 148
6.3 Summary 149

CHAPTER SEVEN: METHOD – STUDY TWO

7.1 Participants 150
7.2 Instruments 152
  7.2.1 The Basic Interview Questions 152
  7.2.2 Additional Questions in the WAY? Technique Format 155
7.3 Procedure 157

CHAPTER EIGHT: RESULTS AND DISCUSSION – STUDY TWO

8.1 Helen 160
  8.1.1 Helen’s Replies to the Basic Interview Questions 160
  8.1.2 Helen’s Replies to the WAY? Technique Questions 162
    8.1.2.1 Root Question 1: “Who are you?” 163
    8.1.2.2 Root Question 2: “What sort of person are you?” 165
    8.1.2.3 Root Question 3: “What sort of person do others say you are?” 170
    8.1.2.4 Question 5: “Three things that were important about the situation” 175
    8.1.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?” 177
  8.1.3 General Summary of Helen’s Responses 180
8.2 Eve 184
  8.2.1 Eve’s Replies to the Basic Interview Questions 184
  8.2.2 Eve’s replies to the WAY? Technique Questions 189
8.2.2.1 Root Question 1: “Who are you?”
8.2.2.2 Root Question 2: “What sort of person are you?”
8.2.2.3 Root Question 3: “What sort of person do others say you are?”
8.2.2.4 Question 5: “Three things that were important about the situation”
8.2.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

8.2.3 General Summary of Eve’s Responses

8.3 Barry
8.3.1 Barry’s replies to the basic interview questions
8.3.2 Barry’s replies to the WAY? Technique questions

8.3.2.1 Root Question 1: “Who are you?”
8.3.2.2 Root Question 2: “What sort of person are you?”
8.3.2.3 Root Question 3: “What sort of person do others say you are?”
8.3.2.4 Question 5: “Three things that were important about the situation”
8.3.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

8.3.3 General summary of Barry’s responses

8.4 Cindy
8.4.1 Cindy’s replies to the basic interview questions
8.4.2 Cindy’s replies to the WAY? Technique questions

8.4.2.1 Root Question 1: “Who are you?”
8.4.2.2 Root Question 2: “What sort of person are you?”
8.4.2.3 Root Question 3: “What sort of person do others say you are?”
8.4.2.4 Question 5: “Three things that were important about the situation”
8.4.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

8.4.3 General summary of Cindy’s responses

8.5 Mal
8.5.1 Mal’s replies to the basic interview questions
8.5.2 Mal’s replies to the WAY? Technique questions

8.5.2.1 Root Question 1: “Who are you?”
8.5.2.2 Root Question 2: “What sort of person are you?”
8.5.2.3 Root Question 3: “What sort of person do others say you are?”
8.5.2.4 Question 5: “Three things that were important about the situation”
8.5.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

8.5.3 General summary of Mal’s responses

8.6 Claire
8.6.1 Claire’s replies to the basic interview questions
8.6.2 Claire’s replies to the WAY? Technique questions

8.6.2.1 Root Question 1: “Who are you?”
8.6.2.2 Root Question 2: “What sort of person are you?”
LIST OF FIGURES AND TABLES

Table 2.1 Study and sample characteristics 49
Table 3.1 Kelly’s Fundamental Postulate and 11 corollaries 58
Table 4.1 The interview schedule 85

Figure 5.1.1 Zones of influence – Ken: Time 1 98
Figure 5.1.2 Zones of influence – Ken: Time 4 99
Figure 5.2.1 Zones of influence – Simon: Time 1 107
Figure 5.2.2 Zones of influence – Simon: Time 4 108
Figure 5.3.1 Zones of influence – Andrew: Time 1 114
Figure 5.3.2 Zones of influence – Andrew: Time 4 115
Figure 5.4.1 Zones of influence – Trevor: Time 1 120
Figure 5.4.2 Zones of influence – Trevor: Time 4 121

Table 6.1 Ravenette’s “Who are you?” Technique 143
Table 6.2 The ABC technique 147

Table 7.1 Participant characteristics 151
Table 7.2.1 The basic interview questions 153
Table 7.2.2 Additional questions in the WAY? format 156

Table 8.1.1 Helen. Root Question 1: Answer i. 163
Table 8.1.1 Helen. Root Question 1: Answers ii. and iii. 164
Table 8.1.2 Helen. Root Question 2: Answer i. 167
Table 8.1.2 Helen. Root Question 2: Answer ii. 168
Table 8.1.2 Helen. Root Question 2: Answer iii. 169
Table 8.1.3 Helen. Root Question 3: Answer i. 172
Table 8.1.3 Helen. Root Question 3: Answer ii. 173
Table 8.1.3 Helen. Root Question 3: Answer iii. 174
Table 8.1.3 Helen. Root Question 3: Exploration 3 175
Table 8.1.4 Helen. Q. 5: Answers i. and ii. 176
Table 8.1.4 Helen. Q. 5: Answer iii. 177
Table 8.1.5 Helen. Q. 6: Answers i. and ii. 178
Table 8.1.5 Helen. Q. 6: Answer iii. 179
Table 8.1.6 Helen. WAY? Technique questions summary 182

Table 8.2.1 Eve. Root Question 1: Answer i. 190
Table 8.2.1 Eve. Root Question 1: Answer ii. 191
Table 8.2.1 Eve. Root Question 1: Answer iii. 192
Table 8.2.2 Eve. Root Question 2: Answer i. 195
Table 8.2.2 Eve. Root Question 2: Answer ii. 196
Table 8.2.2 Eve. Root Question 2: Answer iii. 197
Table 8.2.3 Eve. Root Question 3: Answer i. 201
Table 8.2.3 Eve. Root Question 3: Answer ii. 202
Table 8.2.3 Eve. Root Question 3: Answer iii. 203
Table 8.2.3 Eve. Root Question 3: Exploration 3 204
Table 8.2.4 Eve. Q. 5: Answer i. 205
Table 8.2.4 Eve. Q. 5: Answer ii. 206
Table 8.2.4 Eve. Q. 5: Answer iii. 206
Table 8.2.5 Eve. Q. 6: Answer i. 207
Table 8.2.5 Eve. Q. 6: Answer ii. 208
| Table 8.2.5 | Eve. Q. 6: Answer iii. | 209 |
| Table 8.2.6 | Eve. WAY? Technique questions summary | 214 |
| Table 8.3.6 | Barry. WAY? Technique questions summary | 227 |
| Table 8.4.6 | Cindy. WAY? Technique questions summary | 242 |
| Table 8.5.6 | Mal. WAY? Technique questions summary | 255 |
| Table 8.6.6 | Claire. WAY? Technique questions summary | 265 |
| Table 8.7.6 | Annette. WAY? Technique questions summary | 279 |
| Table 8.8.1 | RQ and Q5 & 6 responses reflecting the themes identified in the BIQs | 303 |
| Table 8.8.2 | Number of Q5 or 6 responses that add substantially to what was learnt from the three RQs | 304 |
Acknowledgements

I am very grateful to the following people:

All the adolescents who gave of their time, their parents for consenting to their involvement, and those who helped me find them.

My parents for their support for me to do my first degree upon which all my further education rests.

Patrick Heaven for having enough faith in me to support my initial application to Wollongong (all those years ago!).

My supervisor, Beverly Walker, without whose unstinting support and endurance this, seemingly Sisyphean, task would have been beyond me.

Arthur Thomas (Tom) Ravenette (1924 – 2005) for his kind and patient advice, and his suggestion of the subheading for this thesis. Tom, you were the living embodiment of constructive alternativism.

And lastly, but most importantly, my wife and partner in life, Melissa Green, without whose belief in my ability, constant support and encouragement (and, yes, some badgering!) I would not have been able to finish.
ABSTRACT

This thesis examined how adolescents with a parent with cancer coped with the experience. The focus of much of the general developmental literature was found to be the problems faced by adolescents. Hence, when considering how children deal with adverse circumstances such as parental cancer, there was an assumption they would be unable to cope. Despite this assumption the literature can be read as showing that adolescents can, and indeed do, cope with, and even attribute benefits to, adverse events. However, while the literature does shed some light on adolescents’ experiences, it is so disparate in both its methods and theoretical approaches that the reader is left without a clear understanding of what the findings mean. George Kelly’s Personal Construct Psychology (PCP) was used as the theoretical framework to unify the findings. The case is made that PCP is abstract enough to reconcile such seemingly unrelated or contradictory findings and assist us to understand how adolescents come to act as they do.

Two studies were conducted using different interview approaches. The first applied a longitudinal, semi-structured interview design, with four adolescent boys (13-17 yrs) on four occasions over a year. The second study was cross-sectional and combined a slightly modified version of the questions used in the first study along with Ravenette’s (1999) Who Are You? (WAY?) Technique, a “one-off” interview approach based on PCP principles. Participants were three males and four females who were adolescents at the time of their parent’s diagnosis (13-19 yrs).

In both studies all participants’ day-to-day lives could be interpreted as having been somewhat disrupted. However, for all but two from the second study the disruption was concentrated in the first three to six months post diagnosis and were not perceived to have resulted in fundamental changes to their lives. The different experiences of these two participants could result from either a lack of stability in family life due to pre-existing factors, or a fundamental misunderstanding between the participant and their ill parent. The latter would leave both participants anxious, unable to anticipate important aspects of life. Some participants from both studies came to re-construe aspect/s of their lives, and most reported benefits from the situation, a finding consistent with the broader literature on the topic and discussed in relation to PCP’s notion of constructive alternativism.
The extent to which participants were able to cope was examined via Kelly’s (1955) Experience Cycle (EC). Those who coped the best with their parent’s diagnosis were able to progress through the EC’s five stages of anticipation, investment, encounter, confirmation and/or disconfirmation, and constructive revision. Those who coped less well were unable to complete one or more of these stages.

Ravenette’s (1999) WAY? Technique resulted in both more information, and information of greater depth and subtlety, than the traditional semi-structured interview questions used in the first study. However as an approach it had some limitations which are described. Two new ways of displaying the qualitative data generated from both the semi-structured interviews and Ravenette’s WAY? Technique were detailed and the thesis concluded with suggestions for further research.
CHAPTER ONE: GENERAL INTRODUCTION

Cancer is the general term used for around 100 different diseases including leukaemia, malignant tumours, sarcoma of the bones, Hodgkin’s disease and non-Hodgkin’s lymphoma (Australian Institute of Health and Welfare, 2006). In 2006\(^1\) cancer was the second most common cause of death in Australia, accounting for 30% of all deaths\(^2\), with lung, colorectal, prostate and breast cancer being the leading specific types respectively (Australian Bureau of Statistics, 2008). Figures indicate that about 40% of males and 30% of females will develop cancer by the age of 75 years (Tracey & Supramaniam, 2002). While effective treatment for cancer has resulted in substantially increased life expectancy and even cure for many patients, the diagnosis still threatens the loss of important aspects of personal functioning and/or physical appearance.

A substantial body of research has now accumulated which has shown how a diagnosis of cancer can, at least in the short term, adversely affect the psychological functioning of the sufferer (e.g. Kangas, Henry, & Bryant, 2007; Kershaw, Northouse, Kritpracha, Schafenacker, & Mood, 2004; Northouse, 1989, 1992; Northouse & Swain, 1987). Depression and anxiety in particular have been reported as being common place (e.g. Arden-Close, Gidron, & Moss-Morris, 2008; Brandberg, Bolund, & Sigurdottir, 1992; Derogatis et al., 1983; Love, Kissane, Bloch, & Clarke, 2002; Spiegel, 1996).\(^3\) However, fewer studies have focused on the impact of cancer on the lives of those most closely associated with the cancer sufferer.

Spouses of people with cancer are one such group that has received attention. Spouses rate the diagnosis of cancer in their partner as being stressful and report that the disease adversely affects their marital relationship and daily family functioning, as well as resulting in sleep disturbances, eating disorders, and extra work responsibilities (e.g. Northouse, Cracchio-Caraway, & Appel, 1991; Northouse & Swain, 1987; Roing, Hirsch, & Jholmstrom, 2008), as well as reducing their quality of life (Bergelt, Kock, & Petersen, 2008).

\(^1\) Most recent year for which official figures are available.
\(^2\) The most common cause in this year was cardiovascular disease, accounting for 34% of all deaths.
\(^3\) However, a 1997 meta-analytic review by (van't Spijker, Trijsburg, & Duivenvoorden, 1997) found that, with the exception of depression, people with cancer do not experience more psychological distress than the general population.
While children and teenagers who have cancer (e.g. Carr-Gregg & White, 1987; Chao, Chen, Wang, Wu, & Yeh, 2003; Greenberg & Meadows, 1992; Grootenhuis & Last, 2001; Hinds, Martin, & Vogel, 1987; Langeveld, Grootenhuis, Voute, De Haan, & Van Den Bos, 2004), and to a lesser extent their siblings (e.g. Cohen, Friedrich, & Jaworski, 1994; Hamama, Ronen, & Rahav, 2008; Houtzager, Grootenhuis, Caron, & Last, 2004; Packman et al., 2005), have been the focus of a reasonably large body of research, healthy adolescent children who have a parent with cancer have received little research attention. A search of the literature revealed only several dozen articles dealing directly, or at least substantially, with this topic.

As this area is the focus of this thesis these studies will be discussed in depth. However events occurring at particular times in the life cycle cannot be dissociated from the ongoing psychological processes occurring during this particular developmental period. As adolescence has been the focus of considerable interest by developmentalists, it is appropriate to briefly discuss the main areas of research into adolescent development.

1.1 Definitions, History, Theory and Dissent

While it is not possible within the limits of a thesis to do justice to the extensive literature on adolescence, key historical and theoretical issues will be raised. Firstly adolescence is defined, and then the history of how adolescence was seen in the pre-modern era is examined for its possible impact on later thinking. Then the work of theorists from the first half of the twentieth century will be considered. Following this, those areas of adolescence that have been the focus of most research will be discussed, before a more recent, and dissident, view of adolescence is explored.

1.1.1 Definitions

Chronological age is the most common way of defining adolescence. It is usually defined as the second decade of life (Heaven, 1994) and can be divided into three phases, early (10-13 years), mid (14-17 years) and late adolescence (18-20 years; Steiner, 1996). Others have defined it rather more loosely and prosaically. For instance, Frydenberg (1997) defined adolescence as “that period between childhood
and adulthood when the individual is confronted by a series of developmental hurdles and challenges” (p. 6). In this thesis, following Steiner (1996), the term child will be used to refer to those 9 years and under and adolescent to mean those aged 10 to 20. As will become apparent in the literature review, the terms child and adolescent are used to mean various age ranges by authors. Where this is the case the age range being used by that author for either term will be provided.

1.1.2 History

Frydenberg’s (1997) definition, with its reference to “hurdles and challenges”, reflects the view in both popular culture and a great deal of academic writing, that adolescence is an inherently difficult and stormy period. This is not a new idea. None other than the ancient Greek philosopher Socrates wrote that youth were inclined to “contradict their parents” and “tyrannize their teachers”, and in 1762 Rousseau wrote of adolescence: “As the roaring of the waves precedes the tempest, so the murmur of rising passions announces the tumultuous change… Keep your hand upon the helm,” he advised parents, “or all is lost” (cited in Arnett, 1999). However, it was an influential genre of German literature known as “sturm und drang” which introduced the term “storm and stress” into the English language via G. Stanley Hall more than a century later (Arnett, 1999). It was with the publication of Hall’s influential magnum opus on adolescence in 1904 that the systematic study of adolescence is generally said to have begun.

It was Hall who was the first to consider the “storm and stress” issue explicitly and formally in relation to adolescent development. In the middle of last century the “storm and stress” idea got a boost from the psychoanalytic theorists, particularly Anna Freud (1958; 1968; 1969) and followers, who saw significant difficulties during adolescence as indicative of normal healthy development.

The idea that this period of life is intrinsically arduous, that healthy development at this time is more about problem avoidance than about the growth of competencies, and that problematic behaviour is of more interest than normative development, has persisted for almost a century. Consequently, while a number of theories were developed to explain dysfunctional and maladaptive behaviours in adolescence, none of the attempts to construct a general theory of normative adolescent development have been
accepted by the wider academic community (Steinberg & Morris, 2001). Those theories of normative development that had once been influential, such as Erikson’s theory of adolescent identity development and Piaget’s theory of formal operations, have almost vanished from the empirical literature⁴ (Steinberg & Morris, 2001).

In a general review of the adolescent development literature, Steinberg and Morris (2001) argued that there has been “remarkable” expansion in research in this field in the 13 years since Petersen’s comprehensive and influential review was published in 1988. Such has been the increase in interest in adolescence, that, not only have established developmental journals (e.g. Developmental Psychology) and general psychological journals like the American Psychologist allocated substantial extra pages to this subfield, but numerous new journals have appeared that are devoted exclusively to the publication of theoretical and empirical articles on adolescence.

In examining the research into adolescent development since Petersen’s review, Steinberg and Morris (2001) found that the areas of family context, problem behaviour, and puberty and its impact, accounted for approximately two-thirds of the articles in three prominent developmental journals. Such concentration on just three areas prompted the authors to comment that “if a visitor from another planet were to peruse the recent literature, he or she would likely conclude that teenagers’ lives revolve around three things: parents, problems, and hormones” (p. 83).

1.1.3 Theory and Dissent

While little direct research attention has been paid to normative adolescent development, the field’s concentration on behaviour problems has resulted in a large body of useful research that in turn assists our understanding of normative development. One such area of focus is that of adolescents and their hormones.

One of the most pervasive views of adolescence, at least within popular culture, is of moodiness as a result of “raging” hormones. However, research from the 1980s and

⁴ However, an examination of recent developmental texts (e.g. Newman & Newman, 2009) suggests that they remain pervasive as organising principles for teaching purposes, albeit more prominent in US than UK based work.
1990s into the direct and indirect effects of hormones on psychosocial functioning indicates that the upheaval, once linked to puberty, was overstated (Brooks-Gunn & Reiter, 1990; Petersen, 1985). When research has found a relationship between hormones and mood, it is usually in early adolescence, where changes in hormones are related to increased levels of depression in females and irritability and aggression in males (Buchanan, Eccles, & Becker, 1992). However, even though hormones do appear to have a role in mood, only a very small amount of the variance in the negative affect displayed by adolescents is accounted for by this, with social influences known to be considerably more influential (Brooks-Gunn, Graber, & Paikoff, 1994).

As the above research suggests, the view that adolescence is inherently a time of “storm and stress” has been challenged, with many researchers in the field no longer finding this to be the best way to conceptualise it. The current way adolescence is conceptualised might be summarised by the term “the adjustment hypothesis” (Petersen, 1988). However this “adjustment hypothesis” is not a formal theory but rather the general view that while many adolescents do experience difficulties in one area or another, inherent and ongoing difficulties are not characteristic of the majority (Steinberg & Morris, 2001). Despite such reminders that adolescence is not a time of “normative disturbance”, and mounting evidence that the majority of adolescents get through these years without developing significant problems, it was the study of problem behaviour that continued to dominate the adolescent development literature in the 1980s and 1990s (Steinberg & Morris, 2001). However, not all authors writing on the topic agree that the “storm and stress” view is incorrect (e.g. Arnett, 1999).

Writing in a wider sense about contemporary society’s obsession with risk and how it must be avoided, Furedi (2006) has argued that children are now conceptualised as inherently vulnerable and “therefore unlikely to be able to cope with adverse circumstances” (p. 7). He provides the example of bullying, suggesting that the majority of the experiences that those working in the area define as bullying were once referred to as name-calling. Bullying, Furedi argues, was something that was previously interpreted as one of the unpleasant parts of childhood but is today viewed as “a pathology that deeply scars its victim” (p. 86). The overall view of people generally, and children in particular, is that they are not capable of coping with their negative experiences and that they are “scarred for life” (p. 92). Within a discussion of how those who were victims of child abuse come to an understanding of their experience,
Harter (2004) has suggested a tendency within society generally, and even within the wider culture of the helping professions, to assume that victims will always be somehow damaged by the abuse. In relation to the research the helping professions conduct, Harter argues that the majority has focused on “documenting the pathologies of abuse survivors” rather than “identifying the strengths that have allowed them to survive, or sometimes even to flourish” (p. 123). Indeed Harter even provides one example of a supervisor of student therapists who “repeatedly” (p. 124) warned them that people “who had been abused could not be effective therapists or researchers” especially “in the areas of abuse and family relationships” due to the “inevitability” that their own perceptions would be “distorted.” This is despite the fact that such assumptions are not supported by any research (Harter, 2004).

1.2 The Literature

It is with this history and conception of adolescence in mind that the literature on adolescents with a parent with cancer will be examined. If the “storm and stress view” of adolescence is correct then you would expect that the stress of such a situation would put these already volatile young individuals over the edge, making them anxious and depressed as is suggested by the literature on those diagnosed with cancer.

In light of the “adjustment hypothesis” discussed above, much of the research to be discussed can be seen to originate within the “storm and stress” view. That is, most appears to have been conducted with the a priori assumption that adolescents with a parent with cancer will exhibit behaviours outside the normal range of their non-affected peers. This is a problematic assumption, for if a topic is approached with this as the guiding theory, then it is likely that only evidence that supports this view will be found. Or, if contradictory results do emerge, they are likely to be glossed over or discussed as unimportant. It is to this research literature that we now turn.
CHAPTER TWO: THE RESEARCH LITERATURE

This chapter will examine the research on the impact of parental cancer on adolescents. The studies generally consist of varied and complex designs that make comparison difficult. In order to facilitate such a comparison they will be initially grouped according to content with the consequence being that portions of some studies will fall into more than one content area. While the topic as a whole has been relatively under-researched the area that has been the subject of most attention is affect, which will be the first to be examined. This is then followed by discussions of the research on behaviour, communication and information, coping strategies, and finally existential issues and other findings (see Table 2.1. for a summary of all studies reviewed). Some studies were on childhood generally, comparing children’s reactions to that of adolescents, with many involving family members other than the adolescent. In some cases parents were involved either as assessors of childhood reactions or as participants in their own right.

The reader should also note that there are important methodological design differences between groups of studies. Three differences need particular focus. One concerns the point in the cancer process that was the concern of the study. Some were conducted retrospectively, with adolescents and adults reporting on what occurred during the period of their parent’s illness, while still others were carried out while the parent was ill. A further differentiation is that, while most studies were conducted at one specific time (e.g. following diagnosis or at a designated date using retrospectivity to look at the process), a few were longitudinal, following the same participants over time. Further, both qualitative and quantitative data have been collected. The relative advantages, limitations and impacts of these different designs will be discussed in the conclusion of this chapter when the problems of the disparate nature of the research will be considered.

2.1 Studies by Content Area

2.1.1 Affect

The area that researchers have most commonly included in studies of this topic is affect. These studies of affect will be examined in groups by research design, beginning with retrospective or cross-sectional designs before examining those using a
longitudinal approach. While the findings are mixed, in general they indicate that adolescents, more so than children or adults, find the diagnosis of their parent to be anxiety producing. However, a number show that this anxiety is not necessarily at a level higher than expected for their peer group with longitudinal studies providing evidence that it is not sustained over time. However, the literature indicates that there can be an interaction between gender of ill parent and gender of adolescent, with girls whose mothers have cancer reporting significantly higher levels of anxiety and/or depression than other groups. These studies also indicate that pre-existing problems can have a role to play in how adolescents cope, and that who is doing the reporting, adolescents themselves or third parties like parents, is also important in determining the results gained on the measure of interest.

A retrospective cross-sectional study of 60 women from 22 to 63 years of age who had had a mother with breast cancer was conducted by Wellisch et al. (1992). Participants were divided into three age groups depending on the age they were when their mother was diagnosed (0-10 years n = 9; 11-20 n = 15; and 20 + n = 36; time since diagnosis not reported). Arguing from the “adolescence as stormy decade” position, the author’s key hypothesis was that those participants who were adolescents at the time their mother was diagnosed with cancer would report more adjustment difficulties than those who were pre- or post-adolescent at the time of diagnosis.

Each woman participated in a single structured interview that consisted of self-administered tests including (for “current symptomatology”) the Depression subscale of the Brief Symptom Inventory (BSI). Regression analysis using data from all participants showed that lower BSI depression subscale scores were predictive of greater satisfaction with sexual relationships, greater frequency of sexual intercourse, and role change with the mother during her illness. Another finding was that less emotional resolution regarding the mother’s cancer was related to greater alterations in long-term life plans. Those who were adolescents at the time reported having significantly greater feelings of discomfort about their mother’s illness than those who were children or adults. The authors argue that one explanation for this high level of discomfort might lie in the idea of the adolescent being at the stage of trying to separate themselves from their mother and establish some level of independence. They suggest that requiring an adolescent girl to take care of her mother is a “developmental aberration” in this sequence of separation, which results in discomfort. However, the authors provide no evidence that as adolescents these women were actually required to take care of their mothers at all.
The authors sum up their research by saying, “subjects who were adults at the time of their mother’s diagnosis had the least adjustment problems, those who were children had moderate adjustment problems, and those who were adolescents had the greatest adjustment problems” (p. 177). However, due to the retrospective design of the study, it is not possible to know if the depression scores are a cause or a result of these findings, or if these predated their mother’s illness.

A retrospective study of 62 children from 42 families who had at least one parent diagnosed with terminal cancer was conducted by Siegel et al. (1992). They found the children (seven to 16 years) reported significantly higher levels of anxiety and depression than did the control group.

Compas et al. (1994) recruited 303 participants (177 patients, 76 spouses, 34 young-adult children, 50 adolescent children, and 26 preadolescent children) from oncology clinics, with the data collected via interviews and questionnaires. They looked for markers of psychological distress in people with cancer, their spouses and their children. They measured participants’ levels of anxiety, depression, stress response symptoms, and perceptions of the severity and stressfulness of cancer (see section 2.1.5). Anxiety and depression were measured using the Youth Self-Report (YSR) scale for adolescents, and the Brief Symptom Inventory for adults (BSI), and stress response symptoms were measured using the Impact of Events Scale (IES).

Results showed that levels of anxiety/depression varied as a result of whether it was the mother or father with cancer, and with the age and gender of the child. While there were no effects for gender of ill parent or gender of child for preadolescent children, there was a significant effect for gender of adolescent and a significant interaction of gender of adolescent by gender of ill parent. Adolescent girls had higher levels of anxiety/depression than boys, and girls who had an ill mother scored more highly than all other adolescents.

Results for the stress-response symptoms on the IES showed a significant main effect for age, an interaction effect for age and gender of ill parent and an interaction of gender of respondent and gender of ill parent. Further analysis revealed the main effect for age was the result of higher scores for children than for adolescents or young adults. Sons of fathers who were ill, and daughters of mothers who were ill scored more highly than sons of ill mothers or daughters of ill fathers.
When analysis was restricted to adolescents, a significant main effect was found for gender of adolescent and a significant interaction of gender of ill parent and gender of adolescent. The girls reported higher scores on the IES than the boys, and girls who had an ill mother scored more highly than those with an ill father.

Both quantitative and qualitative methodologies were combined in two retrospective studies examining the issue of parental cancer by Leedham and Meyerowitz (1999). Study One consisted of 45 adult daughters of cancer patients, who had lived at home with the ill parent during their treatment, and a 45 women comparison group who were matched to the cancer group on age and year in school. Participants were between 18 and 30 years of age with a mean age of 21.1. Thirty-one had a mother and 14 a father with cancer. Twenty-five (56%) of these parents had died from the cancer by the time of the interview. Participants’ average age at the time of diagnosis was 14 and the mean time since the diagnosis was seven years.

Participants completed a questionnaire and a structured interview. The questionnaire consisted of the Self-Esteem Inventory (SEI) and the Multiple Affect Adjective Checklist (MAACL), a general measure of distress on which participants mark which affect-related adjectives apply to them. The MAACL has three subscales, current anxiety, depression and hostility, which can be transformed and summed for an overall measure of distress. The structured interview contained, amongst other things, questions about their emotional reactions to their parent’s cancer.

Comparison of the mean scores for the cancer group and the comparison group on the MAACL and the SEI showed no significant differences. Scores for both groups on both scales were similar to non-clinical samples.

In response to being asked about their emotional reactions, participants reported having had substantial problems during the acute phases of diagnosis and treatment. All participants recalled having strong emotional reactions to their parent’s illness. The most frequently recalled responses were feeling upset (71.1%), angry (62.2%), fearful and worried (51.1%), confused (51.1%), and surprised (22.2%). This finding is particularly interesting given that the two groups showed no significant differences on the MAACL or the SEI. Thus, while study group daughters clearly reported being distressed at the time of diagnosis and treatment, this failed to result in levels of distress higher than the control group seven years later.
Not surprisingly participants reported having had substantial problems during the acute phases of diagnosis and treatment. They also indicated significant disruption to the family, although not always directly due to the ill parent. Many of them reported family difficulties ostensibly related to the healthy parent, and were often concerned with the healthy parent’s emotional reactions or the demands they placed on the child.

In Study Two 71 daughters of breast cancer patients and a 71 women comparison group were recruited (Leedham & Meyerowitz, 1999). The aim of this second study, along with again examining mood, was to ascertain what participants believed to make for helpful communication, and how they came to evaluations of their parents’ treatments (see section 2.1.5). To this end the authors had participants complete the Profile of Mood States (POMS), questions on how satisfied they were about the way they were told about their parent’s cancer, and how effective they would rate their parent’s treatments (Appraised Treatment Success), answered on 5- and 10-point Likert scales respectively.

Participants were from 18 and 35 years of age (mean age at recruitment not reported). Participants’ average age at the time of diagnosis was 17.7 and the mean time since the diagnosis was 6.4 years. Of the 71 participants with a mother with cancer 35 had died of the disease by the time of the interview. Almost half of these mothers (49.3%) had breast cancer, with the second most common diagnosis being gynaecological cancers.

Consistent with the results in Study 1 on the MAACL the daughters of cancer patients were not significantly different from the control group on the POMS. The mean score for the cancer group of 30.9 was actually lower than the 34.3 obtained for the control group. The authors note that these scores are similar to those from other samples of college students.

Participant’s scores on the three gross measures of psychological adjustment used in the two studies, the MAACL, SEI, and the POMS, did not differ from the comparison group. On the basis of these results the authors argue that over the longer term (mean time since diagnosis was 7 and 6.4 years respectively) “having a parent with cancer does not necessarily appear to place children at significant risk for later psychological maladjustment” (p. 456).
As part of a larger project, Christ, Siegel and Sperber (1994) interviewed 120 11 to 17 year-olds from 86 families who had a parent with terminal cancer (life expectancy of less than 6 months). The adolescents were interviewed for approximately 90 minutes and interviews were recorded. The authors organised the adolescent’s responses into the three categories of emotional control, typical adolescent themes and empathy for the ill parent.

In regards to emotional control, while most were able to speak freely about the facts and circumstances of the cancer and its treatment, those who were unable to were described as having “usually experienced adaptational problems before the parent’s diagnosis” (p. 605). In contrast to their willingness to discuss facts, many adolescents were “unable to discuss their emotional reactions associated with these facts.” The authors argue that due to the greater cognitive capacities of adolescents compared to children, their participants were better equipped to understand their parent’s illness and treatment and identify their implications for the ill parent as well as current and future family life. Because of this the adolescents dealt with their “complex psychological responses” by emotionally detaching themselves from the situation. Some of their participants “appeared to be unconcerned about the illness or were preoccupied with their own daily activities unless the parent was in an acute medical crisis” (p. 605). They found adolescents would sometimes speak of the illness as being separate from them, saying things like, “[it] has nothing to do with me.” And, in order for the adolescent to control their emotions, their reactions to their parent’s illness were kept separate from their usual daily experiences. They also attempted to avoid situations or discussions that threatened that control.

Typical adolescent themes, such as conflict with siblings and complaints about parental discipline, were present in the interviews. However, rather than being qualitatively different to normal adolescents, these themes were quantitatively stronger. Christ et al. (1994) went on to argue that it was the association of such typical topics “with the parent’s impending death that quantitatively intensified affects such as guilt and depression” (p. 606).

In contrast to younger children who tend to identify with the ill parent and become frightened by the parent’s pain or loss of hair, the authors found that adolescents were less threatened by symptoms and empathised more with the parent. However, some adolescents empathised so strongly with the ill parent and their suffering that they distanced themselves by avoiding contact as much as possible.
Guilt was also found to play a role. Adolescents felt guilty about having been critical of the ill parent, about continuing their own pursuits, maintaining their privacy, and having wanted to escape the painful family situation.

Christ et al. (1994) also found altered involvement patterns with parents. Having an ill parent often required adolescents to become more emotionally involved with their parents right at the time when growing independence from parents is the developmental norm. On the whole girls reported remaining close to their ill mother even if it was a different, more adult type of closeness, while boys were more likely to report a growing separation from parents. They also found adolescents had difficulties with the well parent who was struggling to deal with their spouse's impending death and, as such, it often fell to the adolescent to provide emotional support to the well parent, resulting in “conflict, remoteness, or even temporary role reversal” with the parent.

Perhaps not surprisingly how the adolescents responded to illness was to some extent shaped by the nature of the relationship before the cancer diagnosis. More specifically, if the adolescent had a conflictual relationship with one or both parents before the diagnosis, their adaptation to the illness was particularly difficult. Those adolescents who had a difficult relationship with the well parent and a better relationship with the ill one were more likely to feel abandoned and alone.

Using a retrospective design Lewis and Darby (2003) investigated the effects of parental functioning on adolescent adjustment during the treatment phase for mothers diagnosed with breast cancer. They obtained data from 87 adolescents and 174 parents gained within 6 months of diagnosis. Parents were assessed using the Center for Epidemiological Studies-Depression Scale (CES-D), the Spanier Dyadic Adjustment scale which measures the quality of the marital relationship, and the Inventory of Parent and Peer Attachment (IPPA), a measure of parenting quality. Adolescents were assessed with the CBCL for internalising and externalising problems (see section 2.1.2 for the latter), the State-Trait Anxiety Inventory, Form Y-2 (STAI), and the Rosenberg Self-Esteem Scale (to be reported on in section 2.1.5).

Maternal, but not paternal, depressed mood was found to be significantly related to adolescent reported internalising problems on the CBCL, but not anxiety as measured by the STAI. Parent-adolescent attachment, as measured by the IPPA, significantly predicted adolescent anxiety, with anxiety being highest with a poor relationship with
both parents. Marital adjustment however was not significantly related to any adolescent completed measure.

The authors discuss their findings within a systems theory model and argue that they mostly support their “faucet hypothesis”; that an adolescent is more likely to be able to deal with such a situation if only one parent is overwhelmed by the diagnosis. In this, as in most studies, the well parent is the father and they cite evidence of the positive role of father as buffers between the adolescent and the impacts of the diagnosis.

A retrospective study into the emotional and behavioural functioning of children and adolescents was conducted by Visser et al. (2005). They recruited 180 parents with cancer, 145 spouses, and their 336 children (222 adolescents). Participants were recruited over a two-year period and were eligible if they had been diagnosed between one and five years prior to study entry, and had children between 4 and 18 years residing with them.

Parents and spouses completed the CBCL and adolescents the Youth Self-Report version of the CBCL, both of which consist of internalisation and externalisation scales (see section 2.1.2 for discussion of the latter), on a single occasion. Results from each source were compared to the relevant CBCL norm-group.

As might be expected, whether or not scores on the internalising scale were significantly different to the norm group depended on whether ill parents, spouses or adolescent themselves were completing the scale. Daughters’ self-reports showed significantly more problems than the norm-group whereas sons’ did not. Compared to the norm-group, significantly more daughters (23%) had scores above the clinical cut-off compared to the norm group (8%), but there was no difference for sons. Ill parents (19% male; not separated by gender for analysis) reported significantly more problems for daughters, but not sons, with spouses (78% male) actually reporting significantly lower levels of problems in both daughters and sons compared to the norm-group.

In regards to the causes of daughters’ higher levels of internalising problems, the authors suggest that it may be due to the “heavier responsibility for household or caretaking tasks” experienced by daughters or, alternatively, that it is due to the “tendency of mothers to share their emotions…and to lean on their daughters for support” (p. 754); a burden that daughter feel unable to bare. As far as the, rather unusual, result of spouses rating both sons and daughters as functioning at a significantly higher level
than the norm-group was concerned, Visser et al. (2005) suggest that it may be a function of the gender-parent confound, with 78% of spouses being male in the cancer group, while the spouses in the norm group were mostly female. They argue that the literature shows fathers tending to report fewer problems in their children than mothers, and as such the results are likely artefactual.

The last of the retrospective studies in this section was conducted by Watson et al. (2006). They recruited 107 mothers, 57 male partners, and their 104 children (56 adolescents, 11 to 17 years) to investigate the factors associated with the emotional and behavioural problems among children with a mother with breast cancer. Adolescents completed the Youth Self Report (YSR) of the CBCL (previously described), and the child form of the Mental Health subscale of the Child Health Questionnaire (CHQ-MH), with parents completing (among other measures) the parent form of the CHQ-MH, the CBCL, the Beck Depression Inventory (BDI-II), the Family Assessment Device (FAD) that covers seven domains of family functioning: problem solving; communication; role allocation; affective responsiveness; affective involvement; and behaviour control; as well as providing data on treatment status (on or off chemotherapy) and time since diagnosis (see section 2.1.5). Parents also completed the cohesion subscale of the Family Environment Scale (FES).

The authors found no significant mean differences between boys and girls, nor children and adolescents on either scale of the CBCL (see section 2.1.2 for results pertaining to the externalisation scale), however 22% of the adolescent boys, and 26% of the girls self-reported scores above the identified clinical problem cut-off point on the internalisation scale compared to 16% in the standardisation sample. Mothers reported a similar percentage of adolescent boys (26%) and girls (24%) as being above the cut-off.

Mothers’, but not fathers’, depression as measured by the BDI-II significantly predicted adolescents’ scores on the CHQ-MH scale. In a regression analysis where the internalisation scale was a dependent variable, only mothers’ scores on the role allocation scale of the FAD, the FES, and the BDI were significant predictors, while for fathers’ the only significant predictor was the score on the affective involvement scale of the FAD. These findings provide some support for the authors’ hypothesis that children’s problems would be related to maternal depression and aspects of family functioning.
The first of the five longitudinal studies to be examined in this section was conducted by Lewis, Woods and Ellison (1986, cited in Ellison, 1990). They studied 129 families with 171 children using an 18-month longitudinal three-group comparison design: 55 children had mothers with non-metastatic breast cancer (in remission), 32 with diabetes, and 42 with fibrocystic breast disease. They interviewed the families between three and five times using self-administered questionnaires and interviews with the whole family as well as with individual members.

Through a content analysis of these interviews the authors constructed 10 theoretically consistent categories. The three categories dealing with aspects of affect were: Reassurance (five responses) category, which consisted of the child’s reports of having been reassured by one or both parents, and "expressions of positive expectations for the mother’s health" (p. 117); Fear-Questions-Concerns (six) category where the child expressed fear, questions and concerns regarding the mother’s health; and an Emotional Response (eight) category where the child reported intense feelings regarding the diagnosis.

Differences in children's perceptions were then analysed according to the mother's diagnosis using analysis of variance. It was found that children of mothers with breast cancer scored significantly higher than children from the other two groups (diabetes and fibrocystic disease) on the three affect categories.

The authors concluded that, while children with a mother with cancer reported greater emotional intensity when told of the diagnosis along with greater levels of fear and concern, they also reported being given more information and reassurance from their parents to assist them to deal with their fears. The authors argue these results indicate that “serious consideration be given to expanding the present models that universally predict deleterious effects as a result of cancer in the family to ones that include possibilities for successful coping...as well” (p. 118).

The children's interviews were also subject to analysis by age group (30 aged 7-12 and 50 aged 13-19) for those who had a mother with cancer. The majority of the adolescent sample reported that they had had negative feelings when informed including sadness, shock, confusion or anger. The most common feeling reported was, perhaps not surprisingly, that of fear, specifically fear that their mother would die. Lewis et al. (1986) concluded that, while having a mother diagnosed with cancer is associated with fear and sadness, their research did not indicate that these children experienced serious
psychological problems, with scores on self-esteem and overall adjustment measures falling within normal ranges.

Also using a longitudinal design were Welch, Wadsworth and Compas (1996). They recruited 76 parents (57 mothers, 19 fathers) with various types of cancer, their 36 spouses (33% female, mean age 41 years), their 55 adolescent (60% female, mean age 14.5 years) and 36 preadolescent (50% female, mean age 7.9 years) children. The aim of the study was to examine emotional and behavioural problems (see section 2.1.2 for behaviours) in children and adolescents via reports from both parents and children.

Each participant twice completed a questionnaire and an interview. The first assessment took place, on average, 10 weeks after diagnosis (Time 1), and the second four months later (Time 2). Within the questionnaire, parents completed the Child Behaviour Checklist (CBCL), which consists of 118 items assessing both internalising (anxiety/depression scale) and externalising (aggression scale) emotional and behavioural problems; with adolescent children (11 to 18 years) the 102 item Youth Self-Report (YSR) version of the CBCL, which measures internalising and externalising emotional and behavioural problems was used; and preadolescent children completed the 37 item Revised-Children’s Manifest Anxiety Scale (R-CMAS) and the Children’s Depression Inventory.

Welch et al. found parent’s ratings of anxiety/depression in their children were not significantly different to the normative means for the CBCL at Time 1 or Time 2. Further analysis revealed symptoms of anxiety/depression did not vary as a function of age of child, gender of child, or gender of diagnosed parent.

In regards to adolescents’ self reports, they gave themselves slightly higher ratings of anxiety/depression than their parents gave them. Symptoms were found to vary as a function of gender of the adolescent, with girls reporting significantly higher rates of anxiety/depression than boys. Anxiety/depression ratings were also found to vary as a function of the interaction of gender of adolescent and gender of patient, with girls whose mothers had cancer reporting more symptoms than boys whose mothers or fathers had cancer. The type of cancer was unrelated to adolescents’ levels of anxiety/depression.
Welch et al. also found adolescents’ anxiety/depression scores differed as a function of the three-way interaction between informant (parent or child), gender and patient gender. Girls who had a mother with cancer reported significantly higher levels of anxiety/depression than the parents reported for them, boys whose mother or father had cancer, or girls who had a father with cancer.

The self-reports of adolescents’ anxiety/depression did however show change over time. An interaction effect for time and gender of adolescent showed girls’ scores decreased over time but boys remained the same. Adolescents’ reports of anxiety/depression were also found to vary as a result of time and gender of patient, with the scores of those with ill mothers decreasing significantly over time, while those with ill fathers remained the same.

Finally, Welch et al. examined parent and adolescent anxiety/depression scores in relation to the clinical range for the CBCL, defined as greater than the 90th percentile. As such ten percent of adolescents in the general population would be expected to score above this cut-off. Analysis of parent reports showed the scores for both boys and girls were all within expected population levels. However, when examining self-reported scores for anxiety/depression the picture was a little different. The authors found eight adolescent girls (38%) with a mother, and two (18%) with a father with cancer, reported anxiety/depression scores in the clinical range. The percentage of those girls who were in the clinical range who had a mother with cancer was found to be significantly greater than the expected rate. No adolescent boys with a mother with cancer reported anxiety/depression scores in the clinical range, and only one (13%) with a father with cancer had a score in this range.

In discussing their findings Welch et al. pointed out that, while some children did experience significant problems, there was also significant variability in children’s reports of adjustment. Factors such as age, gender and, perhaps most importantly, from whom reports of adjustment were obtained, played a role. The authors argued that the higher anxiety/depression scores reported by adolescents compared to parents show that parents did not perceive their children to be distressed when some clearly were.

As the authors point out, this mismatch between parent and child reports is consistent with other research that has shown only moderate correlations between parent and child reports of child distress (Achenbach et al., 1987; cited in Welch et al., 1996).
They argued that their results indicated that daughters of a mother with cancer “are a particularly vulnerable group.” In line with other research (Grant & Compass, 1995) they viewed daughters as more adversely affected, not because they were “more ruminative”, but due to greater stress as a result of increased “family responsibilities”. However, while this may well be the case, no data is cited in their article demonstrating that these adolescent girls did actually take on more “family responsibilities.”

The authors concluded that the discrepancy between child and parent reports of child distress, particularly regarding adolescent girls, “suggests that researchers should not rely on the parent report alone, but should also gather self-reported information to obtain an accurate picture of child distress in response to parental illness”, and “health professionals may need to assist parents in recognising and coping with their children’s distress when it is present” (p. 1417). However they also suggested that many children do not find their parent’s cancer “highly distressing” and as such it should not be assumed that all children faced with this situation needed some form of intervention.

Using a subset of the larger study by Welch et al. reported above, Mireault and Compas (1996) conducted one of the handful of prospective studies in this area. In the first year of the study described previously, 17 children between the ages of 11 and 29 lost a parent to cancer. Their mean age was 16.8 years and for purposes of analysis they were divided into two groups: adolescents (11 to 18 years) and young adults (19 to 29 years). Seventeen young people whose cancer diagnosed parent was alive were then matched according to age, gender and gender of the ill parent with those in the loss group to form the control group.

Participants were interviewed on four occasions at four-month intervals beginning at the time of diagnosis and ending one year later or when the parent died. The measure used for the adolescents was the Anxiety/Depression subscale of the Youth Self-Report, and the Anxiety and Depression subscales of the Brief Symptom Inventory for the young adults. All participants were also asked about the degree of stress caused by the cancer, knowledge of the prognosis and seriousness of the cancer, the use of coping strategies and whether they believed there were any positive effects of the cancer or loss experience on themselves or their family. Only the first and last interviews were used for analysis in the study.

The mean amount of time between the initial and follow-up interviews was 13.6 months for the loss group and 7.8 months for the control group. In the loss group the amount of
time elapsed between the parent’s death and the last follow-up interview was 4.7 months, with a range of 1 to 10 months.

Results indicated that from the first interview, the two groups were experiencing quite different situations. At the initial interview 8 of the 17 participants in the loss group reported that they were told their parent was going to die compared to none in the control group. Those in the loss group also rated their parent’s cancer as more severe than the control group on a four-point Likert scale. The loss group also reported being significantly more stressed at both the initial and follow-up interviews than the control group, who reported a decline in stress between the initial and follow-up interviews. Ten of the 17 participants in the loss group reported that the loss of a parent was the most stressful event of the experience with cancer, while 11 of the 17 in the control group reported that nothing was stressful at the follow-up interview.

In order to examine the anxiety/depression question for both adolescents and young adults, a group x time x age repeated measures mixed-factorial ANOVA was conducted. No group differences were found on the anxiety/depression measure. The only significant effect was a main effect for age, with the adolescents scoring more highly than the young adults, regardless of group. However, while adolescents were more anxious and depressed than the young adults, mean scores for the adolescents did not reach the clinical range. However, mean scores don’t necessarily give a complete picture. Closer examination of the scores showed that of the 34 participants, nine had scores in the clinical range and eight of those were adolescents. Thus, over one third of the adolescent group were in the clinical range compared to the 10% that would be expected in the general population (Mireault & Compas, cited in Welsch, Wadsworth & Compas, 1996).

A multiple regression analysis was then conducted on anxiety/depression scores at interview 2 for the whole sample. All the dependent measures discussed above (plus a number not discussed here) were entered as predictors. Together these predictor variables accounted for 34% of the variance in anxiety-depression scores. However, when squared semi-partial correlations were calculated for each predictor, it was anxiety/depression at the initial interview that accounted for the majority of the variance ($r^2 = .31$), with none of the other predictors accounting for any significant variance.

This study is important because it is one of the very few longitudinal studies conducted in the area. The finding that adolescents did score more highly than the young adults
on the anxiety/depression measure, but only one third of these had scores in the clinical range, provides good evidence that the majority of adolescents are not likely to experience significant anxiety or depression. The finding that anxiety/depression scores at initial interview were the only significant predictor of these scores at interview 2 underscores the importance of longitudinal research in assisting us to disentangle cause and effect.

A further longitudinal study was conducted by Siegel, Karus and Raveis (1996) who recruited 97 seven to 17 year-old children before and after the death of one of their parents to cancer, hereafter known as the Study Group. The Study Group was recruited from participants in a parent-guidance intervention that began when the ill parent’s physician estimated the participant had between 4 and 6 months to live, and continued for six months after death. The children were assessed at least twice, once within one year prior to the death of the ill parent and once between seven to 12 months after the parent’s death, with the child completing one adjustment measure at both assessments. For comparison purposes 569 seven to 16 year-olds were recruited from suburban public schools, chosen because the students were demographically similar to the Study Group in terms of ethnic composition and household income.

The authors focused on examining anxiety and depression. These were measured using The Children’s Depression Inventory, the State-Trait Anxiety Y Form for children 12 or older, and the State Trait Anxiety Inventory for Children who were 11 years or younger.

At the first (pre-death) assessment the Study Group reported mean levels of depressive symptomatology were significantly higher than the school comparison group. However, by 7 to 12 months after the parents’, death the two groups were not significantly different.

The results for state and trait anxiety mirrored those for depression. At the pre-death assessment both state and trait anxiety mean scores were significantly higher in the Study Group than in the comparison group. By 7 to 12 months after the death of the parent no significant differences were found.

In discussing their results the authors suggested that “the terminal phase of a parent’s illness may be a period of greater psychological vulnerability for children than the period following the actual loss”, due to this phase being “the period of greatest patient
suffering as the ravages of the disease become most evident and pronounced” (p. 448). The authors go on to argue that children are “often particularly distressed by the physical changes [in a parent] that may occur during this time”, and the parent’s “diminished ability to carry out his or her usual family responsibilities” (p. 449), an argument in line with other findings (see Wellisch, Schains, Fritz, & Wang, 1996).

The authors suggested that, while the parent’s actual death is a painful loss to the child, the fact the death ends the uncertainty of the illness means the family can once again plan for the future. Importantly, the authors pointed out that a large proportion of their participants maintained “normal” levels of adjustment throughout both their parent’s illness and the acute bereavement period, according to the measures used. The authors argued such “normal” levels of adjustment may in part be a result of the relatively “advantaged” nature of their sample. That is, all children came from intact nuclear families with incomes in the middle to upper range, and in all cases the parent’s death was anticipated. “Anticipatory grief” is argued to have protective value as it allows for parents to prepare children for the death and for children to “emotionally rehearse the loss” (p. 449).

In the last longitudinal study of this section, Visser et al. (2007) investigated the emotional and behavioural problems of children of parents with cancer via 69 parents, 57 spouses, and their 123 children, 66 of whom were adolescents (12-18 years). Parents and spouses completed the CBCL and adolescents the Youth Self-Report version of the CBCL, three times over a 12-month period (6 and 12 months - “Time 2 and 3” respectively, after Time 1). The mean time since diagnosis at Time 1 (T1) was two months. The CBCL consists of internalisation and externalisation scales (the latter to be reported on in 2.2). Results were compared to the YSR norms and the results obtained by Visser et al. in their retrospective study cited above (“retrospective group”; Visser et al., 2005).

Ill parents reported no differences on internalising problems for adolescent sons when compared to either the retrospective or norm groups at T1, T2 or T3, and spouses actually reported significantly fewer problems at T3 compared to the norm group. For adolescent daughters neither ill parents nor spouses reported any significant differences with either control group at any Time. In regards to self-reports, adolescent boys reported no significant differences to either control group in the internalising measure at any Time, with girls reporting significantly fewer problems than the retrospective group at T2 and T3 and no difference with the norm group. Ill parents and
adolescents reported a significant decrease in internalising problems over time. The authors also reported finding that there was a strong correlation between scores over time (.67 for spouses to .85 for adolescents, \( p < 0.001 \)) for both adolescent self-reports and parent reports, meaning that those adolescents with high scores at T1 also scored high six and twelve months later.

While there were no mean differences compared to the control groups for boys, their self-report scores showed that at T1 32% had internalising problems above the clinical cut-off point of the YSR, which was significantly higher than the 9% reported in the norm group. In regards to girls, at T1 26% had scores higher than the clinical cut-off, a percentage significantly higher than the 8% reported for the norm group. With the exception of boys at T3 these percentages decreased over time to between 8 and 14%.

Another interesting finding was on the extent of agreement between raters. Visser et al. (2007) found that the level of agreement on internalising between adolescent boys and fathers, and between adolescent boys and mothers was low (.27), and almost non-existent between fathers and adolescent girls (.02). However agreement between girls and their mothers was high (.67). Such agreement between mothers and daughters suggested that mothers may have a closer relationship than fathers have with their children, and allowed the researcher to have some confidence in the validity of self-report scores for this measure.

The findings that the average level of internalising problems significantly declined over 12 months to the point where they were not significantly different to the norm group, and the number of adolescents with scores above the clinical cut-off also declined, pointed to the value of longitudinal studies over cross-sectional ones which are unable to demonstrate change over time. Also informative was the finding that the scores remained quite stable over time, indicating that on an individual level those with high scores at T1 also had high scores at T2 and T3, suggesting the possibility that “internalising” problems existed prior to the mother’s diagnosis. The author’s finding that parent’s ratings of their child’s functioning was not always reliable is also valuable as it points to value of gaining data directly from the persons of interest as opposed to observers who do not, by definition, have access to others’ internal processes. One limitation to the study is that, of the 112 families who initially agreed to participate, only 69 (62%) completed measures at all three times, thus leaving open the possibility that families experiencing high levels of problems were under- or over-reported.
In summary, the above research on affect indicated that, while adolescents, more so than children or adults (Mireault and Compas, 1996; Wellisch et al., 1992), find the diagnosis of their parent to be a difficult and anxiety producing time (Leedham and Meyerowitz, 1999; Siegel et al. 1996), this anxiety is not necessarily at a level higher than expected for their peer group (Mireault & Compas, 1996; Visser et al., 2007; Watson et al., 2006; Welch et al., 1996) and the all important longitudinal studies show that it is not sustained over time (Lewis, et al. 1986; cited in Ellison, 1990; Siegel, Karus et al., 1996; Visser et al., 2007). This picture however is complicated by the finding that there can be an interaction between gender of ill parent and gender of adolescent, with girls whose mothers have cancer reporting significantly higher levels of anxiety and/or depression than other groups (Compas et al., 1994; Welch et al., 1996). While these studies do show that some adolescents experience difficulties, they also indicate that many do not. Such findings as these cannot be said to support the “adolescence as stormy decade” view, as discussed in section 1.1.3.

Two other findings are of particular note. The first is by Christ et al. (1994) that those adolescents who were unable to speak about the experience were usually those who had experienced “adaptational” problems prior to their parent’s diagnosis, which reminds us of the importance of considering third factors in looking for explanations for events and of the importance of longitudinal research in identifying what these may be. And the second is the finding by Welch et al., (1996) that parents’ reports of their children’s levels of anxiety/depression were lower than the children’s self-reports of anxiety/depression, which alerts the reader to the importance of obtaining self-reports from those who are the focus of research.

2.1.2 Behaviour

While the area of how having a parent diagnosed with cancer affects behaviour forms the second largest section of this chapter, it has been the subject of surprisingly little research. The fact that so little has been done in this area is of particular interest in light of the discussion in section 1.1 of how so much of adolescent behaviour appear to have been theorised within the “storm and stress” perspective. A view that one might have thought would have encouraged looking at the “disturbed behaviour” that might be an expected result of having a parent with cancer in the “vulnerable” adolescent years.
Focusing on adolescent aggression, the study by Welch et al. (1996) of 76 parents with cancer and their 55 adolescent children, described above, collected data on adolescent aggression from both parents and adolescents at 10 (Time 1) and 26 (Time 2) weeks after diagnosis. Parents’ reports did not indicate increased levels of aggression compared to norms, nor vary by gender of patient or of the adolescent. Adolescents’ self-reports of aggression were significantly higher than their parents’ reports varying as a function of gender, with girls reporting higher levels of aggression. However, aggression was not found to vary over time for either parents’ reports or adolescents’ self reports.

Research conducted by Wellisch et al. (1992, see section 2.1.1) compared 60 women who had had a mother with breast cancer when they were a child (0-10), an adolescent (11-20), or an adult on the extent to which their daily activity was altered due to their mother’s diagnosis. Interestingly, no differences between groups were reported. This is of interest given the changes in life-style a cancer diagnosis might be expected to have on a family, especially those with children at home.

A study by Nelson, Sloper, Charlton and While (1994) recruited 24 11 to 21 year-olds who had had a parent diagnosed with cancer two to four years previously. Semi-structured interviews were conducted with the participants consisting of questions about the child’s perceptions of school, social and family life at the time of the illness, and the child’s feelings, knowledge and perceptions at the time of diagnosis and treatment and at the time of interview. In addition participants, and 695 secondary school students serving as a control group, completed the revised children’s Manifest Anxiety Scale.

Perhaps not surprisingly the authors found that some adolescents with a parent with cancer experienced problems at school, with sport and leisure activities, and with their family and other relationships. When the two groups were compared on anxiety, five sons and no daughters were found to score at more than one standard deviation above the control group mean for their age group. These sons were significantly more likely to report that the parent’s illness had affected their school-work, the amount of time available for sport and activities with friends, and that they felt unable to discuss the illness with either parent.

Social support, via both marriage and friendship, has been found to beneficial for both physical and mental health and general happiness, even when health behaviour is held
constant, although friendship appears to be less important than family. While the literature shows that spouses of an individual with cancer provide the most emotional support, instrumental help, and companionship, adolescents have also been shown to provide these supports to family members (Argyle, 1992).

If, as found by Nelson et al. (1994), a parental cancer diagnosis results in the adolescent having less time to spend with friends, a group who are known to provide emotional support, then the loss of this potentially important source of social support for the adolescent may have negative implications on their adjustment to the diagnosis. This may in turn lead to a lessening of the ability of the adolescent to offer emotional support to the ill parent and other family members in turn.

Interview-based studies such as those by Nelson et al. have a number of strengths. The first is that they allow participants to raise issues that did not even occur to the researchers to inquire about. The second is that they allow participants the opportunity to tell researchers about what they saw as the cause of events, their feelings and what impact they believed it had on them, if any. This is in contrast to those studies using standardised instruments such as questionnaires where the focus is pre-determined and invariant across participants.

Increased household responsibilities were reported by Christ et al.’s (1994; see 2.1.1) adolescents as being a consequence of a cancer diagnosis. While both boys and girls were found to report taking on more housework or childcare responsibilities, it was the girls who were more likely to do so. Boys, on the other hand, were more likely to be encouraged to continue with their outside interests, with boys’ responses to being asked to assist being more likely to be in activities that kept them away from home. On the whole the authors found that such demands were met with, at best, ambivalence and at worst, resentment. The actual level of resentment to these added family demands was found to be due, in part, to the amount of interference with the adolescents’ schedule.

The stress of parental cancer appeared to lead to quite severe behavioural problems in a number of cases described by Wellisch (1985). One thirteen year-old girl, who had been well behaved before her mother was diagnosed with leukaemia, became sexually promiscuous, briefly ran away from home, and refused to visit her ill mother in hospital or offer emotional support. In another case a 17 year-old boy whose step-mother had a metastatic abdominal cancer, started using drugs and driving recklessly after his
step-mother was diagnosed. Other cases involved teenage boys and girls refusing to attend school, or help around the house, engaging in excessive drinking, refusing to do homework, and staying out all night. Wellisch argues that it is both the overt and covert changes in children’s behaviour that parents demand which results in the children “acting out”, and that the solution lies in re-establishing open lines of communication and behaviour that is appropriate to the child’s developmental stage and place within the family. Of course, the diagnosis may have had nothing at all to do with these adolescents engaging in these relatively common behaviours. Rather it may be that parents made sense of their children’s behaviour by interpreting it as being a result of the diagnosis, which led them to contact a professional such as Wellisch.

Difficulties at school (35.5%), with friends (37.8%), and impairment in their own physical health (39.9%) was reported by Leedham and Meyerowitz (1999) in their study of 45 adult daughters of a parent with cancer (mean age of 14 at diagnosis). The relationship with the healthy parent was indicated as being an area of significant problems for around a third of participants. They reported feeling distant or resentful of the healthy parent, or found the healthy parent too demanding. In fact more complaints of this type were directed towards the healthy parent than the ill one. In spite of these difficulties many participants also reported that, during the acute phase of diagnosis and treatment, positive changes occurred. Improvements in their relationship with the sick parent were reported by almost two thirds, and with the healthy parent by more than one third, with more than 40% reporting positive changes elsewhere in the family. Some positive changes at school were experienced by one fifth, and almost two fifths thought their relationships with some friends had improved. While over half the participants reported some change in their household responsibilities, only a minority of these evaluated this negatively.

Regarding the relationship problems, the authors hypothesized three possible causes, including depression in the healthy parent, the healthy parent's unavailability, or the child’s anger at the ill parent. They suggested that any strategy to improve adjustment in this population should specifically include a focus on the healthy parent-child dyad and that future research could explore how and when children gain benefits from such an experience.

A significant positive relationship between mothers’, but not fathers’, level of depression and adolescent reported behaviour problems as measured by the externalisation scale of the CBCL, was reported in the study by Lewis and Darby.
(2003, cited in section 2.1.1) of adolescents with a mother with breast cancer. Using the IPPA as a measure of the quality of the relationship between the adolescent and their parents, the authors found that a poor quality relationship with the mother, but not the father, was significantly related to more behaviour problems. Despite hypothesizing that the quality of the marital relationship would be predictive of behaviour problems as measured by the CBCL, no relationship was found. In regards to the findings on depression the authors make the point that as the mother was the reporter of both her own depression and her adolescent’s behaviour, there is a shared variance problem. This means that her mood may have resulted in her systematically viewing her child’s behaviour more negatively. One approach, not mentioned by the authors, which may have shed some light on this issue would have been to have had adolescents complete the externalisation scale themselves, with any resulting discrepancy between scores supporting the view that parents’ scores were due to shared variance.

Behaviour problems were investigated in Watson et al.’s (2006) study of children and adolescents of mothers with breast cancer. As measured by the externalisation scale of the YSR, behaviours were found to be significantly predicted by mothers’ and adolescents’, but not fathers’, scores on the Family Assessment Device (FAD; see section 2.1.1) and the cohesion scale of the Family Environment Scale (FES). Specifically, mothers’ scores on the FAD scales of role allocation, affective involvement, behaviour control, and general function, and adolescent’s scores on communication, affective responsiveness, affective involvement, behaviour control and general function, predicted scores on the externalising scale of the YSR. No significant mean differences in behaviour problems were found between children and adolescents nor boys and girls. However, 28% of adolescent boys, and 24% of adolescent girls self-reported scores above the clinical cut-off point compared to 16% in the standardisation sample. Mothers’ reports of boys’ behaviour problems were of a similar percentage (26%) above the cut-off, while mothers’ reports of girls were of fewer (7%) reaching the cut-off than the standardisation sample (no data provided for fathers). While mother’s depression was found to be a significant predictor of internalising problems in children (see section 2.1.1) neither mother nor fathers’ depression scores were found to predict children’s externalisation scores.

In the Visser et al (2005) study of 222 adolescents (see section 2.1.1) scores on their measure of behaviour problems, the externalisation scale of the YSR, differed significantly from the norm group depending on who the respondent was. Neither adolescent boys nor girls reported differences in behaviour problems compared to the
norm group, however spouses (78% male) reported significantly lower levels of problems in sons compared to the norm group. Results of an analysis of variance on the reports of ill parents showed a significant main effect for gender of adolescent with an interaction effect found for gender of ill parent, with daughters with an ill father perceived by ill parents to have more problems than sons; a result repeated for reports of spouses. No differences were found for adolescent self-reports of behaviour problems.

The longitudinal study by Visser et al. (2007) involving 66 adolescents (see section 2.1.1), compared adolescents' responses on the externalisation scale to both the norm group for the YSR and a larger retrospective group by Visser et al. (2005), described above. They found that adolescent sons were perceived by ill parents to have significantly fewer behaviour problems at Time 3 (T3) than both the norm and retrospective groups. Spouses perceived sons to have significantly fewer problems at all three Times compared to the norm group, but they did not differ significantly from the retrospective group. No significant differences in behaviour problems were found for girls in comparison to either group for either ill parent or spouse reports.

At T1 3% of boys were identified as having clinically elevated scores for behaviour problems a rate that was lower than, but not significantly different to, the 9% found for the norm group. At T1 20% of daughters were identified as having behaviour problems, a rate that was significantly higher than the 9% found in the norm group. Spouses and adolescents, by not ill parents, reported a significant decrease in behaviour problems over time, with no interaction effects. The authors conclude that their study suggests that while some children experience problems in the first year after their parents’ diagnosis the majority do not. Curiously, despite their study not directly collecting any data on children masking their emotions in order to “protect their parents in this stressful period” (p. 74), they suggest this as a possible explanation for their findings. Surely a more likely explanation is that, on average, children adjusted over time to their changed circumstances with the assistance of normally well-adjusted parents. Perhaps this occurred via a “third variable” not measured such as good family communication (see section 2.1.3) with the lack of any significant differences between groups at T1 also being a result such a variable.

Overall the above literature suggests that while some adolescent’s behaviour may change as a result their parent’s diagnosis (Lewis & Darby, 2003; Nelson et al., 1994; Welch et al., 1996; Wellisch, 1985) this will not be the case for many (Visser et al.,
2007; Visser et al., 2005; Wellisch et al., 1992). Similarly, while some saw these changes as negative, others reported that the resulting changes were positive (Leedham & Meyerowitz, 1999). Such findings remind the researcher that people are active meaning creators and that just because a situation or event appears wholly negative to the observer this is no guarantee that the actor will interpret it as such. The finding by Welch et al. (1996), that parent’s ratings of their adolescent children’s level of aggression was discrepant with the adolescent’s own ratings, reinforces the point made at the end of 2.1.1 above, that it is incumbent on researchers to obtain reports from those who are the focus of research.

2.1.3 Communication and Information

The area of communication and information provision within affected families seems to have been overlooked as a topic. The interested observer might have thought that communication within such families was likely to be disrupted, and thus be a topic of interest. Perhaps this disinterest is due to the research on this topic being mostly conducted by clinical psychologists, psychiatrists and oncologists, three groups who have traditionally been more interested in “disorders” than mere difficulties. With this in mind it is of perhaps of note that the first study presented below was published in a social work journal.

In exploring family adaptation to the terminal illness and death of a parent with cancer, Cohen, Dizenhuz, & Winget (1977) collected demographic data from twenty-nine families where the “patient” had died. The remaining family members were interviewed using a semi-structured format that sought to elicit family functioning at particular points of “the crisis.” Additionally, each family member was asked to complete a 25-item questionnaire assessing family functioning with reference to the illness and death of the parent. The interviewer also completed a brief clinical description of the family which was then independently rated on six scales by two independent raters. Results showed that there was a significant relationship between the free flow of information within the family and the utilisation of internal (nuclear family) support systems, but no relationship with the utilisation of external support systems. It was also found that those families who adjusted more effectively to the death of the parent had better communication with one another, shared more information and participated in decision-making more than those families with poorer adjustment.
Patterns of communication were investigated by Siegel, Raveis and Karus (1996) who looked at 91 families where one parent had cancer and their 136 children (aged 6 to 16). This research looked at patterns of communication within the family and found that even in families where communication had been clear and open before the parent’s illness, there was poor communication about the parent’s illness and possible death. The gender of the ill parent was also found to be related to patterns of communication within the family. Both young children and adolescents who had a well mother were more likely to report that she communicated more openly about illness and death than those adolescents who had a well father. The gender of the well parent was also associated with patterns of general communication in families, with children more likely to report their mothers as higher on facilitating general communication than their fathers.

The issues of communication and information provision were also examined by Leedham and Meyerowitz (1999). They recruited 71 daughters of breast cancer patients, aged 18 to 35 (with a mean age of 17.7 at time of mother’s diagnosis), and found that twenty (28.2%) of the 71 were either extremely or fairly unsatisfied with how they were told of the diagnosis compared to 43 (60.6%) who were either fairly or extremely satisfied (9.8% were neutral). The two most common reasons for being dissatisfied with how one was informed about the diagnosis were being given too little information (44.4%) and a delay in them being informed (29.5%). Other reasons given were a lack of honesty on the part of the person who informed them of the diagnosis (11.1%) and inappropriate timing or setting (7.4%). The two main reasons for being satisfied with how one was told about the diagnosis were comprehensive or open communication (37.2%) and source of information (not further defined-11.6%).

In discussing their findings on communication the authors note that a “surprising number” (28.2%) of their participants were dissatisfied with the way they were informed about the diagnosis. It was the view of participants that parents should tell their children immediately and ensure that the information was honest and complete. The authors make a point of noting that “virtually none” of their participants thought that they had been offered too much information, but that many “felt deceived and cheated” by information they felt to be inadequate.

The authors go on to suggest that parents should not be surprised if their children appear to be practising avoidance by staying busy or distracting themselves as this is a common coping style among children and adolescents. They also caution parents not
to interpret this as indicating that the child needs shielding from the truth because, as discussed immediately above, their results have shown that the majority of children want open, honest, and complete information about the parent’s illness and treatments.

This may well be because children want to be able to use the information to be able to predict the future, and thus ease their anxiety. Such an interpretation would be in line with the literature on adults with cancer which suggests that the possession of knowledge, and feeling informed, impart a sense of control (Henman, Butow, Brown, Boyle, & Tattersall, 2002).

In a study investigating the factors associated with the mental health of Finnish adolescents, Lindqvist, Schmitt, Santalahti, Romer, & Piha (2007) recruited a clinical group of 54 families with a parent with cancer and 49 families as a control group. The clinical group consisted of 41 mothers (75.9%) and 13 fathers (24.1%) with the most common diagnosis being breast cancer, diagnosed 4-12 months prior to recruitment, and their 54 adolescent children (11 to 17 years; mean age 14 years). The control group included 48 mothers and 40 fathers and their 49 adolescent children (11 to 17 years; mean age 14 years). Ill parents completed the SF-8 Health Survey (SF-8) that consists of two scales, the Physical Component Summary (PCS) which measures physical functioning, physical role and bodily pain, and the Mental Component Summary (MCS) which measures mental health, emotional role and social functioning (see section 2.1.5). The adolescents completed the McMaster Family Assessment Device (FAD) and the Youth Self Report (YSR) of the CBCL. All instruments were completed on one occasion only.

No differences were found between the genders, no interaction effects, and nil differences between the clinical and control groups despite other studies (e.g. Compas et al., 1994; Welch et al., 1996) finding significant differences between the genders, and interaction effects with gender of ill parent on the YSR subscales. While the authors argue that the lack of differences between the clinical and control groups suggest “adolescents and families with an ill parent adjusted quite well to the illness” (p. 349), they hypothesise that this might reflect the fact that at between 4 and 12 months post diagnosis (no mean time provided) most parents were past the immediate crisis phase of the illness, when a difference may have been found. In regards to the lack of any interaction effects, a finding at odds with previous studies, they point out that their small cell sizes reduced statistical power, although an examination of scores
found no specific pattern of responding suggesting that greater numbers would not have changed the outcome.

In the clinical group all FAD scales were significantly positively related to one or both of the YSR subscales, meaning that as family functioning improved adolescents had fewer problems, but the problem solving scale was not significantly related to the YSR for the control group. A regression analysis showed that the communication subscale of the FAD was the most significant predictor of internalising problems, and affective involvement for externalising problems. As the communication and affective involvement scales were significant for the control group as well, the authors suggest that they play a protective role for all adolescents, but that as problem solving was only significant for the clinical group that “this ability is of particular importance when a parent has cancer” (p. 349).

In summary the above literature suggests that communication within the family can play a role in adolescent adjustment (Cohen et al., 1977; Lindqvist et al., 2007) but that pre-existing high levels of communication may well decline with a diagnosis of cancer and that the gender of the ill parent may be important in this (Siegel, Raveis et al., 1996). There is also some evidence that the provision of greater levels of information about the parent’s illness is welcomed, resulting in less dissatisfaction in adolescents (Leedham & Meyerowitz, 1999).

2.1.4 Coping Strategies

Four substantial studies examined coping strategies exhibited by children with a parent with cancer. The first of these is Christ et al.’s (1994) study of 120 11 to 17 year-olds with a parent with terminal cancer (see 2.1.2). Coping strategies were grouped under the following headings: intellectual defences; the search for meaning; and, the ability to seek help.

An intellectual defence was the seeking of information about the illness and its treatment from parents and others and was considered a helpful strategy for many adolescents irrespective of prognosis. They found that adolescents also coped by searching for the meaning of cancer and life and death. “Adolescents developed philosophical perspectives about the meaning of cancer, its role in their lives, and the inevitability of death” (p. 610). This is illustrated by the following quote from a 16 year-old boy: “I don’t think this is a good time for me to rebel. You know, it feels pretty good
to help somebody. Like, what are you trying to do throughout your life – get rid of your problems or control your problems as they come?” (p. 610).

Most of the adolescents recognised the value of talking about the illness as a way of gaining information and eliciting help. They obtained help from parents, peers, other adults, and formal support services. Carefully choosing a peer who had experienced a loss, or a close friend, was a strategy many reported. Confiding in at least one parent was something that most adolescents were able to do, usually the one they had been closest to before the diagnosis. However, if the parent who had been confided in was the ill parent, the adolescent sometimes decided against revealing some thoughts and feelings if they felt it would distress them. Other helpful sources of support were found in school nurses, counsellors, and teachers.

Interestingly, siblings were usually not seen as supportive, particularly if they were close to the participant’s age. In fact the adolescents described conflict or a simple lack of communication with their siblings on the issue. However, those who had had a close sibling relationship before the diagnosis often viewed it as a valuable source of support.

While some authors (e.g. Wellisch 1985, reviewed above) have reported severe behavioural problems as a result of a parent’s cancer diagnosis, Christ et al. found that the majority of adolescents were able to cope with the stressful experience without demonstrating any behavioural problems. Those adolescents who displayed the worst behaviour had a “preexisting psychological disturbance or other family members with a history of acting out” (p. 612). However, while such behavioural problems were rare, symptoms of depression were common.

Perhaps the most interesting thing about Christ et al.’s findings on adolescents coping strategies is the extent to which such responses were similar to, rather than different from, adults who had cancer or their spouses. Research into the experience of adult cancer sufferers and their spouses has provided evidence that information seeking (Butow, Dunn, & Tattersall, 1995; Henman et al., 2002) and help seeking (social support; Northouse, 1988) are important coping strategies for these groups as well, and that depression is far from unknown in both sufferers and spouses (Northouse, Cracchio-Caraway, & Appel, 1991). Such similarity between both groups is hardly consistent with the adolescence as “stormy decade” hypothesis detailed in section 1.1.3.
Issel, Ersk, & Lewis (1990) conducted a qualitative study of 81 six to 20 year-old children whose mother had a diagnosis of breast-cancer, splitting the participants into “younger” (6 to 12 year-olds, n = 35) and “older” groups (13 to 20 year-olds, n = 46). From their interviews they identified 17 categories and from these determined four domains of how their participants coped with their mother’s breast cancer. These domains were:

1) “In her shoes” (24 responses for 6-12 year-olds vs 17 for 13-20 year-olds), consisting of statements reflecting the ideas of Being considerate, Helping out, and Doing for mother;

2) “Business as usual” (38 vs 69), consisting of Acting normal, Doing regular activities, Private things, Everyday talking, Putting it out of mind, Not talking/thinking about it, and Nothing;

3) “Group energy” (29 vs 36), consisting of Spending time together, Being with friends, Help from others’; and

4) “On the table” (18 vs 51), consisting of Talking about it, Thinking/talking about it, Went to the treatment place.

As well as identifying these domains, Issel et al.’s participants reported five groups of people who helped the children cope. These were: parents; other family; friends; other adults; and, an ‘other’ category (which consisted of God, myself, no-one, and not going through anything –[nothing to cope with]). Those most commonly named as being of assistance were family members and friends, with twice as many older children (57%) naming friends as did younger children (23%). Older children were more likely to say that a nonfamily member helped them cope than were younger children (22% v 11%). However, younger children were more likely to report that no one helped them cope (26% v 13%). Regarding this last distinction, it is unfortunate that the way in which the authors reported their data means it is not possible to determine if the children thought that what was done for them was not helpful, or that there was no actual assistance given. Results were discussed in terms of cognitive development and family systems theory.

In their study of adults who lost a parent to cancer when they were children, Mireault and Compas (1996; discussed above) looked at positive reframing as a method of coping. In order to assess if participants had been affected in any positive way by the experience, the loss and control groups were compared on whether they reported using positive reframing. While a chi-squared test showed no significant difference between the groups, 14 of those in the loss group, and 9 in the control group were able
to mention at least one positive reframe over the two interviews, a result that approached significance \((p = .06)\). While finding that in a regression analysis, only anxiety-depression at initial interview significantly predicted anxiety-depression at follow-up, nevertheless the use of positive reframing again approached significance. The authors argue that this suggests participants who had more symptoms used more positive reframing. They go on to propose that the reframing of an event in a positive way represents an attempt to make sense or derive meaning out of the experience, an argument in line with Christ et al. (1994) above, and a theme that will be further explored in Chapter Three.

In the first study by Leedham and Meyerowitz (1999; see section 2.3) the most frequently reported coping strategy was “staying busy.” Reported obstacles to effective coping were lack of information and communication about the cancer (discussed in the previous section), the uncertainty of the situation (e.g. prognosis being unsure, treatment side-effects being unpredictable), realising the parent was close to death, and being separated from the parent.

In their general discussion of both their studies Leedham and Meyerowitz (1999) argue that the lasting subjective changes reported by their participants in their social relationships, cancer-related attitudes and general outlook, are too subtle and “existential” to be detected in standard measures of adjustment, but are nevertheless significant to the individual. In fact most of the lasting reported changes were positive ones, in contrast to those brought about by the diagnosis and early treatments. Somewhat surprisingly it was those who evaluated their parents’ treatment as the most difficult, and who remembered having had the most negative reactions at the time, who reported the most positive change. The authors, citing Wortman, Silver, and Kessler (1992), argued that “finding positive meaning in a negative event is a common psychological phenomenon”, and cite several authors (Taylor, 1983; Thompson, 1985) who “suggest that it is a necessary component of successful coping with adversity” (p. 457). Leedham and Meyerowitz (1999) argue it is likely that the most stressed families were those who had patients with the most treatment difficulties and impaired quality of life, with such difficulty prompting family members to “greater efforts to find positive meaning and benefit in the experience” (p. 457), leading to more successful coping. However, while their theory suggests that finding positive meaning might predict later adjustment, their results failed to show any significant relationship between recalled positive changes, current distress and self-esteem. Another interpretation of this finding could be that it is the successful search for any meaning, not just “positive changes”,

...
that results in better coping. That is, it is the ability to predict, with at least some accuracy, what is going to happen to their parent and family that is of significance.

The authors also reported that there was no association between those whose parent lived or died on current adjustment levels, as measured by the Profile of Mood States. The authors argue that an explanation for this counter-intuitive finding is suggested in the literature on parental death. While it is known that bereaved children have disturbed moods in the first few months after a death and are likely to be anxious, the authors cite research that indicates that poor family functioning serves as a mediator between parental death and current or later depression. They go on to suggest that it is how the family handles the situation, rather than the actual facts of the situation, that is likely to have the greatest impact on the child’s ability to cope.

Overall the literature suggests the majority of children cope without exhibiting behaviour problems (Christ et al., 1994), and that they find a range of people helpful in doing so (e.g. parents, peers; Christ et al., 1994; Issel et al., 1990). However, a lack of communication and information present an obstacle to coping (Leedham & Meyerowitz, 1999). Some evidence was also found for the idea that children can interpret an event such as a parent having cancer, and its associated issues, as resulting in positive outcomes (Leedham & Meyerowitz, 1999; Mireault & Compas, 1996) and that this can be the case even for those who evaluate their parents’ treatment as difficult (Leedham & Meyerowitz, 1999; Mireault & Compas, 1996) or even if the parent dies (Leedham & Meyerowitz, 1999).

2.1.5 Existential Issues and Other Findings

This section looks at studies that examine various other aspects of the experience of parental cancer. These include positive effects, outlook on life, health hyper-vigilance, self-esteem and the relationship between illness-related variables and adolescent functioning.

Along with their work discussed above, Leedham and Meyerowitz (1999) investigated how participants thought the diagnosis of their parent continued to affect them some six years on. Some 93.3% of participants indicated the experience had resulted in at least one positive change in their lives. The authors categorised all reported changes into four general domains: views of cancer; views of health and death; outlook on life; and social relationships. The authors then examined the types of changes recalled to
determine if they were related to the “facts” of the cancer experience. No significant relationship was found between number of reported changes in any of the categories and ratings of the difficulty or success of the parents’ treatments, age at time of parents’ diagnosis, gender of the parent, or the time since diagnosis, except for a low to moderate positive correlation between number of positive changes mentioned and difficulty of the parents’ treatments ($r = .35, p < .05$).

When a comparison was made between those whose parent had died compared to those whose parent had lived, significantly more females from the former group had changed their outlook on life, compared to those in the latter, by causing them to become stronger or more responsible. Those whose parents had died were also significantly more likely to report that the experience had permanently changed their views of cancer. However, the groups did not differ in their views of health and death or social relationships, nor did those whose parents died differ from the others on the measures for distress or self-esteem.

In discussing their findings Leedham and Meyerowitz (1999) point out that their participants reported a number of ways in which their parents’ cancer diagnosis continued to impact on their own lives as adults, but that these effects appeared to be “too subtle and existential to be reflected in standard measures of psychological adjustment” (p. 456-57). Those effects reported as being negative appeared to be more characteristic of short-term, rather than long-term, responses and many participants reported gaining actual benefits from the situation, both over the short and long term. Importantly, and consistent with some prior research (e.g. Wellisch et al., 1991), participants did not differ significantly from the comparison group on gross quantitative measures of psychological adjustment, namely the SEI and the MAACL. The finding of these “subtle and existential” effects through the use of qualitative methodology is particularly important in the light of the failure of quantitative questionnaire measures to show differences between the two groups. Such a finding illustrates the value of qualitative methodology as an approach that is more sensitive than traditional quantitative methods, as it is able to pick up subtle but important changes in both people’s functioning and, perhaps more importantly, the meanings they give to events.

Like the other studies reviewed above, Leedham and Meyerowitz’s research, while valuable and instructive on a number of levels, fails to provide a single unifying theory to make sense of their many results. One idea, already introduced by the authors and discussed briefly above, that may go some way towards explaining and integrating their
rather unexpected results, is that of meaning. As they point out, some theorists believe that finding positive meaning in events is a necessary aspect of successful coping. The idea of how individuals give meaning to events and how this is at the heart of both their immediate reactions and longer term adjustment, will be taken up in the next chapter.

As part of a larger study Clarke (1995) recruited 27 daughters who were between 12 and 19 years of age when their mother was first diagnosed with breast cancer. Participants were restricted to those whose mother had completed cancer treatment. Data were collected via separately conducted one-off open-ended interviews with both mothers and daughters, with the oldest daughter being 24 years at the time of the interview. Interviews averaged one hour in length, and were unstructured with participants being asked to focus on their views about their lives in the context of the cancer diagnosis.

Interviews were recorded, transcribed and analysed using the constant comparative method of Grounded Theory. The major themes identified were: the change or lack of change in life patterns; health habits and ideas; fear for the future; and, the only theme reported in any detail, the reactions and experiences of daughters to the diagnosis. These included: a sense of isolation and separateness from their mother, father or friends; a sense of social stigma; the diagnosis as an impetus for change in career choice; hyper-vigilance, with daughters very sensitive to bodily signs and symptoms; and role reversal, with daughters reporting being “thrown” into the responsible/protective role.

Clarke (1995) argues that the results show how the effects of cancer extend beyond the woman with the disease and her spouse, with not only their “individual and marital biographies [being] changed” but their daughters’ biography also. Clarke’s finding that daughters felt stigmatised by the experience is interesting given that, as Clarke puts it, “recent research has suggested that breast cancer is much more ‘acceptable’ today and that women are likely to receive support from others at the time of the diagnosis” (p. 276). Clarke suggests that while this may be true for sufferers it would appear not to be true for at least some daughters, and that the first step towards normalising and destigmatising their experience would be an acknowledgment on the part of those most closely involved that the mother’s cancer is a salient event in the adolescent’s life.

A number of Clarke’s participants reported that one of the major outcomes of their mothers’ diagnosis was career related. Several participants even reported that their
choice of nursing as a career was a result of their mothers' diagnosis. Clarke argues such an outcome is one indication of the significance of the illness on daughters.

However, Clarke argued that more important than changes in career choice is the finding that a number of participants had assessed their risk of contracting cancer and concluded it was very high. One woman said, "I figure it’s probably somewhere in my future. There’s a great possibility of it." Others were hyper vigilant with regard to bodily signs and symptoms that may indicate cancer. One participant said:

I am terrified that I am going to wake up with it... I found a lump on my breast. It appeared over night, right. I am having a shower and see this lump. And I went, ‘How did this get there’, and I... went to the emergency in the hospital...and spent the morning waiting for a doctor to come in and examine me and he comes in and says, ‘Oh you just have an inflamed something’, and said it would go away. (p. 276)

Despite the findings of other researchers like Wellisch et al. (1992), Clarke points out that his participants rarely mentioned sexuality as an issue, despite some believing that they were likely to develop cancer in the future. Clarke argues this may be precisely because it is seen a happening in the future at some distant time. It may also be due to the youth of the participants and their relative lack of sexual experience, and/or participants’ unwillingness to discuss such an issue with an adult stranger. Of course just because the issue was not mentioned by these participants at the time of recruitment does not mean that it won’t become an issue of concern at some later point, as the data provided by Wellisch et al. (1992), with daughters ranging in age from 22 to 63 years, would suggest.

Visser et al. (2005, cited in section 2.1) investigated if illness-related variables were related to parents’ reports, and childrens’ and adolescents’ self-reports, on the CBCL. In ill parent and self-report ratings of children and adolescents on the CBCL, children and adolescents were not found to differ significantly from each other on the basis of the type of treatment the parent had (surgery alone v. surgery and/or chemotherapy/radiotherapy). However, reports of spouses of a partner who had surgery alone showed that adolescent daughters had less externalising and total problems than those whose parents had received other treatments or a combination of treatments. Children and adolescents whose parents had a recurrent illness were not perceived by parents to have more problems than those who had no recurrence. However adolescent sons’ self-reports showed more internalising and total problems
when the parent had experienced a recurrence. Time since diagnosis and duration of treatment were not significantly related to scores on the CBCL for children or adolescents. The authors go on to argue, like Compas et al. (1994), for the importance of “the child’s perception of the severity and stressfulness of the illness” (p. 755) in relation to any emotional problems.

Compas et al. (1994, see section 2.1) examined the relationship between disease characteristics (projected 5-year survival ratings, time since diagnosis, stage of cancer, and level of functional impairment) and adolescents’ perceptions of the seriousness and stressfulness of the cancer, on their responses to a measure of anxiety/depression and the stress response syndrome symptoms on the IES. Anxiety/depression scores were not significantly related to any of the objective disease characteristics with only projected 5-year survival ratings being significantly related with the IES, meaning that a worse prognosis was related to greater distress. However, adolescents’ perceptions of the seriousness of the cancer were significantly positively related to scores on the IES, and their perceptions of the stressfulness of the situation was positively related to their scores on both the IES and the anxiety/depression measure. The findings for spouses, patients, and their children were very similar. The authors argue such data are “consistent with models of stress that emphasize the role of cognitive appraisals in determining the meaning and level of threat in explaining individual differences in psychological distress” (p. 513).

The study by Lewis and Darby (2003) cited in section 2.1 also looked at the impact of parental depression and the quality of the parent-child relationship (as rated by adolescents) on adolescent reported self-esteem. While either or both parents’ depression wasn’t related to self-esteem, the quality of the parental relationship was. Specifically, when one or both parents’ relationship with the adolescent was judged to be poor the adolescent’s self-esteem was significantly lower than when both parents’ relationship with the adolescent was judged to be positive. However, not all studies find adolescent self-esteem to be adversely effected due to having a parent with cancer (see Leedham and Meyerowitz, 1999, and Lewis et al., 1986, in section 2.1).

As well as looking at family functioning, including communication (see section 2.5), Lindqvist et al. (2007) examined the relationship between the onset and prognosis of parents’ cancer to adolescents scores on the YSR scales and found none. They also examined the relationship between ill parents’ reports of their physical health using the physical component scale of the SF-8 and adolescents’ scores on the YSR and found a
significant but low positive correlation ($r = .228$), indicating that a lack of physical symptoms (greater reported health) in the ill parent predicted increased psychological problems in adolescents. The authors suggest that this counterintuitive finding may either be due to the lack of symptoms resulting in the adolescent feeling “insecure and anxious about what to expect from the illness” (p. 349), or that in those families where physical symptoms were not obvious the presence of cancer might have been kept from the adolescent depriving them of the “opportunity to express themselves about the illness, and increasing their anxiety.” A further possible explanation for this finding not mentioned by the authors, is that those parents who do not suffer many physical symptoms do not feel the need to communicate their circumstances, leaving the adolescent unsure of what the future holds, resulting in anxiety.

In summary, these studies show that those with a parent with cancer can attribute significant changes in their lives to the diagnosis including their outlook on life (Leedham & Meyerowitz, 1999) and career choice (Clarke, 1995). They also suggest that objective disease characteristics like type of treatment (Visser et al., 2005), time since diagnosis (Compas et al., 1994), or prognosis (Lindqvist et al., 2007) do not generally, nor necessarily, predict how adolescents cope with their situation. Rather, these studies point to the importance of the child’s construction of their circumstances as the key predictive factor (Compas et al., 1994; Leedham & Meyerowitz, 1999; Lindqvist et al., 2007; Visser et al., 2005).

2.2 Evaluation of the Above Research

This section will summarise and evaluate the quantitative and qualitative research detailed above before the strengths and limitations of longitudinal and retrospective designs are discussed. Finally, based on what has been learnt from these research methods and designs, an outline of the proposed study is presented.

2.2.1 The Quantitative Research

The quantitative research presented has provided important information about the various ways in which adolescents are affected by having a parent diagnosed with cancer, and the factors that are related to it. These included: increased fear and sadness (Lewis et al. 1986, cited in Ellison, 1990); alteration of life plans and decreased satisfaction with sexual functioning in daughters (Wellisch et al., 1992); increased anxiety, depression and aggression (Lewis & Darby, 2003; Welch et al.,
behavioural problems (Lewis & Darby, 2003; Siegel et al., 1992; Watson et al., 2006); the importance of communication for adjustment (Cohen et al., 1977; Lindqvist et al., 2007; Siegel, Raveis et al., 1996); and age and gender of child and gender of parent (Compas et al., 1994). Despite the number of areas found to be adversely impacted by the diagnosis, a number of authors (e.g. Lewis et al. 1986; cited in Ellison, 1990; Visser et al., 2007; Welch et al., 1996) have made the point that this was far from the case for all, with the majority showing good adjustment across various measures.

While these studies do allow some insight into how the experience of having a parent with cancer impacts on adolescents in a broad sense, they generally fail to aid our understanding of what individual adolescents themselves believe to be the important experiences or events arising from the diagnosis. The use of the Likert scale based structured questionnaire, so often employed in quantitative research, allows for little information about the complexities of adolescent’s own constructions, or their explanations of the situation, to be elicited. Nor do such scales and measures provide adequate information about the context within which the answers are given, or the meanings that are attached to these answers. Such measures are also likely to miss very subtle, but potentially important, issues.

In preselecting scales to examine specific areas (e.g. anxiety), researchers ignore the relative importance placed on such issues by their participants, thus denying them the opportunity to nominate what the relevant and salient issues are for them. The outcome of this type of inquiry for say, anxiety, may well be a higher global level of anxiety amongst participants when compared to a control group. However such a global measure tells you nothing about the situations in which this anxiety is evident, or about the subjective impact on the participant. An example from the research discussed in section 2.1.1 would be Siegal, Karus and Raveis (1996). The reader will recall that Siegal et al. recruited seven to 17 year-old children who had a parent terminally ill with cancer, and a control group consisting of seven to 16 year-old school children. Anxiety scores for the study group before the death of their parent were significantly higher than for the control group, but between seven to 12 months after their parents’ death no significant differences were found. The author’s argument that the participants’ anxiety reduced because the death ended the uncertainty of the illness, is certainly a reasonable one. However due to the design of the study it is not possible to know if the child was anxious in all situations or only those involving the ill parent. This is an important question, as a child who is anxious all the time is in a very different, and
more serious, situation than one who is only anxious when pondering their parents’ health. This argument of course applies to many global measures of adjustment.

Two issues in particular stand out from this group of quantitative studies. The first is that adolescents’ self-reports on a particular topic (e.g. their aggression) were not necessarily mirrored by the reports of others’ assessments of the adolescent. An example of this was provided through the work of Welch et al. (1996) in sections 2.1.1 (Affect) and 2.1.2 (Behaviour). The implication here, as pointed out by Welch et al., is that it is important to gather information from the participant themselves and not to rely on reports about the person of interest from third parties (see also Visser et al., 2007; Visser et al., 2005).

The second is that longitudinal studies often show a surprisingly different picture to that which might be predicted on the basis of the outcomes of cross-sectional studies.

2.2.2 The Qualitative Research

The findings of the qualitative research presented in this Chapter, while not at odds with much of the quantitative research, contribute something over and above the findings presented in the above discussion of quantitative studies. For example, while authors such as Lewis (1996) and Welch et al. (1996) concluded that the majority of participants showed good adjustment compared to controls, the qualitative research of Leedham and Meyerowitz (1999) was able to show that many participants actually experienced positive changes. Such a finding is unlikely to have come about within the confines of traditional quantitative research that does not allow the participant an active voice. This finding also raises potentially theoretically important questions about how people actively create positive meaning out of an apparently negative event. Qualitative techniques, like semi-structured interviewing, allow participants the opportunity to both reveal issues that were heretofore unknown to the researcher and elaborate the reasons why they are of importance to them.

5 In recent years meta-analytic techniques for qualitative data have been developed and are now an option to assist researchers make sense of the qualitative literature on a given topic (see Barnett-Page & Thomas, 2009). However, as Barnett-Page & Thomas (2009) point out, the different approaches developed have their own fundamental meta-theoretical assumptions, namely idealist vs. realist, that selected studies would need to satisfy before inclusion in any analysis. Given the small number of qualitative studies into some topics (like the present), and the necessary meta-theoretical divisions required for any analysis, meta-analyses may well not be viable option in many cases.
Other authors reviewed above who employed qualitative methods have also made useful and unique contributions to the understanding of the area. Christ et al. (1994) found that how adolescents responded to their parent’s illness was shaped by the nature of their pre-illness relationship; that adolescents sometimes felt guilty about some of the ways they coped with the situation and some of their thoughts and actions; and that adolescents developed “philosophical perspectives about the meaning of cancer” (p. 610).

Of all the studies reviewed above it was only Clarke (1995) who found that adolescent daughters with a mother with cancer reported a sense of social stigma resulting from the diagnosis and found it to be the impetus for a change in career choice. It is the sensitive qualitative methods of these studies that allows participants the freedom to relay to researchers information that is perhaps too subtle to detect or too theoretically unexpected for researchers to even think to ask about. It is not only new content that such methods allow participants to raise but also issues to do with their psychological processes. That is, they allow the participant to reveal how they construct and explain the situations in which they find themselves, something highly structured quantitative methods do not.

While the qualitative research cited has been useful in illuminating areas neglected by those using the more traditional quantitative methods, it is not without its limits. One major limiting factor is the relative dearth of longitudinal research.

Another limit of the qualitative studies reviewed above, though not necessarily of qualitative research per se, is that like the quantitative studies none are conducted within the same theoretical framework. As such it is difficult for the reader to integrate and make sense of the many and varied findings. For example, does the finding that adolescents experience anxiety in a particular situation, by one researcher using a particular theory, mean the same thing as what is also defined as anxiety by another researcher using a very different theory? What is needed is research that, as well as generating new data, at least attempts to integrate the main findings from the literature with one particular theory.

2.2.3 Strengths and Limitations of Retrospective and Longitudinal Research Designs

As we have seen in this chapter, research into the topic at hand has been conducted using both qualitative and quantitative methodology with both approaches having
utilised longitudinal and retrospective designs. As with qualitative and quantitative methodologies, these designs have their strengths and limitations.

Retrospective, also sometimes known as ‘ex post facto’ (Christensen, 1988), studies are much more common than longitudinal ones as they have the strength of being, generally, less demanding of the resources of investigators and demand less of a commitment from participants (Robson, 1993). In longitudinal studies participants will be asked for data on at least two, and possibly many more, occasions while in retrospective studies measurement it is a one-off event. The multiple measurements required in the longitudinal approach are, potentially, a serious limitation due to what is referred to as participant mortality. The term is not just used to refer to the death of participants, although this is a possibility especially in very long-term studies, but more broadly to the loss of participants due to an unwillingness to continue their involvement or to geographical relocation (Robson, 1993).

While the terms independent and dependent variable come from the experimental method they are often used in both retrospective and longitudinal research (Christensen, 1988). However, in longitudinal and retrospective studies there is no manipulation of an independent variable (except in a statistical sense) by the researcher and so they cannot be considered true experiments. A real strength of the retrospective design is that it enables systematic research into areas where it is impossible, or at the very least highly impractical, or even unethical, to either conduct a true experiment (manipulate the independent variable; Robson, 1993), or follow people over time. This lack of control through the researcher being unable to manipulate the independent variable is the most serious short-coming of retrospective designs as they are unable to prove that the independent variable (e.g. a motor vehicle accident) caused the observed outcome (e.g. depression; the dependent variable). In fact most, although in a theoretical sense probably not all, such observed relationships as subject to what has been termed reverse causality. Reverse causality refers to the idea that in any significant relationship (correlation) between two events, like motor vehicle accidents and depression, it may be the dependent variable causing the independent variable as opposed to vice versa (Robson, 1993). A related point is that in any non-experimental design it is not possible to exclude the possibility that other, or ‘third’, factors are responsible for the outcome on any dependent measure, as it is not possible to incorporate all other ‘third’ factors into any study (Robson, 1993). While longitudinal studies are also not able to establish causation with certainty, such research is invaluable in allowing causal implications to be, if not actually drawn, then
at least hypothesised about with strong supporting evidence. It also allows, at least within a qualitative framework, for the researcher to come to a better understanding of the participant’s continually unfolding understanding of the situation.

A further strength of both the longitudinal and retrospective approaches is that they avoid the artificiality involved in many types of true experiment where participants are removed from their usual surroundings just for the purpose of the research (Robson, 1993). Despite their short-comings both also have the potential to generate sufficient new data for the formulation of further hypotheses and theory building (Robson, 1993).

Authors such as Leedham and Meyerowitz (1999; discussed in section 2.1) suggest that one of the limitations of their research, along with it relying on self-reports, is its retrospective nature. However, it can be argued that any study that has as its aim the investigation of individuals’ subjective responses to a potentially distressing event, can hardly afford to eschew self-report measures of some description. Indeed, if the researcher does wish to explain how individuals understand and experience events, then the use of self-report measures can be seen as strength, not a limitation, as so-called “objective” ratings of such individuals cannot, by definition, access a person’s inner world. As for this study’s retrospective nature being a limitation, it would appear that any truly prospective study of the topic, while theoretically possible, remains highly impracticable. Furthermore, if the aim of a study also includes, as it does here, the goal of establishing how adolescents as a group function at a point some considerable time from the event in question, then a retrospective design would appear to be a strength, and more than appropriate.

An example of the usefulness of longitudinal over retrospective methodology is provided by Siegel et al. (1996; see 2.1.1). This research showed that while mean levels of anxiety and depression were higher in the study group than the control group at time 1, by seven to 12 months later the two groups were not significantly different. Such a result is good illustration of the power and usefulness of longitudinal research as it demonstrates that the impact of any particular event is not necessarily constant over time, with such a finding having potentially important implications for both intervention and the development of theory.

Both longitudinal and retrospective designs can also be cross-sectional allowing retrospective designs to also investigate development (Christensen, 1988). As we have seen in this chapter cross-sectional studies identify samples of participants at specific
age groups or stages, and then note the differences on the selected measures in the
different groups. However, while the findings of such retrospective studies allow for
strong hypothesising about how individuals are likely to change over time, they suffer a
limitation that genuine longitudinal studies do not, the cohort effect (Christensen, 1988).
In longitudinal research just one group, or cohort, of individuals is followed over time so
all in the cohort are likely to experience the same environment and any changes
attributed to age. However, in cross-sectional research the different age groups (say 20
v 40 year-olds) will have been, at least to some extent, exposed to different
environments (like the use of computers in their schooling) such that any difference
between the groups are confounded. That is, any difference may be due to age or to
any one of a potentially large number of other causes (Christensen, 1988). In
longitudinal cross-sectional work a number of different age groups (say 14, 16 and 18
year-olds) are followed for a set period (say 2 years). While in this example cohort
effects are possible, they are less likely and the approach has the added advantage of
investigating change over a six-year age-span but only taking two years to complete.

2.3 The Proposed Study

The conclusions in the three sections above, about the strengths and limitations of both
quantitative and qualitative methods, and of research designs, point to how a study for
investigating this topic might be formulated. Of course the usefulness of any method is
dictated by the focus of a project. If the focus is how adolescents perceive themselves
to have been affected by their parent’s diagnosis of cancer, then the quantitative and
longitudinal literature point to the utility of using self-reports and repeated measures.
The qualitative literature points to the value of semi-structured interviews as a way to
explore new issues raised and allow the participant to elaborate if or why these are
important to them.

Before the methodology for the first of this project’s studies is presented in detail it is
necessary to examine the theory that will be used to both interpret the new data and
make sense of the existing research. The theoretical approach that will be used is
George Kelly’s Psychology of Personal Constructs, which is the focus of the next
chapter.
<table>
<thead>
<tr>
<th>Author</th>
<th>N</th>
<th>Child age</th>
<th>Child gender</th>
<th>Ill Parents gender</th>
<th>Design</th>
<th>Source of Data</th>
<th>Measures</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christ et al. 1994</td>
<td>120</td>
<td>11-17</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Child Interview</td>
<td>Affect, Coping</td>
<td></td>
</tr>
<tr>
<td>Clarke 1995</td>
<td>27</td>
<td>12-19</td>
<td>F</td>
<td>F</td>
<td>Retrospective</td>
<td>Parents &amp; children Interviews</td>
<td>Existential issues</td>
<td></td>
</tr>
<tr>
<td>Cohen et al. 1977</td>
<td>29</td>
<td>&lt;8-28</td>
<td>M &amp; F (nss)</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents &amp; children Interview Questionnaire</td>
<td>Information and communication</td>
<td></td>
</tr>
<tr>
<td>Compas et al. 1994</td>
<td>110</td>
<td>(M = 14.6)</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents, children &amp; spouses IES; YSR;</td>
<td>Affect</td>
<td></td>
</tr>
<tr>
<td>Issel et al. 1990</td>
<td>81</td>
<td>6-20</td>
<td>M &amp; F</td>
<td>F</td>
<td>Retrospective</td>
<td>Child Interview</td>
<td>Coping</td>
<td></td>
</tr>
<tr>
<td>Leedham &amp; Meyerowitz 1999</td>
<td>45</td>
<td>18-30</td>
<td>F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Child SEI; MAACL; Structured interview</td>
<td>Affect; coping; existential issues; behaviour</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2.1. Study and sample characteristics in alphabetical order by author: Part 2

<table>
<thead>
<tr>
<th>Author</th>
<th>N</th>
<th>Child age</th>
<th>Child gender</th>
<th>Ill Parents gender</th>
<th>Design</th>
<th>Source of Data</th>
<th>Measures</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leedham &amp; Meyerowitz 1999</td>
<td>71</td>
<td>18-35</td>
<td>F</td>
<td>F</td>
<td>Retrospective</td>
<td>Child</td>
<td>POMS; Questionnaire</td>
<td>Affect Communication and information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(M = 17.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lewis &amp; Darby 2003</td>
<td>87</td>
<td>M = 15.5</td>
<td>M &amp; F</td>
<td>F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>RS-ES IPAA STAI CES-D DAS CBCL</td>
<td>Self-esteem Parental functioning Anxiety Depression Marital adjustment Affect, behaviour</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lewis et al. 1986</td>
<td>171</td>
<td>7-19</td>
<td>M &amp; F</td>
<td>F</td>
<td>Longitudinal</td>
<td>Parents &amp; children</td>
<td>Interviews Questionnaire</td>
<td>Affect</td>
</tr>
<tr>
<td></td>
<td>+55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lindqvist et al 2007</td>
<td>54</td>
<td>11-17</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>YSR FAD SF-B</td>
<td>Mental health Affect Behaviour Family functioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mireault &amp; Compas 1996</td>
<td>17</td>
<td>11-29</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Longitudinal</td>
<td>Children</td>
<td>YSR; BSI Interviews</td>
<td>Affect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(M= 16.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2.1. Study and sample characteristics in alphabetical order by author: Part 3

<table>
<thead>
<tr>
<th>Author</th>
<th>N</th>
<th>Child age</th>
<th>Child gender</th>
<th>Ill Parents gender</th>
<th>Design</th>
<th>Source of Data</th>
<th>Measures</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson et al. 1994</td>
<td>24</td>
<td>11-21</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Child</td>
<td>Interviews MAS</td>
<td>Behaviour</td>
</tr>
<tr>
<td>Siegel et al. 1992</td>
<td>62</td>
<td>7-16</td>
<td>M &amp; F (nss)</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>CDI; STAI-Y; SEI; CBCL</td>
<td>Affect</td>
</tr>
<tr>
<td>Siegel et al. 1996</td>
<td>97</td>
<td>7-16</td>
<td>M &amp; F (nss)</td>
<td>M &amp; F</td>
<td>Retrospective &amp; Longitudinal</td>
<td>Children</td>
<td>CDI; STAI-Y; STAI-C;</td>
<td>Affect</td>
</tr>
<tr>
<td>Siegel et al. 1996</td>
<td>136</td>
<td>6-16</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>POPM; Interview</td>
<td>Communication and information</td>
</tr>
<tr>
<td>Visser et al 2005</td>
<td>336</td>
<td>4-18</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>CBCL YSR</td>
<td>Affect Behaviour</td>
</tr>
<tr>
<td>Visser et al. 2007</td>
<td>123</td>
<td>4-18</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Longitudinal</td>
<td>Parents &amp; children</td>
<td>CBCL YSR</td>
<td>Affect Behaviour</td>
</tr>
<tr>
<td>Watson et al. 2006</td>
<td>104</td>
<td>6-17</td>
<td>M &amp; F</td>
<td>F</td>
<td>Retrospective</td>
<td>Parents &amp; children</td>
<td>CBCL YSR CHQ-MH BDI-II FAD, FES</td>
<td>Affect Behaviour Mental health Family functioning</td>
</tr>
<tr>
<td>Author</td>
<td>N</td>
<td>Child age</td>
<td>Child gender</td>
<td>Ill Parents gender</td>
<td>Design</td>
<td>Source of Data</td>
<td>Measures</td>
<td>Focus</td>
</tr>
<tr>
<td>------------------</td>
<td>------</td>
<td>-------------</td>
<td>--------------</td>
<td>--------------------</td>
<td>-------------------------------</td>
<td>------------------------------</td>
<td>------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Welch et al. 1996</td>
<td>91</td>
<td>(M 14.5)</td>
<td>M &amp; F</td>
<td>M &amp; F</td>
<td>Retrospective &amp; Longitudinal</td>
<td>Parents &amp; children</td>
<td>CBCL; CBCL-YSR; R-CMAS;</td>
<td>Affect Behaviour</td>
</tr>
<tr>
<td>Wellisch 1985</td>
<td>5</td>
<td>13-18</td>
<td>M &amp; F</td>
<td>F</td>
<td>Retrospective (case studies)</td>
<td>Parents &amp; children</td>
<td>Clinical interviews</td>
<td>Behaviour</td>
</tr>
<tr>
<td>Wellisch et al. 1992</td>
<td>60</td>
<td>22-63 <em>(0-20+)</em></td>
<td>F</td>
<td>F</td>
<td>Retrospective &amp; cross sectional</td>
<td>Children</td>
<td>Interview; BSI; DSFI; SAI; WCC;</td>
<td>Affect Behaviour</td>
</tr>
</tbody>
</table>

\(^{nss}\) = not specifically specified; \(M\) = Male; \(F\) = Female; \(+\) = no. with a parent with cancer; \(^*\) = age at parent’s diagnosis; \(^\wedge\) = number who were adolescents. ASC = Anxiety Scale for Children; BDI-II = Beck Depression Inventory-II; BSI = Brief Symptom Inventory; CBCL = Child Behavior Checklist; CDI = Children’s Depression Inventory; CES-D = Center for Epidemiological Studies Depression Scale; CHQ-MH = Child Health Questionnaire-Mental Health; DAS = Spanier Dyadic Adjustment Scale; DSFI = Derogatis Sexual Functioning Inventory; FAS = McMaster Family Assessment Device; FES = cohesion subscale of the Family Environment Scale; IES = Impact of Events Scale; IPAA = Inventory of Parent and Peer Attachment; MAACL = Multiple Affect Adjective Checklist; MAS = Manifest Anxiety Scale; POPM = Perception of Parenting Measure; R-CMAS = Revised Children’s Manifest Anxiety Scale; RS-ES = Rosenberg Self-Esteem Scale; SAI = Sexual Arousability Inventory; SF-8 = SF-8 Health Survey; STAI = State-trait Anxiety Inventory, Form Y2; WCC = Ways of Coping Checklist; YSR = Youth Self-Report form of the CBCL.
CHAPTER THREE: GEORGE KELLY’S PSYCHOLOGY OF PERSONAL CONSTRUCTS

This chapter will present the philosophical background to Kelly’s Psychology of Personal Constructs along with a number of ideas central to it that will be drawn on throughout this thesis. This will be followed by an examination of a selection of the research studies presented in the previous chapter using Kelly’s theory to integrate the broad, but rather disparate, research literature in this area. Indeed, this literature is so disparate in its methods and theory that the reader is left without a clear understanding of how or why the findings have come about. Through a theoretically based examination of the literature the case will be made that the theory can provide the means to integrate the disparate findings and provide a strong theoretical basis from which we might understand how adolescents come to act as they do in such a situation.

3.1 The Philosophy and Elemental Ideas of Kelly’s Psychology of Personal Constructs

3.1.1 Philosophical Influences

Kelly (1955) was unusual for a psychological theorist in that he was concerned to place his theory within the context of already established philosophical positions and acknowledge the creative and dramatic literatures of other cultures, which he saw as attempting to make sense of the human condition (Warren, 1998). While it is not within the scope of the present work to examine in detail all of the philosophical positions that Kelly drew on in the development of his approach, now called Personal Construct Theory (PCT)\(^6\), it is instructive to have at least a cursory understanding of the main influences on Kelly’s work.

In regards to where Kelly’s PCT fits in terms of its philosophical allegiances, it has been pointed out that it is, “more than a little difficult to ‘type’” (Warren, 1998, p. 4). Some (e.g. Sullivan, 1984, cited in Warren, 1998) have argued that PCT fits into the critical psychology perspective in which organic and physical metaphors of the person are replaced with the metaphor of the personal. Kelly himself consistently denied any

\(^6\) Also referred to as personal construct psychology, or PCP.
connection with cognitive psychology, although PCT can be seen as an example of the cognitive revolution in psychology that was to emerge some years after Kelly’s tome was published (Warren, 1998).

Warren (1998) argues that PCT fits into the broad tradition that is phenomenology which can trace its development from Heraclitus through Spinoza and Hegel, culminating in Husserl, Heidegger and the existential phenomenologies. Phenomenology is the doctrine that advocates that the scientific study of immediate experience be the foundation of psychology, with the focus being on events as the individual experiences them, with little regard paid to external, physical reality. Objective reality of events is NOT denied; rather the issue for a phenomenological analysis is to avoid focusing on the physical events themselves and instead to deal with how they are perceived and experienced, or in PCT terms construed. Real meaning for a phenomenologist is derived by examining the individual’s relationship with, and reactions to, these real-world events (Reber, 1985). Kelly (1955) was also influenced by the tradition of North American pragmatism, and its founder, John Dewey. PCT can be seen as pragmatic because it makes no claim to know truth, but rather sets out to (pragmatically) assist people to overcome their difficulties (Butt, 2008).

Kelly (1955) establishes his concern with the philosophical foundations of his theory early in Volume I. Kelly actually referred directly to a number of philosophers and philosophical positions (including Dewey’s pragmatism), and indirectly to many more (Butt, 2008; Chiari & Nuzzo, 1996; Warren, 1998). It is here that Kelly directly addresses how his central tenet, constructive alternativism (and PCT in general), relates to existing philosophies and where he places PCT within the area of epistemology called gnosiology. Kelly defined gnosiology as the “systematic analysis of the conceptions employed by ordinary and scientific thought in interpreting the world, and including an investigation of the art of knowledge, or the nature of knowledge as such” (p. 16).

7 In fact when one reads authors, such as Spinelli (1994), who draw heavily on existentialism and phenomenology, one can feel as if they are reading a long lost Kelly paper.
8 See Epting and Paris (2006) for the argument that Kelly’s PCT is also consistent with the main assumptions of humanistic psychology.
9 Theory of knowledge, especially with regard to its methods and validation.
10 The branch of knowledge that deals with cognition or the cognitive faculties.
Warren (1998) argues that what Kelly was trying to say here was that, while PCT can be seen to fit within the epistemological tradition (the concern with how knowledge originates), PCT is better construed within the narrower focus of gnosiology. Gnosiology’s focus is the actual concepts people use in everyday life as a means of exploring the relationship between people’s efforts to interpret the world and what this tells us about the world and the possibilities of actually knowing it. Thus, Kelly is making the case that PCT’s focus, or “range”, of convenience is psychological and not epistemological. In making this case Kelly is saying that he is not attempting to create a grand theory that could be applied to all things or all knowledge, rather only to the psychology of meaning, most specifically meaning as it related to psychotherapy. Kelly (1955) was very specific about the range of convenience of PCT (see Table 3.1 for Kelly’s “range corollary”), saying early in Volume I that it applied, “to human personality and, more particularly, to problems of human relationships” (p. 11), and, “[to] the area of human readjustment to stress”\(^{11}\) (p. 12), and slightly later “…the psychological reconstruction of life” (p. 23).

Given the preceding discussion, it can be seen that in PCT the meaning given to situations is individual, although influenced by others, and organised into core and peripheral constructs (Warren, 1998). Warren argues that PCT “is an attempt to deal with the whole complex of meaning giving” (p. 6). He sees Kelly’s theory as an attempt to understand human behaviour that thoroughly captures the core features of being human that theorists have debated in isolation for millennia, namely, cognition, affect and volition. In summary PCT is a “disciplined study of the inner outlook, an alternative to the scientific psychologies of the outer inlook, and a step beyond the experiential psychologies of inner inner feelings” (p. 6).

3.1.2 The Fundamental Postulate

One of the most elemental ideas underlying PCT is the Fundamental Postulate, the definition of which is: A person’s processes are psychologically channelized by the ways in which he [sic]\(^{12}\) anticipates events. In this idea Kelly is careful to emphasise that people do not just react due to their past experience, but that they actually

\(^{11}\) Although the use of the word “stress” here is perhaps unfortunate as it is a term that comes to psychology from engineering, and implies some type of objective physical force, as opposed to an interpretation of events. See Butt (2008; especially pp. 48-51) for an excellent discussion of this issue.

\(^{12}\) As Kelly was writing in 1955 he used gender specific language. As Kelly will be quoted repeatedly throughout this thesis the Latin abbreviation “sic” (as it was), will not be used again as its repeated use is distracting.
evaluate events in relation to predictions about the future (Warren, 1998). That is, people put their beliefs to the test in everyday life. The Postulate is developed through eleven corollaries that thoroughly deal with personal and interpersonal life (see Table 3.1).

3.1.3 Constructive Alternativism

Apart from the Fundamental Postulate, it can be argued that the other two basic principles of PCT are constructive alternativism and the bipolarity of constructs (see below). At its most basic constructive alternativism is the assumption that everyone is capable of changing or altering their present understanding of events (Chiari & Nuzzo, 2003) – that is, to construct an alternative (Ravenette, 1999). In other words, people have the option of changing their minds about why something is the way it is and what this means (and meaning is something to which we will return as it is at the core of PCT). Although Kelly (1955), being a philosophical realist at the end of the day (Stevens, 1998; Warren, 1998), is at pains to say that some ways of understanding (or construing) the world “are undoubtedly better than others” (p. 15).

3.1.4 The Bipolarity of Constructs

Constructs are said to be bipolar. This is based on the idea that all knowing originates from the awareness of differences, and their complement, sameness (Ravenette, 1999). Kelly (1955) actually defined a construct as “a way in which some things are construed as being alike and yet different from others” (p. 105).

Before the notion of constructs is further discussed it is worth examining how Kelly employed three cognate terms: construe, construction and construct. Construe is given its ordinary meaning, to interpret or understand an action, thing or person in a specified way (Brown, 1993). Thus, construing means placing an interpretation on an event. Construction is simply the noun from construe, thus for Kelly a construction is a meaning. However, the way in which Kelly used the word construct differed greatly from its ordinary use and it is worth quoting Ravenette’s (1999) definition at length:

1. The construct is an abstraction that
2. arises from an awareness of a similarity and a contrast between events
3. and is therefore bi-polar.
4. This awareness will have cognitive, affective and conative aspects.
5. The construct arises out of an individual’s personal experience and is therefore his own.
6. It provides an axis for discriminating between events.

7. It has predictive properties.

8. As one construct among others it provides an underlying basis for a person to make sense of himself and his circumstances.

9. For convenience the abstraction may be given verbal markers (a) to identify the two ends, (b) for distinguishing one construct from others and (c) for communication.

10. If a person takes another person’s verbal markers as a basis for a construct he will invest it with his own personal meanings.

11. Because awareness of differences occurs from the infant’s earliest moments of life there will be constructs for which no verbal markers will be available. These can be called preverbal constructs.

12. Because of the essential continuity of human development constructs with verbal markers may have origins in preverbal experiences.

13. A person’s system of constructs (as defined) provides the underlying basis whereby he constructs his map of ‘reality’. It is not, however, the map, nor is it ‘reality’. The construct, therefore, operates at a low level of awareness, and is not directly observable. (pp. 158-159)

An example of a construct that is often elicited from children is *good – bad*. The emergent pole, by tradition that on the left (‘good’), is usually that which is elicited first and according to Kelly is the one that embraces most of the immediately perceived context (Butler & Green, 1998). The other pole in our example above, the one on the right - bad, is called the implicit or contrasting pole and is often more difficult to elicit (Ravenette, 1999). This abstraction we call a construct may have verbal markers, as in our example of *good – bad*, but as Butler and Green (1998) have said, “constructs are foremost the discriminations we make, not the labels we attach to them” (p. 13). As set out in Ravenette’s point 11 above, it was Kelly’s view that some constructs had no verbal markers and he referred to these constructs without labels as preverbal constructs. As Kelly (1969) put it, “the personal construct we talk about bears no essential relation to grammatical structure, syntax, words, language, or even communication; nor does it imply consciousness. It is simply a psychologically construed unit for understanding human processes” (p. 87).
<table>
<thead>
<tr>
<th>Postulate/Corollary</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Fundamental Postulate</td>
<td>A person’s processes are psychologically channelized by the ways in which he anticipates events.</td>
</tr>
<tr>
<td>B Construction Corollary</td>
<td>A person anticipates events by construing their replications.</td>
</tr>
<tr>
<td>C Individuality Corollary</td>
<td>Persons differ from each other in their construction of events.</td>
</tr>
<tr>
<td>D Organisation Corollary</td>
<td>Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.</td>
</tr>
<tr>
<td>E Dichotomy Corollary</td>
<td>A person’s construction system is composed of a finite number of dichotomous constructs.</td>
</tr>
<tr>
<td>F Choice Corollary</td>
<td>A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system.</td>
</tr>
<tr>
<td>G Range Corollary</td>
<td>A construct is convenient for the anticipation of a finite range of events only.</td>
</tr>
<tr>
<td>H Experience Corollary</td>
<td>A person’s construction system varies as he successively construes the replications of events.</td>
</tr>
<tr>
<td>I Modulation Corollary</td>
<td>The variation in a person’s construction system is limited by the permeability of the constructs within whose range of convenience the variants lie.</td>
</tr>
<tr>
<td>J Fragmentation Corollary</td>
<td>A person may successfully employ a variety of construction subsystems which are inferentially incompatible with each other.</td>
</tr>
<tr>
<td>K Commonality Corollary</td>
<td>To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person.</td>
</tr>
<tr>
<td>L Sociality Corollary</td>
<td>To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person.</td>
</tr>
</tbody>
</table>

(adapted from Kelly, 1955)

---

13 Kelly (1970) later modified the end of this corollary to read, “…his processes are psychologically similar to those of the other person” (p. 20).
A key idea in PCT is that of elements. Kelly (1955) defined elements as “the things or events which are abstracted by a construct” (p. 137). To put it another way, elements are the objects or situations that we face everyday, making up “both the physical and psychological world within which we function” (Butler & Green, 1998, p. 9).

3.1.4.1 Construct elicitation and elaboration.

A number of techniques and tools have been developed within PCT to either elicit or elaborate people’s constructs. Of all the methods employed in PCT research, repertory grids are by far the most widely used, accounting for 92% of the published empirical PCT literature (Neimeyer, Baker, & Neimeyer, 1990). The two main techniques used to elicit the constructs that form the basis of grids are triadic and dyadic elicitation.

In triadic elicitation constructs are generated through comparing and contrasting three elements. The interviewee is asked for a way in which two elements are similar to each other but different from the third. The word, or short phrase, that the interviewee responds with becomes the first, or emergent, pole. They are then asked for a contrast pole by stating a way in which the third element is different (Caputi & Reddy, 1999). While this was Kelly’s (1955) original method and set of instructions, there is, to quote Fransella, Bell and Bannister (2004), “nothing sacrosanct about the triad” (p. 28). Indeed, this method has been criticised as being rather complex and, as such, not suitable for children under 10 to 12 years of age (Salmon, 1976; cited in Fransella et al. 2004); something that is not thought to be such a problem with dyadic elicitation.

As the name would suggest, the dyadic method involves the consideration of how only two elements from a set provided (e.g. mother and father from a list including teacher, friend, and cousin) are alike, or different, in some way. If these two elements are seen as being alike the contrast pole is elicited by asking the interviewee to consider how another element (e.g. teacher) from the set provided is different from the original pair, and name that difference (Caputi & Reddy, 1999).

Both the triadic and dyadic methods described above illustrate what is known as the difference method of eliciting contrasts due to the way in which the instructions are given. However the other way in which contrasts are elicited is via what is called the
opposite method. This method, initially described by Epting, Suchman and Nickeson (1971), differs from Kelly’s method in that the contrast pole is elicited by asking what the opposite of the elicited pole is, as opposed to how two elements are the similar but different from the third. Epting et al. developed the triadic opposite method due to the difference method producing some constructs that were “bent” (Yorke, 1983), meaning that some constructs elicited were not genuinely bipolar.

However, while the opposite method is simpler for interviewees to understand, it has been criticised for eliciting more extreme and negative construct poles, resulting in lower levels of construct differentiation. The, relatively, higher levels of construct differentiation is considered a strength of the difference method (Hagans, Neimeyer, & Goodholm, 2000; Neimeyer, Bowman, & Saferstein, 2005). The opposite method has also been used with dyadic elicitation (Hagans et al., 2000).

Neimeyer et al. (2005) proposed a new procedure for eliciting constructs they named the contrast method that they believed would retain the advantages of both the opposite and difference methods while avoiding their pitfalls. Their method is also a triadic procedure and begins in the same way as the opposite method, presenting three elements and asking how two are alike in some way. However, before any contrast poles are elicited the process is repeated until the required number of emergent poles are obtained. Then the interviewee is directed back to the first emergent pole elicited (e.g. understanding) and asked, “to you, being ‘understanding’ would contrast with someone who is?” The authors argued that the results of their research using this contrast method supported their predictions. Specifically, that it would result in less bent constructs than the difference method, higher levels of construct differentiation than the opposite method, and produce less contrast poles that were extreme and negative in nature than produced by the opposite method. Apart from triadic and dyadic elicitation for repertory grids, arguably the two most important and widely used elicitation methods are laddering and pyramiding.

In PCT it is held that constructs are organised hierarchically and that the more superordinate a construct the more resistant it is to change. Laddering was developed by Kelly’s student, Dennis Hinkle (1965), to test just this proposition14. At its most basic,

laddering consists of asking the question *Why?*\(^{15}\) For instance, let us say that the
construct you want to ladder is *lace-up shoes* versus *slip-on shoes*. You would first ask
the person which pole of this construct they prefer. Let us say they chose *lace-up
shoes*, you would then ask “why do you prefer *lace-up shoes* as opposed to *slip-on
shoes*?” Usually the responses to the why question lead to higher and higher order
constructs until superordinate constructs are reached. Superordinate constructs are
those that reflect people’s core beliefs about their world and reveal their basic values.
Hinkle’s (1965) research did indeed provide some evidence that constructs are ordered
hierarchically, although despite the technique’s popularity as a clinical tool as
demonstrated by its inclusion in introductory and clinical PCT texts (Dalton & Dunnett,
1992; Winter, 1992) little empirical research has been conducted on the topic. Some
authors (Butt, 1995) have argued that laddering does not necessarily lead to the more
abstract core features of people’s construct system at all, although support for the idea
via empirical research has been reported by Neimeyer, Anderson and Stockton (2001),

Pyramiding was first described by Landfield (1971, cited in Fransella, 1995), and is, like
laddering, also related to the organisation of constructs. In a sense it is the opposite of
laddering as it involves asking a person to systematically go down their construct
system to more and more subordinate, and concrete, constructs. The technique
involves asking for specific details about a construct and uses questions starting with
what and how (Dalton & Dunnett, 1992).

Repertory grids, laddering and pyramiding are only three of many PCT techniques
used to elicit and elaborate constructs. Kelly (1955) also developed the self-
characterisation sketch, with others in the area developing further techniques (e.g.
“snake interviews”, see Cabaroglu & Denicolo, 2008; “a drawing and its opposite”, see
Ravenette, 1999).

3.1.5 Dilation and Constriction

Kelly was very interested in the uses of different sorts of processes. An important
eexample is that of *dilation – constriction*. Kelly (1955) proposed dilation and constriction
as means by which incompatibilities in construing can be dealt with.

\(^{15}\) Although, as Butt (2008) has argued, it is rather more complicated than “just a matter of asking ‘why?’
[and]…it is a strategy of inquiry rather than a technique.” (p. 41).
In dilation the person broadens the boundaries of one or more constructs to permit the entry of a greater range of elements (events/objects) under them, in an attempt to reorganise their construing to resolve the incompatibilities perceived to be present. To quote Kelly (1955), the person involved in dilation jumps around more from topic to topic, he lumps his childhood with his future, he sees vast ranges of events as possibly related, he participates in a wider variety of activities, and, if he is a client undergoing psychotherapy, he tends to see everything that happens to him as potentially related to his problem. (p. 477)

However, a person must have higher-level constructs that will allow for reorganisation to occur in order for dilation to be an effective strategy. Without these constructs the result may be chaos (Winter, 1992).

In contrast, constriction involves the narrowing of boundaries in order to rule out the entry of elements, with the person effectively saying to themselves, "just these, and only these, are to be construed" (Kelly, 1955, p. 520). To quote Kelly (1955) again, in constriction the person "tends to limit his interests, he deals with one issue at a time, he does not accept potential relationships between widely varying events, he beats out the path of his daily routine in smaller and smaller circles, and he insists that his therapist stick to a sharply delimited version of his problem" (p. 477).

As dilation and constriction are necessary processes that the individual engages in as part of the Experience Cycle (see 3.1.8 below), it is important for the reader to understand that, like Kelly’s other processes, they are not good or bad per se, but rather are entirely appropriate at certain times as long as neither one is used exclusively, as this leads to disordered construing (Walker & Winter, 2005). An example of a disorder characterised by excessive constriction is that of obsessive-compulsive disorder, “whereby the individual finds a haven of structure in an uncertain world” (p. 102, Winter, 1992).

3.1.6 Emotion in PCT: Kelly’s Dimensions of Transition

Personal Construct Theory has a very holistic view of people. Kelly believed that to construe people as being divided into separate parts such as emotion (affect) and thinking (cognition) impeded our understanding of them. He saw emotional experiences as relating to an awareness that our construing system is either in a state of transition or is inadequate for construing current events. Emotions then, or feelings, occur when
we become aware that our system for construing particular events is inadequate or about to change in a comprehensive way. For Kelly, experiencing (feeling) and construing were two sides of the same coin; we cannot do one without the other. Butt (2008) has suggested that it is more useful, and accurate, to think of “construing as something we do”, as opposed to “cognitive entities that we have” (p. 60; see also 3.1.4, point 13). That is, “construing is not an exclusively cognitive process” (Butt, 2008, p. 60), and includes feeling (Fransella, 1995).

Butt (1998; 2004), following Radley (1977), and using the ideas of the philosopher psychologist Merleau-Ponty, goes beyond any position articulated by Kelly suggesting that not only does construing include feeling but that our construing, and thus anticipation (see 3.1.8), is literally embodied. Butt's (2004) position is that people are body-subjects, in contrast to Descartes' mind-body dualism in that, “it is from the body that we think [cognition], feel [affect] and act [conation]” (p. 96). In this view there is no ghost in the machine, no thinking subject, directing the actions of the body, but rather that people are engaged actors, engaged in doing rather than thinking. Butt (2004) contends that, “our connection with the world is first and foremost a practical one; our relationship to it is in terms of what it can do to or for us” (p. 97). He gives the example of sitting at his keyboard where his practical concerns override all others and guide his perception of the task. While he occasionally glances at it and the monitor to check if his typing is accurate, he knows that if asked he could not tell someone where each key is on the keyboard as he has not learned and reflected on its layout. He suggests that, “it is enough that my fingers can use it more or less effectively” (p. 97).

The suggestion is that such activity is not the work of some internal thinker but rather a body-subject with primarily a pre-reflective and practical connection to the world. In order to deal with what is commonly dealt with under the label emotion Kelly developed a number of professional constructs that relate to transition. Kelly spoke of four terms as having particular relevance to transition: threat; guilt; fear; and anxiety. Given the discussion in Chapter Two of the importance of anxiety as identified by a

---

16 The idea that PCT holds emotion and cognition to be separate is very persistent, continuing to the present day. For example, B. Rimé (2009) suggests that “Kelly view[ed] emotion as sparking cognitive work” (p. 62).

17 See 3.1.4 re Ravenette’s (1999) definition of a construct.

18 It would appear that the mind v body/brain idea is of contemporary interest to more than just philosophers or theoretical psychologists. In 2006 Alun Anderson, a former editor of New Scientist, wrote a thought provoking short chapter on the relationship between mind and body/brain. He suggested that the popular view of the mind being “a brain in bell jar” implied that this “disembodied lump of neural tissue is everything that is you” (p. 77). In contrast, he proposed the idea that brains cannot become minds without bodies due to two-way interactions between them being necessary for both thought and health.
number of authors in the area, these dimensions are likely to be useful in understanding adolescents’ constructions of their situation.

Kelly (1955) defined threat as “the awareness of imminent comprehensive change in one’s core structures” (p. 489). For an event to be truly threatening the prospective change must appear to be both comprehensive and imminent. By comprehensive Kelly means that the threat must represent a multifaceted alternative core structure. Kelly gives the example of death as being an idea that is threatening to most people. It is threatening because it is likely to happen to them and to result in dramatic changes in their core constructs. However, in line with this argument, death will not be seen as so threatening to people who believe in an afterlife – that is, death does not require them to change their core constructs – or who do not believe that death is a likely prospect in the near future. Rossotti & Winter (2002) point out that the term is sometimes misused to refer to the occurrence of “a comprehensive change of core structures.” This is incorrect because once the change has occurred it is not a threat of something in the near future, it is the present. To be sure this will be a distressing state, but it will be what Rossotti and Winter call a “post-threat state.”

Kelly defines fear as being “like threat, except that, in this case, it is a new incidental construct, rather than a comprehensive construct, that seems about to take over” (p. 494). He defined guilt as, the “perception of one’s apparent dislodgment from his core role structure” (p. 502). For current purposes the most relevant of Kelly’s emotion terms is that of anxiety. Kelly saw anxiety as “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system” (p. 495).

After examining Kelly’s dimensions of transition McCoy (1977) proposed a number of other professional constructs for various other emotions. She argued that by examining Kelly’s emotional constructs you could conclude that in any given emotion there was always an element of awareness of the fate or potential fate for some part of the construct system. Using this idea she proposed new explanations for a number of emotions, including bewilderment (awareness of imminent comprehensive change in non-core structure), love (awareness of validation of one’s core structure; see Winter, Duncan, & Summerfield, 2008, for further elaboration of love within a PCT perspective), and shame (awareness of dislodgement of the self from another’s construing of your role). Problems with her proposal have been presented (Walker & Winter, 2007), especially with regards to her focus on positive emotions being associated with validation and negative ones with invalidation.
3.1.7 Kelly’s “Man-the-scientist” Metaphor

Kelly’s most well known metaphor is that of “man-the-scientist.” Kelly used this at a time when others were using organic or mechanical metaphors to illuminate the human condition. To quote Kelly (1955):

> When we speak of *man-the-scientist* we are speaking of all mankind and not merely a particular class of men who have publicly attained the stature of “scientists”. We are speaking of all mankind in its scientist-like aspects, rather than all mankind in its biological aspects or all mankind in its appetitive aspects. (p. 4)

Kelly’s person scientist is an active meaning-giving creator who cannot be studied as an object nor merely as observed behaviour. Seen in this light Kelly’s theory was a radical departure from the empiricist approach of his time and its information processor model of the person (Warren, 1998).

However, while Kelly’s metaphor has been widely described as “person-as-scientist”, Walker, Oades, Caputi, Stevens, & Crittenden (2000) argue that it is more accurate to say that Kelly saw people as *incipient* or *potential* scientists, not necessarily scientists operating within the strict canons of scientific (Popperian) orthodoxy. The stereotype of the scientific approach is that a theory is constructed, hypotheses based on that theory are developed, experiments are then designed and carried out to test the theory, results are then analysed, before the theory is revised in the light of the results. Walker et al. (2000) argue that what Kelly was attempting to say was that people should try to approach their lives in ways similar to that of orthodox scientific practice, not that they necessarily did so. They go on to suggest that not only has this metaphor been misrepresented but that it limits our understanding of people as, unlike most scientific research, people’s validational processes:

- are “embedded in the mutual interactions of people” (p.107);
- are not evaluated via the use of inferential statistics; and,
- are located within a complex social context.

And, unlike at least the stereotype of dispassionate scientists, they point out that people are very involved with their “experiments.”

While Walker et al. may well be correct about the metaphor limiting our understanding of people, it is a rather more human (and many would argue useful) metaphor than that of the computer or some other such inanimate object, and it reminds us that people are
forms of motion and as such are characterised by process (Butt, 1996), not fixed states. It may well be particularly useful when people actually complete experiments with the hypotheses being either clearly supported or not. Some evidence for the importance of people being very involved, or highly “invested”, in their experiments has been reported by Oades and Viney (2000) in their work using Kelly's Experience Cycle (see 3.1.8).

However, in some areas of life, like having a parent with cancer, it is very difficult indeed to be a good scientist even if you usually are. This is because it is often not possible to have crucial theories validated. Validation – invalidation is a key construct in PCT and refers to the outcomes of experiments. When a hypothesis has been supported it is said to be validated (and strengthened), and when an experiment fails and the hypothesis is not supported the theory or construct is said to be invalidated (Walker, 2002). However, as various authors have pointed out (e.g. Walker, 2002; Walker et al., 2000) construing is rather more complex than this suggests, with the reality being that evidence from daily life often only supplies support for some aspects of our anticipations, rather than either fully validating or invalidating them. Button’s (1996) reminder on the origin of the word validation from the Latin verb “valere”, meaning to strengthen, is potentially useful here. With this understanding in mind validation would imply the strengthening (and invalidation, weakening) of theories rather than unambiguously confirming or disconfirming them.

It is important to note that Kelly was not using validation and reinforcement, or invalidation and punishment, interchangeably. The assumption behind those who conflate the two appears to be that invalidation (being equivalent to punishment) will result in change while validation will not. However, it was Kelly’s view that there are many occasions when invalidation will not result in change and validation will (Walker, 2002). Walker et al. (2000) make the case that these outcomes can be understood via the Experience Cycle’s emphasis on peoples’ level of investment and commitment in their construing (see 3.1.8).

Along with Kelly’s validation and invalidation, the term nonvalidation has been put forward by Walker et al. (2000) to account for what happens when people fail to complete – or even begin – full experimental, or what Kelly termed, validational, cycles. This helps us understand how people do, or do not, come to change their construing of the world. Walker and Winter (2005) have even suggested that nonvalidation could be used to replace the term disorder within PCT as it is in keeping with the theory’s
philosophy (see 3.1.8 for further discussion). As an example of how nonvalidation could occur they cite Landfield’s (1980) distinction between the literal assumer and the perspectivist. The former denies any negating evidence, as they are quite sure they are in no need of further validational proof. An example of such a person might be a political ideologue who has decided they are correct once and for all and as such their theory is not in need of any revision. While such people may engage in experiments, they ignore any contradictory outcomes, or they devise experiments that cannot fail to confirm their hypotheses. The perspectivist however approaches the world openly and accepts the idea that their hypotheses may not be supported. Such a person uses the experiences gained by this approach as the basis for new hypotheses and learning. A third possibility put forward by Landfield is that of the person who circumspects endlessly about a particular topic, avoiding any anticipation, definition or validating evidence. Both the circumpectionist and the literal assumer are examples of types of nonvalidation.

Walker et al. also cite Bannister’s (1965) work on the impact of serial invalidation as being consistent with their view. Bannister suggested that people who find their construing being repeatedly invalidated may loosen the relationship between constructs as a way of coping. The result is that invalidation is avoided because specific predictions can no longer be made.

3.1.8 Coping and PCT’s Experience Cycle

There are many definitions of coping to be found in the mainstream psychological literature, with more recent definitions emphasising coping as a process over older ones that saw coping in terms of fixed personality traits (Frydenberg, 1997, 2008). Examination of the indexes of a number of comprehensive or influential PCT texts (Butler & Green, 1998; Butt, 2008; Dalton & Dunnett, 1992; Fransella, 1995, 2003; Ravenette, 1999; Winter, 1992) failed to find a single listing under the heading coping. What is coping within a PCT framework?

In order to answer this question it is necessary to examine how Kelly defined the opposite of coping, a disorder. Kelly (1955) gave two definitions, “any personal construction which is used repeatedly in spite of consistent invalidation” (p. 831), and “any structure that appears to fail to accomplish its purpose” (p. 835; see 3.1.7 for a discussion of validation). A number of authors (Walker & Winter, 2005; Winter, 2009)
have argued that not only are these definitions incompatible with each other, but with one of the main strands of PCT, constructive alternativism. Given these problems, Walker et al. (2000) have suggested that a more useful term than disorder would be “nonvalidation” (see 3.17 for a discussion of dis/nonvalidation).

As discussed in section 3.1.6, McCoy (1977) argues that negative emotions such as threat, fear, guilt, and anxiety are those that follow unsuccessful or invalidated construing. While the words negative and positive are used in relation to emotions, it is important that the reader does not take this to imply that emotions described as negative are always undesirable and to be avoided. This is because such transitions in construing (emotions) are part of normal human functioning, and an awareness of them can alert the person to take action to alter their construct system so that they do not continue to repeatedly use invalidated constructs (Winter, 1992).

Kelly (1970; 1977) saw this process of revision of inadequate constructs as central to coping, and cyclical in nature. Some authors writing within a PCT framework prefer the term ‘optimal functioning’ over ‘coping’ as the former allows for “high level, extraordinary functioning” (Epting & Amerikaner, 1980, p. 55) whereas the latter does not. It is suggested that the idea of ‘self-actualisation’, as used by those from the client-centred school (e.g. Rogers, 1961, cited in Epting & Amerikaner, 1980), comes closer to the PCT position, however the term carries the implication that there is something inside the person waiting to be discovered; whereas the emphasis in PCT “is on ‘creation’ and ‘invention’ rather than ‘discovery’” (p. 55).

Kelly (1970; 1977) described three major cycles of construction, with the Experience Cycle (EC) being the essence of all construing. His scientist metaphor was developed before the EC, with the latter now seen by some authors (e.g. Walker et al. 2000) as being more useful, particularly in how it acknowledges the importance of people’s level of involvement in their experiments (see 3.1.7). The EC consists of five stages, the completion of which marks an optimally functioning person. The first of these is Anticipation. Anticipation can be conducted in either a very consciously deliberate way as in the manner of making a very specific prediction regarding a particular event, “or in a more relaxed, contemplative spirit” (Epting & Amerikaner, 1980, p. 56) more in the style of expectations of everyday events (Butt, 2008; Radley, 1977). Within PCT it is
also held that anticipation occurs not just in thought, but also in action (Radley, 1977). That is, people behave in a particular way based on the expectations they have about an event. Then comes Investment where the person fully involves themselves in their anticipation. This is about more than mere interest in the issue, requiring the person to be immersed in a very personal way. It also requires an approach to life that involves an openness to new experiences, a willingness to act “as if” there were genuine options to those usually contemplated (Eping & Amerikaner, 1980).

In the Encounter stage the event is actively and openly experienced. To really encounter events means more than simply colliding with them. It means an active engagement with knowledge, a construction of events that at least allows for the possibility that the knowledge could result in change (Eping & Amerikaner, 1980). This is then followed by Confirmation (validation) and Disconfirmation (invalidation; see 3.1.7) where the encounter is assessed in relation to the initial anticipation. The final stage is called Constructive Revision. It is in this stage that the person conducts any necessary reconstruing following evaluation of the evidence obtained during the encounter. This revision then forms the basis for new anticipations and another Experience Cycle. Thus from a PCT perspective, optimal functioning, or ‘coping’, is the completion of Experience Cycles.

3.1.9 Freedom v Determinism

An important issue for any theory is how it addresses the age-old question of freedom versus determinism in human actions. Kelly (1955; 1977) viewed them as the two sides of the same coin with the construct system providing the person with both the freedom to construe events as they choose, and so allowing for decision-making, but with this same construct system determining the limits of the choices available. To put it another way, we are free to act within the constraints of the boundaries of the theory, or worldview, that we create for ourselves. Or, as Kelly (1995) put it, “the structure we erect is what rules us” (p. 20). More specifically, and theoretically, those elements that are considered “free” or “determined” are seen to be so depending on their place within the organisation of the construction system with superordinate constructs exercising control over, or determining, subordinate elements. This idea is intimately tied up with the idea of constructive alternativism (section 3.1.3) as it is by understanding how we

---

19 While talking of thought and action implies they are separate activities, as argued in 3.1.6, this is not the case. See Radley (1977), Fransella (1995) and Butt (2004) on this issue.
construe our circumstances that we can free ourselves from being determined by our constructions.

3.1.10 Kelly on Development

One recurring criticism of Kelly is that he did not discuss child development, at least not in a way recognisable to most readers of the academic literature on development (Fransella, 1995). In other words Kelly did not propose a *stage* model of development like, for example, Piaget (1967) has done. Ravenette (1999) has even gone so far as to say, “Kelly did not write a developmental theory” (p. 43). However, Green (2005) sees it differently, arguing that PCT

…was never intended to be a psychology reserved for fully formed minds. Kelly wrote of human passions and ambitions, and his model of mankind has implications for us all, big or small. So the notion of people as personal scientists who construct and test their evolving theories about themselves and the world they inhabit applies to young and old alike. (p. 256)

In a similar vein Fransella (1995) has argued that Kelly’s omission was deliberate for two reasons. The first is that PCT can be read as being entirely about development, with people being seen as forms of motion no matter what their age. The theory sees children as being as much construing beings as adults are. To quote Fransella: “George Kelly saw the entire life-span as an anticipatory, developmental, evolutionary process” (p. 127). Thus, while the study of development from the life-span perspective is now established practice, with almost all undergraduate texts on the topic taking this approach (e.g. Berger, 2008; Krail & Cavanaugh, 2004; Santrock, 1992; Sigelman & Rider, 2003, 2006), Kelly’s (1955) focus on change over the entire life-span can be seen to place him decades ahead of his time.

The second reason is that PCT rejects the idea that people can be placed into categories or boxes. This position follows on logically from the idea of people as forms of motion.

If, as set out above, PCT can be seen as a type of life-span developmental theory, the question arises of where construing begins? Fransella (1995) has argued, somewhat counter intuitively, that it does not start anywhere. While the reader may think that
construing begins with the newborn infant Fransella dismisses this by pointing out that it is known that a foetus can discriminate (construe) events (see also Mancuso, 2003). She goes on to suggest, “the fundamental difference between living and non-living matter is that living matter construes” (p. 126). In that sense then it can be seen that development does not start anywhere but rather it is there from the beginning, it is simply a part of the process of living (Fransella, 1995). Kelly (1955) addresses this issue within his explication of the Experience Corollary:

As one’s anticipations or hypotheses are successively revised in the light of the unfolding sequence of events, the construct system undergoes a progressive evolution. The person reconstrues. This is experience. (p. 72)

And this successive reconstruing is what all organisms, including children and adults, do. It is the process by which they experience the world.

However, this is not to say that children are seen as the same as adults. In PCT children are seen as different to adults not in the processes they use to construe the world, but rather in the relative paucity of the constructs they have to make sense of it. There is also some evidence that the constructs of younger children are less organised than those of older ones (Salmon, 1970, cited in Dalton & Dunnett, 1992). As indicated by the quote from Kelly above, these constructs develop over time with experience, which is the successive anticipation of events.

One issue Kelly (1969) did explicitly discuss within a developmental perspective was the dispersion of dependency. He rejected the position that children are more dependent than adults. Instead he proposed that the important feature of dependence in childhood is that it is concentrated, with the young child’s immediate family meeting all their needs, with these becoming more differentiated as the child matures. This pattern of increasing differentiation continues until the adult matures to a point where they achieve, and maintain, an appropriately dispersed dependency network (Walker, 2003). This increasing level of dispersion is closely related to our developing capacities and people’s level of “sociality.” Kelly’s (1955) definition of sociality was: “To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person.” Thus, in order to have their needs met people must understand how others view the world and the need to balance their demands on these others with their preparedness to meet them.
Traditionally PCT has been described as a personality theory, however others (Stringer & Bannister, 1979, cited in Walker, 1990) have argued that of all the accepted categories social psychology “could well have the strongest claim” (p. 41; see also Butt, 2001). Indeed, Hinkle (1970) saw the idea of sociality as being the central project of Kelly’s theory, and quotes Kelly as saying, “I imagine…a society in which each person’s experience, creativity and human relationships are the central issues” (p. 91; emphasis added). This ability to understand others’ construing can be seen to be of central importance for optimal functioning (see section 3.1.8 re the Experience Cycle) as the process of validation is essentially an interpersonal one (Walker & Winter, 2005).

3.1.11 Applying Personal Construct Theory and Methods of Research with Children.

Speaking from a psychotherapy perspective, and by implication PCT research, Fransella (1995) has argued that PCT is eclectic as far as technique is concerned. She cites Kelly (1980) saying that personal construct psychotherapy

...does not limit itself to any pet psychotherapeutic technique. More than any other theory, it calls for an orchestration of many techniques according to the therapist’s awareness of the variety and nature of the psychological processes by which man works towards his ends. (p. 35)

Here Kelly (1980) is saying that the personal construct theorist needs to be creative in coming up with ways to elicit constructs or assist reconstruction. Despite being all for technical eclecticism Kelly certainly was not arguing the case for anything goes. Far from it, he was very keen on measurement in general and ideographic measurement in particular when applied in a manner consistent with PCT (Fransella, 1995). To use a phrase by Warren (1998) cited earlier in this Chapter, Kelly was interested in techniques that allow for the disciplined study of the participant’s “inner outlook.”

Given this, it will come as no surprise to the reader that quite a wide range of techniques have been used in research with children. These can however been seen to fall into three main areas, namely grids, drawings, and interviews.

---

20 Butt (2004) argues that George Mead, a leading figure in American pragmatism and colleague of John Dewey, had an “influence on PCT, principally in Kelly’s sociality corollary” (p. 100).
3.2 Theoretical Integration of the Disparate Literature

Now that the philosophical background and elemental ideas of PCT have been set out, a selection of the studies from some of the areas discussed in Chapter Two will be examined through the prism of PCT. As mentioned in the introduction to this chapter, the findings from the literature examined are rather disparate with most studies reporting that only a minority of participants score significantly differently to the reference group on the dependent variable of interest. While they provide useful information about what some children have experienced, without a unifying theory they leave the reader with little understanding of how these findings have come about. The concern about a lack of a unifying theory in psychology dates back to the early decades of the founding of the discipline, with psychologists such as Vygotsky (1934/1986) noting it as a significant issue in the 1930s. In an attempt to address this issue, at least for the literature reviewed above, PCT will be used as it is abstract, or high-level, enough to be able to offer a unifying framework for seemingly unrelated findings in a certain area and is thus able to account for the exceptions. As such it should be useful in understanding how different adolescents, facing what would appear to be a very similar situation, come to construe it so differently.

The study by Lewis, Woods and Ellison (1986, cited in Ellison, 1990) compared children who had a mother with cancer to those whose mother had diabetes or fibrocystic breast disease. Their results for adolescents with a parent with cancer showed that the majority reported having negative feelings when they were informed, with the most common feeling being that of fear, specifically the fear that their mother would die. However, the authors also reported that those with a parent with cancer were also given more information and reassurance from their parents, with adolescents’ scores on the adjustment measures falling within the normal range.

What accounts for the fact that only some reported negative feelings such as fear, and not all? How does PCT account for both those who are fearful and those who are not? One of the most commonsense of the corollaries in PCT is the Individuality Corollary, which states that “persons differ from each other in their construction of events.” Thus, two adolescents can construe the same situation quite differently. To quote S. Duck, PCT is “able to account for differences in the reaction to ‘an experience’ precisely

21 The authors reported that their participants used the word “fear”, however what they may well have been feeling was (PCT) threat if the change (death) was construed as imminent. Surely the prospect of a parent’s imminent death implies more than just ‘incidental’ changes to constructs.
because Kelly saw an experience as a *personal appraisal and not a set of events*” (emphasis added; personal communication, August 21, 2004).

The interesting question is *how* they come to do so. The reader may recall Kelly’s dimensions of transition (section 3.1.5), one of which was fear. Kelly defined fear as the awareness of an imminent incidental change in one’s core structures (Fransella, 2003). It is not difficult to see how anyone without experience in this area, let alone an adolescent, would be fearful at having a parent diagnosed with cancer. But what is it that accounts for only some being fearful and not all? Another PCT corollary, the Experience Corollary, may provide a part of the answer. It states, “a person’s construction system varies [expands and grows] as he successively construes the replication of events” (Kelly, 1955, p. 72). That is, an individual’s system of construing changes as they are successful, or not, in predicting events.

The experience that leads to variation in a person’s construct system does not have to be gained directly (like having cancer oneself), but can be gained by observing and listening to others with experience in a particular area. In the Lewis et al. study, adolescents with a parent with cancer were found to have been provided with more information by their parents than the other groups. The provision of such information may have resulted in the invalidation of fear-related constructs about cancer and their subsequent modification into constructs that encompassed the idea that the path of cancer treatment was predictable and, most importantly, positive. This then resulted in lower levels of anxiety that in turn translated into scores on measures of adjustment that fell within the expected range for the population. Such an explanation is in line with previously mentioned findings by Henman et al. (2002), which showed that adults with cancer who felt they were in possession of sufficient knowledge on the topic reported feeling less anxious.

It is possible that some of the adolescents already had constructs that encompassed the successful negotiating of cancer or ill health generally, but most did not and it was these adolescents that were assisted by the provision of information. Of course the Individuality Corollary means that some of the adolescents who were given just as much information as others had construct systems that would not allow them to be varied to the extent necessary to reconstrue. This situation is dealt with by Kelly’s Modulation Corollary which states that, “the variation in a person’s construction system is limited by the permeability of the constructs within whose range of convenience the variants lie” (Kelly, 1955, p. 77).
The Individuality Corollary, along with the Sociality Corollary, may also be informative when examining the study by Welch, Wadsworth and Compas (Welch, Wadsworth, & Compas, 1996). They assessed children twice over four months for anxiety/depression and their parent's perceptions of the child's anxiety/depression. Parents were found to rate their children slightly lower on anxiety/depression than adolescents rated themselves, with girls whose mother had cancer scoring more highly than any other group. While parent ratings showed no change between Time 1 and Time 2 adolescents' self-reports did. Specifically the scores of those with an ill mother decreased over time, while those with an ill father remained the same.

When the authors examined parent and adolescent scores for anxiety/depression in relation to the clinical range for the Child Behaviour Checklist (CBCL) they found that parents' reports of anxiety/depression in their adolescents were within the expected levels for the population. However they found that eight (38%) girls whose mother had cancer, and two (18%) girls with a father with cancer reported scores in the clinical range. In contrast only one boy (13%) with a father with cancer, and none with a mother, had a clinical range score.

The above findings illustrate that individuals do indeed differ from each other in their construction of events that outside observers may construe as very similar. Why did girls' anxiety/depression scores decrease over time, and why were girls more likely than boys to have scores in the clinical range on the CBCL? Findings such as these for adolescent girls are not uncommon in the literature (e.g. Compas et al., 1994) and are usually explained as being due to adolescents, as opposed to younger children, being more aware of the meaning of the diagnosis for the parent and the family as a whole. The Sociality Corollary may be able shed some light on this question. It states that, “to the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person.” This corollary suggests that the answer lies in adolescents having developed a greater role relationship with the parent, with girls having an even stronger role relationship with their mother than boys have with either parent. The result of girls' anxiety/depression scores decreasing from time 1 to time 2 may be due to their mother being less shocked from the diagnosis and possibly over the treatment phase, with the adolescent girl then able to re-establish the relationship via greater levels of communication. Of course such a situation involves more than simply role relationship, with at least a fair amount of Kellyan anxiety being involved.
As discussed earlier (section 3.1.6), Kelly defined anxiety as “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system” (p. 495). That is, without experience in a particular area, whether directly or vicariously, people’s constructs are perceived to be insufficient for the task of predicting how events will unfold. Thus, in this case the anxiety component of the adolescent girls’ anxiety/depression score may have declined between time 1 and time 2 due to their construction system being modified by the experience to such an extent that it now encompasses the ability to predict the course of events. In between time 1 and time 2 these adolescents were, literally, in transition between not knowing how to anticipate the world of having a parent with cancer, and being able to do so.

In the widest sense all individuals have a general conception, or set of predictions, about how life will unfold. These usually include that we will marry, have a child, establish a career, live to be “old”, that children will outlive their parents, and that our parents won’t die until they are old. Neugarten (1996) spent much of her career researching time, age and the life-cycle. Her thesis might fairly be summed up as being that people, “have a set of anticipations that certain life events will occur at certain times, and a mental clock telling them where they are and whether they are on time or off time” (Neugarten, 1979, p. 888). In a broad sense this idea is consistent with PCT in its focus on people having anticipations about the future, anticipations that are, in some cases, closely linked to time. In the current context it can be seen that the threat of the death of a parent due to cancer would almost certainly be seen by an adolescent as an “off time” event. Being an “off time” event, a parental diagnosis of cancer would be anxiety producing about not only the course of the disease and treatment, but may have wider implications for the adolescent’s anticipations for their ability to correctly anticipate the course of their lives.

While the validation of predictions about some events is relatively straight forward, predictions regarding some aspects of a parent’s cancer journey may well not be able to be validated, nor invalidated, at all. One example of a prediction, perhaps the prediction, that an adolescent would want validated would be whether or not their parent was going to survive. This is one of those predictions that would seem to be destined for “nonvalidation” (see section 3.1.7). That is, it is a prediction for which it is not possible to gather enough evidence, in a time frame short enough to be meaningful, to conclusively either validate or invalidate. As such, the validation cycle cannot be completed, and the adolescent cannot revise their construction system.
However, while the question about death cannot be validated or invalidated, and the Experience Cycle (EC) not completed for this particular issue, in a situation such as this anticipation is about more than just the possible death of the parent. It is also about the situation as a whole and the changes that it brings to the adolescent’s life and can be completed for many of these circumstances. For example, an adolescent not having been exposed to such a situation before may well be anxious about their parent having chemotherapy. Initially they anticipate (Stage one) the very worst for their parent, then as the day approaches the adolescent fully involves themselves in their anticipation (Stage two: Investment), this is then followed by the Encounter (Stage three) where the event, in this case the parent’s chemotherapy, is experienced, followed by the Encounter being assessed in relation to the initial anticipation and Confirmed or Disconfirmed (Stage four), before the final phase of Constructive Revision (Stage five) where the adolescent does any necessary reconstruing based on the evidence obtained during the encounter. This revised construction then forms the basis of further anticipations and another EC. If these cycles are continually repeated for this and other events then the adolescent could be said to be an optimally functioning, or ‘coping’, person.

The EC is perhaps the best way to account for one of the “existential” findings discussed in section 2.5. In their study of daughters of breast cancer patients, Leedham and Meyerowitz (1999) reported that 93% indicated the experience had resulted in at least one positive change in their lives. The number of positive changes was found to be significantly positively related to the difficulty of the parent’s treatments. Interestingly, when those whose parent had died were compared to those whose parent had lived, significantly more from the former group had changed their outlook on life and now thought themselves to be stronger and more responsible. The results for the affective measure used (POMS: Profile of Mood States) were that the two groups did not differ significantly with each other, or with the control group (women whose mother had never had cancer), so the differences between them could not be attributed to these issues. Those effects that were reported as being negative were more characteristic of short-term, as opposed to long-term responses, with many reporting having gained actual benefits from the situation. How might PCT’s EC assist us to understand such a finding, how would it account for the exceptions, and why would the two groups not differ in their responses to the POMS?
The ability to feel that one can predict events, in and of itself, reduces anxiety and appears to be the central aspect of what is referred to in the literature as coping (see section 3.1.8). The completion of ECs entails the broadening of constructs to encompass new events and situations. This allows for greater prediction and a reduction in anxiety. This renewed ability to predict allows meaning to be attributed to previously bewildering events. It is interesting that Leedham and Meyerowitz (1999) reported that the negative effects tended to be more characteristic of short-term responses as this is quite consistent with the EC. The short-term negative response to the situation may be thought of in PCT terms as the temporary inability of the person to complete an EC. It may be that they felt they did not have enough information to begin the cycle by anticipating anything, or they may have encountered some type of block at some point in the cycle that prevented them from completing it. However, if further attempts, perhaps over a considerable time period, at completion of the cycle are successful, then the person feels able to anticipate future events and attribute meaning to them.

It is important to note here that the outcome anticipated does not have to be construed as being positive to be seen as meaningful, as it is the fact that a prediction about any given set of events can be made, with its resulting decrease in anxiety, which results in it being construed as meaningful. Indeed, predictions about outcomes that are construed as negative (“It doesn’t matter what I do the chemotherapy will make me sick”) that are consistently validated can lead to what some have called the opposite of anxiety, depression. It is seen as the opposite as some define depression as being tightly constricted construing as opposed to the loose construing of anxiety. There is some research evidence to support this view (see Space & Cromwell, 1980, and Ross, 1985, cited in Winter, 1992).

It may be that those who completed successive ECs for this situation felt able to not only predict similar events for the same general situation, but had the range of convenience of their constructs broadened to such a degree that they became sufficiently wide ranging to encompass other areas in their life. This widening of their construction system then leads to them having increased confidence in their ability to feel that they can predict, and successfully negotiate, other difficult areas that may occur at some point in their life. This may account for why more women whose parent died, as opposed to those whose parent lived, reported that they had changed their
outlook on life and went on to think of themselves as being stronger and more responsible because of it.

What accounts for the fact that the two groups (mother died v. did not die) did not differ on the POMS, and that their score did not differ with the comparison group? Most likely this result is due to the length of time since the mother died, some six years on average. This length of time is probably more than sufficient to allow for the great majority to complete the EC and feel able to anticipate events to a satisfactory degree. However, given the argument above, it does not mean that their scores on the POMS would not have been elevated, and there be a significant difference between the groups, if it had been administered at the time when their constructs about this situation were in transition.

3.3 Summary

The first task of this chapter was to set out the key ideas in PCT that will be used throughout subsequent chapters to guide methodology and make sense of the results. Of the ideas discussed, those of particular importance in the current context are the philosophical underpinnings of the theory, how PCT conceives of anxiety, and the Experience Cycle (EC).

The second task of this chapter (section 3.2) was to illustrate how PCT, via these ideas, can be used as an integrating theory for some of the disparate research literature on this topic presented in Chapter Two. It was argued that PCT could account for the situation where some individuals were fearful and some, faced with ostensibly the same situation, were not. It is able to account for this as one of PCT’s basic assumptions is that it sees experience as a personal appraisal and not a specific set of events. To quote Neimeyer and Feixas (1990), “at the core of constructivist philosophy is the view that human beings are active agents who, individually and collectively, co-constitute the meaning of their experiential world” (p. 6). People come to construe events in a particular way as their construction system changes in light of their success, or lack thereof, in predicting these events. However, some people’s construction system is limited in its ability to be modified, and change cannot occur.

PCT is also able to account for findings related to interpersonal relationships, such as parent’s ratings of their child and children’s self-ratings conflicting on a particular measure. This is due to individuals experiencing events as personal appraisals so they
relate to another person to the extent to which they can understand the way the other person construes salient events. PCT’s definition of anxiety was shown to be useful as it again privileges the person’s own appraisal of the situation and sets out that anxiety is likely to occur when someone has insufficient experience in a particular situation to allow them predict the outcome.

While with enough experience predictions can usually be made, there are some circumstances where is it not possible to get sufficient data to be able to validate or invalidate a particular prediction. The example was given of the question of whether an adolescent’s parent would die from cancer. Such predictions can be said to be destined for “nonvalidation.” A prediction that it is not possible to get decisive feedback on could leave someone in a state of anxiety. However, most predictions of those with a parent with cancer can be validated or invalidated in a reasonable time frame as was detailed in the discussion of the EC. Kelly described the EC as being the essence of all construing, the completion of which is said to equal optimal functioning.

A criticism of this approach could be that it is merely translating what is already written about this area into the jargon of PCT with no substantial gain in understanding. However, the application of a single theoretical framework – in this case PCT – to a disparate group of findings, that actually makes for a clearer understanding of the area as a whole, and generates further hypotheses (fertility in the production of new ideas being one of Kelly’s criteria for a useful theory)\(^2\), can certainly be argued to be of substantial utility. And, as Proctor (2001) has said in relation to autism, the strength of PCT is that it not only enables the researcher to focus on the adolescent’s particular personal construction of the world, but can also help locate the adolescent’s struggle with their current situation within a general frame-work of construct systems and their development.

The next chapter will set out the methodology of the first study for this thesis and will draw on the philosophical underpinnings of PCT in its justification of its methods. The study used a longitudinal semi-structured interview approach with adolescents with a parent diagnosed with cancer.

---

\(^2\) See Walker and Winter (2007) for a discussion of how the many “applications, and the new approaches and research programs generated from PCP…demonstrate its fertility” (p. 468).
CHAPTER FOUR: METHOD – STUDY ONE

As discussed in the review of the literature in Chapter Two, quantitative studies have pointed to the usefulness of repeated measures and qualitative studies to the value of semi-structured interviews as ways of eliciting and exploring new issues, allowing the participant to elaborate how, if or why these are important to them. Thus the method chosen for the first study, where the focus was on establishing how adolescents perceived themselves to have been affected by their parent's diagnosis of cancer, was that of repeated semi-structured interviews.

4.1 Participants

Adolescents with a parent with cancer were recruited from a major Sydney teaching hospital via their parent, who was seeking treatment there. Inclusion criteria for the parent were simply that they had a diagnosis of cancer (either a first diagnosis or re-diagnosis) and they had an adolescent child or children (12 to 18 years) living at home. Appropriate institutional ethics approval was obtained from both the author's University and the hospital in question (see Appendix A for institutional approval letters).

At their first consultation parents were identified by their oncologist who, at their second or third consultation (or when the oncologist believed it appropriate), briefly described the study to them and provided them with a copy of the Information for Parents sheet. If they expressed an interest in being involved the oncologist, with the patient's agreement, passed on their name and telephone number to the author. The author then contacted the parent within three days to arrange a meeting. While parents were given the choice of meeting at the hospital or their home, on each occasion they chose their home. At this first meeting the parent was given the Information for Parents sheet and the study was fully explained to them. If their child was under 16 years the parent was given a Parental Consent Form to sign. If the child was 16 years or older they were provided a copy of the Information for Participants sheet and a copy of the Participant Consent form (see Appendix B for all informed consent documents).

Two parents (both female), with four adolescents between them, agreed to participate in the study. One parent had Hodgkin's disease and the other metastatic breast cancer.
All four adolescents were male, with three being from one family, Trevor aged 12, Simon aged 14, and Andrew aged 16, and the fourth, Ken, being 17. Interviews took place four times over a 12-month period (3, 6 and 12 months after the initial interview). All interviews took place in the child’s home.

While it was initially expected that some 10 adolescents would be recruited, this turned out not to be possible. It appeared the problem lay in the difficulty of oncologists identifying what patients had adolescent children as none of the standard admission documentation flagged the issue. Thus, the project relied on the oncologist remembering to ask each patient if they had children, not something they did automatically as the focus of the consultation was on the treatment of a disease not the well being of, or impact on, family.

4.2 The Semi-Structured Interview and PCT

As mentioned, the focus of the present research was how adolescents perceived themselves to have been affected by their parent’s diagnosis of cancer. The qualitative literature has pointed to the value of semi-structured interviews as a way to collect and explore both those issues already identified in the literature and any new issues raised, and allowed the participant to elaborate if, how or why, these were important to them. The quantitative literature pointed to the utility of using repeated measures.

Semi-structured interviews are often used to gain a detailed picture of people’s beliefs about a particular topic. It is a method that provides both the interviewee and the researcher much more flexibility than the traditional structured interview. The latter focuses on short specific questions, which are read exactly as written on the schedule and asked in a pre-specified order, often with pre-coded response categories. In contrast, semi-structured interviews use a set of questions on an interview schedule as only a guide to the interview rather than seeing it as prescriptive, with the interviewer being free to probe interesting issues that arise and follow the participant’s interests or concerns. The other main difference is the deliberate focus on rapport building with the interviewee. It is this flexibility that is at the core of the method’s attractiveness as it allows the researcher the ability to follow-up interesting ideas as they emerge, and the participant to give as full an account as they can, or wish to (Smith, Harré, & Langenhove, 1995).

23 Names have been changed to protect participant confidentiality
The differences between the two techniques follow from the phenomenological position adopted by most researchers using the semi-structured approach. Researchers with a phenomenological approach try to enter the psychological and social world of the interviewee, as it is the interviewee who is seen as the expert and, as such, should be allowed to tell their own story (Smith et al., 1995). Some have suggested that Kelly's use of the self-characterisation sketch "suggests his commitment to 'descriptive methods' that capture and conceptualise human experience in intensive, hermeneutic explorations" (Epting, Probert, & Pittman, 1993, p. 87).

As discussed in section 3.1.1, PCT has been viewed as fitting within the phenomenological tradition (Warren, 1998) and some have argued that it was only Kelly's misunderstanding of what phenomenology actually entailed that stopped him from saying so (Holland, 1970). Indeed, PCT's concern with the unique view of the individual was described by Kelly (1963) himself as being the study of "the inner outlook" (p. 163), an idea very much in keeping with the phenomenological approach. Kelly's (1955) idea of the inner outlook can be seen to be an obvious and logical outcome of PCT's individuality corollary that states that "person's differ from each other in their construction of events."

Kelly's (1955) famous first principle for finding out about people is, "if you don't know what's wrong with a person, ask him; he may tell you" (p. 201; but see Mackay, 1998, for an argument against this idea). Again this is very much in keeping with the phenomenological view of the individual as the expert on their own experience. It forms the basis of what Kelly (1955) labelled the "credulous approach." This approach is implied by the fundamental postulate and involves the clinician "maintaining a credulous attitude toward whatever the client says" (p. 322). He goes on to say that a clinician never disregards any information provided by the client simply "because it does not appear to conform to what appear to be the facts! From a phenomenological point of view, the client – like the proverbial customer – is always right" (p. 322). He quickly points out however that this does not mean that the client always relates events in the way others would, or that the client is never attempting to mislead the clinician, but that the client's "words and his symbolic behaviour poses an intrinsic truth that the clinician should not ignore" (p. 322).

Butler and Green (1998) have suggested that while this piece of advice may appear banal to many, it actually contains a number of important, if not immediately apparent, implications. The first is the implicit reminder that it is the child who is the expert on
their experience. That is, every child is the world authority on themselves (that’s why you’re asking them; see also Ravenette, 1999).

The second implication is that Kelly wanted to rework the idea of the question so that it would be a truly useful way of accessing the inner world of children. He wanted to do this because he recognised that some questions impede rather than facilitate inquiry. Butler and Green (1998) go on to cite Ravenette (1977) as saying that the basic tool of the interview is the question and that it is the job of the interviewer to “invent better and better questions.” By “better”, Ravenette meant “facilitative for the child and penetrating for the interviewer” (Butler & Green, 1998, p. 3).

The third implication is that it is important to keep the investigation of people’s worlds simple. While there are a great array of complex tools available for investigating the human psyche, they are not obligatory and may even be counterproductive to the goal of listening carefully to what people are trying to convey.

While the semi-structured interview is traditionally the tool of the qualitative researcher, it is of course possible to do a statistical analysis on the frequency of certain responses in any interview. However, this would entail the loss of the opportunity provided by the detail of interview data transcribed verbatim. A qualitative analysis of the data however, allows for an attempt to capture the complexity of the themes that interviewees articulate in their responses, rather than reduce it to quantitative categories (Smith et al., 1995).

4.3 Validity, Reliability and Generalisability in Qualitative Research

Bruner (1990; cited in Kirkman, 2002), drawing on the methodological purist Lee Cronbach, has argued that validity “is an interpretive concept, not an exercise in research design” (p. 34). As such, the validity of a piece of qualitative research is dependent upon whether or not the reader finds the analysis credible (Kirkman, 2002). Indeed, in the present research the reader can turn to the appendices to examine the raw data itself if they have any doubt about conclusions drawn.

In quantitative research the term “reliability” refers to the ability of the instruments used to deliver consistent results. However, in qualitative research the term refers to the dependability of the data.
One of the aims of quantitative research is to be able to generalise findings from statistical samples to populations that share the characteristics of the original sample. However, in qualitative research generalisability is not founded on statistical principles, but rather on theoretical ones (Kirkman, 2002).

4.4 The Interview Schedule

The interview schedule was made up of 12 questions (see Table 4.1). The first question was, "How has your mothers'/fathers' diagnosis affected your life, if at all?"

<table>
<thead>
<tr>
<th>Table 4.1</th>
<th>The interview schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How has your mother's/father's diagnosis affected your life, if at all?</td>
</tr>
<tr>
<td>2.</td>
<td>What changed in your home as a result of the diagnosis? (If something did) How do you feel about this?</td>
</tr>
<tr>
<td>3.</td>
<td>Has the diagnosis affected your school work and/or attendance?</td>
</tr>
<tr>
<td>4.</td>
<td>Has it affected your relationships with your friends, including amount of contact?</td>
</tr>
<tr>
<td>5.</td>
<td>Has it affected your relationship with your well parent? Including the amount of time you spend with them?</td>
</tr>
<tr>
<td>6.</td>
<td>Do you discuss your mothers'/fathers' illness with your mother/father (the well parent)?</td>
</tr>
<tr>
<td>7.</td>
<td>Do you discuss your mothers'/fathers' illness with them?</td>
</tr>
<tr>
<td>8.</td>
<td>Has your parents' diagnosis made you concerned about getting cancer yourself?</td>
</tr>
<tr>
<td>9.</td>
<td>Do you worry about your (ill) mother/father? (If yes-) What exactly do you worry about?</td>
</tr>
<tr>
<td>10.</td>
<td>Who has helped you the most since your mothers'/fathers' diagnosis? What have they done that has helped? What could people have done/been doing to help you at this time?</td>
</tr>
<tr>
<td>11.</td>
<td>Since your mother/father was diagnosed, have you had less time to play sport or do other things that you normally enjoy doing? (If yes-) How do you feel about that?</td>
</tr>
<tr>
<td>12.</td>
<td>Has your relationship with your brothers and sisters changed since the diagnosis? (If yes-) How? Why do you think it has changed?</td>
</tr>
</tbody>
</table>

This general question was asked first in order to both inform the interviewee of the topic of interest, thus promoting its meaningfulness, and allow them to express, in their
own words, how they experienced the event with as little opportunity as possible for the interviewer to contaminate the process. While Kelly (1955) did not write much on conducting interviews, he did caution clinicians against using direct questions about events as much as possible in order to avoid “the imposition of the clinicians construing on the client” (cited in Winter, 1992, p. 199). This process of not asking specific questions at the outset of an interview is often used with adults, but as adolescents were the target population, it was felt necessary to have a series of questions ready, or little information may have been elicited, with males in particular having a reputation for not being verbose. The remaining 11, more specific, questions were drawn from the literature reviewed in Chapter Two and were asked if the interviewee did not cover them in their response to the first question. Any novel issues raised in their answers to these questions were also followed up at the time, and at the subsequent three interviews over the next 12 months.

4.5 Procedure

A series of 12 questions were asked at the first interview and the answers to these were further explored as deemed appropriate. The 12 questions were asked at each of the four interviews to allow for any change to be identified. Questions were formulated to provide a point from which to begin exploring the areas identified in the literature review as being of importance to adolescents with a parent with cancer. However, before any specific questions were asked, the adolescent was invited to tell the interviewer the “story” of how they came to find out about their mother’s cancer and what had happened since then. In the event, not all questions were asked, or were asked in a slightly different way. Such is the nature of qualitative research. The use of a number of longitudinal case studies was believed to be the best approach to a pilot study whose purpose was to uncover as broad a range of issues as possible, with the added advantage of allowing the participants to reflect on their experiences over time.

Participant interviews were recorded with high quality audio equipment and transcribed with a good quality transcribing machine. O’Connell and Kowal (1995) have argued that there are two phases in the transcription of spoken discourse, an auditory and visual perceptual phase, and an encoding phase. The first is dependent on the complexity, quality and rate of the speech itself. Difficult to transcribe pieces are those that include extraneous noise, slurring, overlap of speakers, non-verbal vocalisations, hesitations, and unfamiliar accents and dialects. The encoding phase involves the use of an explicit set of notations and an explicit, or sometimes implicit, set of rules for using them. The
four types of changes that enter transcriptions of spoken discourse are additions, deletions, relocations, and substitutions. These may be as long as doubled up pages of text, or as short as one grapheme (smallest meaningful unit of written expression). O'Connell and Kowal report a tendency of transcribers to make changes in the direction of well-formed, correct written style. With colloquialisms often transcribed into standard words but never the reverse. These “tendencies” accord with the present author’s experience. On a number of occasions a few words in a sentence were inadvertently transcribed so as to be technically correct, but were found on playback to not be what the participant actually said. However, as each was always replayed at least three times such errors were corrected.

O’Connell and Kowal (1995) take pains to point out that “there is no simple solution to any of these problems” (p. 104). They suggest that what helps to avoid errors includes training, experience, transcribing with immediate playback, consensual agreement between raters, and independent reliability checks.

These authors believe that not only is it NOT reasonable to argue, as some have done, “that a transcription system should be easy to write, easy to read, easy to learn and easy to search” (Bruce, 1992; cited in O’Connell and Kowal, 1995, p. 104), but rather that the search for such a system should be abandoned. It should be abandoned because, as Ochs (1979) has observed, “the transcript should reflect the particular interests...of the researcher” (cited in O’Connell & Kowal, 1995, p. 105).

In the present research each interview was transcribed as soon as possible after it was conducted, with the immediate play-back rule being applied, with the researcher being very careful to ensure that all speech was transcribed literally. This was found to be quite a laborious task, especially as the speech of the adolescents interviewed contained many repetitions and colloquialisms. The transcription error most noted was that of omitting “irrelevant” repeated words or phrases, for example "you know, you know", "sort of, sort of."

As it was only the content of the speech that was of interest, rather than the form or structure of what was said, words only were transcribed, with no effort being made to try to capture the length of all pauses or hesitations, except via ordinary punctuation.
CHAPTER FIVE: RESULTS AND DISCUSSION – STUDY ONE

In this chapter results of the interviews with the four participants will be summarised and discussed. Each adolescent’s responses to each question, and other interesting issues raised, will be explored for all four interviews consecutively in order to best illustrate how their thinking and experiences changed over the 12-month interview period. These responses and issues are then discussed within the framework of PCT as set out in Chapter Three.

Participants’ replies will be displayed in “zones of influence” figures in order to visually represent the extent to which the participant saw the issue or event as important in their lives and how this changed over time. The more salient a participant saw an issue at the time (e.g. communication) the closer this is placed to the centre of the figure which is labelled with the first letter of the participant’s name. Due to space constraints only figures for the first (Time 1) and last (Time 4) interviews for participants will be displayed.

Some flexibility was used in the structure of the interviews conducted, with not all interview schedule questions always being asked directly or asked in exactly the manner listed on the schedule. This was due to the question sometimes appearing arch or artificial, or its asking would suggest that the interviewer had not been listening to the participant’s earlier replies. Additional questions were occasionally added if it was necessary to elaborate a particular point or follow-up an interesting new issue. Page numbers in the text refer to the relevant interview appendix for each participant. The theoretical and methodological implications of each participant’s replies are explored at the end of the chapter.

5.1 Ken  

Ken was 17 years of age at the time of the diagnosis and first interview. The interviews began some six months after his mother had been diagnosed as having a recurrence of breast cancer which had spread to several sites, including her hip and back. This is known as metastatic breast cancer and although these secondary tumours can be treated with chemotherapy and radiotherapy, the longer-term prognosis is poor and cure not thought to be possible (Buckman, 1996).

24 See Appendix C for the interview transcript to which the cited page numbers relate.
Ken began the first interview by describing how his mother had battled breast cancer a long time ago, and we all knew that and sort of thought nothing more of it. And then, it was...about six months ago...she...went into get a mole type thing checked out and that turned out to be cancer, and... then [she] had more tests and they found the cancer was actually further down and like on her bones...then [she] went...to doctors and found out she needed to have ray treatment and chemotherapy. (p. 9)

Ken's mother was only scheduled for one more session of chemotherapy before “she gets a break for a while from it.” She’d had a number of tests since the treatment began and these had showed that tumour growth had slowed generally and some tumours had even been destroyed, “so it’s looking pretty good.” Over all of the previous year his mother’s mother (“nana”) had been in “a similar type situation” going through radiotherapy and chemotherapy and “so it wasn’t like a big new thing…I’ve…been exposed to it before I suppose you could say.” However, despite this pre-exposure, as one might expect, he was still “a bit shocked at the time” (p. 13) by the diagnosis.

At the first interview he identified only a small number of things as being different at home as a result. One of these was how his mother experienced side-effects from the treatment, being sick for a few days after each three-week block of chemotherapy and having had “really bad sunburns” (p. 5) after the radiotherapy.

Another was that she found it difficult to go to the gym. Ken used to accompany his mother there “once a fortnight” (p. 15) or so before the diagnosis but “during mum’s treatment...she often...[did]n’t feel like doing that.” He didn’t feel as if this was something he was “missing out on doing” but it was “just like one of the little things that has changed a bit.” It seems likely that as Ken was 17, and had a provisional driver’s licence and access to one of the family’s cars, his mother’s illness did not impact on his ability to engage in sporting or social activities as much as it may have otherwise, as he was not dependent on others for transport.

By the second interview his mother had been back at the gym a few weeks, something he saw as “a positive that you can reflect upon” (p. 24). Three months later his mother was still attending the gym but he hadn’t been with her very much lately due to being “busy” at school. However, his younger brother had been going with her before school as the gym was near her work and his school. Six months on life had largely returned to normal, with one of the few remaining signs of the disease being his mother’s “ongoing battle” (p. 50) with her level of fitness. While acknowledging that her level of
fitness before she began treatment was part of the equation, he felt that the drugs “have a side-effect that causes you to gain extra weight” and that “the effort you have to go to and try and get on top of that is apparent.” Despite her not being able to attend as regularly as she would like due to work commitments, “not due to any physical reasons”, her fitness tests were showing an improvement, which pleased her.

Family and parental holidays were another area affected. The first change in household life had been his parents’ early return from a skiing holiday to begin her treatment, after being notified of the outcome of some tests. Ken was of the view that, apart from his mother needing to return for her three-week blocks of chemotherapy, there had been no reason why the family couldn’t go away on holiday together. The one exception was if they wanted to do a “very physical type thing” (p. 18) as his mother was probably not fit enough.

Three months later things had changed “for the positive” (p. 29) as his mother no longer had chemotherapy and his parents had planned another skiing trip. In the last three months the family had been away together with friends, but “not on a big holiday.” By the third interview the family had been skiing and his parents had only recently returned from a week at the snow themselves, “although she’s like pretty unfit” (p. 41). He appreciated the fact they went skiing at that particular time as it was the skiing trip a year earlier “when the bad news first came…and now a year later she has…gone back there and things have fixed up to some extent.” As early as the second interview Ken was describing the family’s routine as being largely back to “normal” with “the only sign of anything now [being wrong was] the ongoing battle with [her] fitness” (p. 50).

Another aspect of family life altered by the diagnosis and treatment was his mother’s work-related travel. This regularly took her on long overseas trips and was something she was unable to do while needing to have three-week blocks of chemotherapy, as was occurring at the first interview. However, these large blocks of treatment had ended by the second interview and she was preparing to fly to London. Ken thought things had returned to their “normal daily routine” without “that little alteration to the routine that occurs regularly. It…makes you sort of feel a bit more normal” (p. 30). By the third interview his mother was back to having chemotherapy but this time it was “an injection of a small amount” approximately monthly that took only a few hours to administer, and a daily “cocktail of pills”, that did not stop her from travelling; indeed she had recently returned from two weeks in the United States and “survived that [with] no problems” (p. 51).
When Ken found out his mother’s cancer had returned he was halfway through Year 11 and couldn’t think of any impact it had had on his schooling, noting that he hadn’t “missed any days of school for that reason” (p. 14). He had told his “good friends” at school, “we don’t…have huge discussions about it but it just comes up every now and then” (p. 12). He drew a distinction between his school friends and his close “family” friends. He felt his school friends didn’t “bring it up heaps”, perhaps thinking it was “a touchy subject” (p. 14). His family friends on the other hand did want to know how his mother was feeling and were “always” (p. 12) asking about her. Apart from discussions about his mother he didn’t think the diagnosis had changed his relationship with his friends.

Three months later Ken advised that he had spoken to his school friends since the last interview but “not too much”, just enough to let them know “that like there’s been good reports” (p. 22). In regards to family friends he’d “noticed a bit of a difference” as they had “always be saying, ‘Oh how’s your mum?’ and everything” but now they had “had a few good reports they…don’t…say too much” with his relationship with them having gone “back to…pretty well normal”, “just general ‘hellos’ and all that sort of thing” (p. 22).

At the third interview Ken advised that in the last three months he had mentioned his mother to his close school friends, advising them that “things were going quite well and they seemed pleased” (p. 39). However he hadn’t spoken to family friends, as they would have been informed of his mother’s progress by her. By the time of the fourth interview, 12 months after the first, it had been “left behind” (p. 53) as an issue for his school friends as she had been “really stable” since before the last interview when the “really big” news of the success of the treatment had been conveyed to them. There had been some brief discussion with family friends to tell them how “she’s pretty on top of it, going quite well.”

As the above suggests, Ken appears to have been kept well informed of the situation. He identified communication as easily the most important single issue, indicating that his family spoke quite openly about the situation,

about…how the treatment makes her feel and stuff because she…gets sick for a few days and is pretty open about what she goes through and all the side-effects that she gets from the chemotherapy and that sort of thing. (p.9)
And he made it plain that communication about the topic was not something that just occurred between himself and his mother, "everyone talks...about it in front of everyone else" (p. 10). And he indicated that it was something that was integrated into everyday life, "like we don't...have any like deep discussions about it", rather when "any little thing" about it came up during the course of the day they talked about it. Neither was his ten year-old brother excluded even though Ken didn't "know to what extent he understands what's going on." However, Ken was "pretty sure" his brother knew what was going on as he had witnessed his nana lose all her hair due to chemotherapy and "he just sort of seemed to take it on board."

By two thirds of the way through the first interview Ken summed up communication as a “good thing”:

I think it’s just a good thing that, right from the start everyone’s sort of involved with it and, like all during the treatments and stuff everything that...happens and all the types of, like the conditions of health that Mum goes through, it’s good that...every day...[you] sort of hear about them so...everything just...progresses and moves along...I’m sure it would be a lot worse...if there was a family...that had something like this and they, they...weren’t...open about what happened. (p. 17)

By the second interview his mother had finished all her treatment and had responded well to it and they celebrated with Champagne. Ken commented that they had “gone back to a pretty normal life” and were waiting “another few months when she has another load of tests” (p. 21).

In following up his comment about family communication being a “good thing” he was asked if he had talked to them much about it since. Interestingly, he failed to directly answer the question, replying:

I think...the whole reason that we were talking about it so much while it was happening back then, made it all the more better when she did get good news. ‘Cause it made...more of an impact. Whereas if you didn’t really know the good news [it] wouldn't really mean much ‘cause we didn’t know what was wrong. But we were well aware of what was...going on, so when we had the good news...like the test results showing that it [the cancer] was...slowing down and stopping...it had more of a meaning for us all. (p. 23-24)
It seems what Ken was saying here was that by talking about it they’d learnt what bad things could happen such that the contrast with the good news when it came meant they “knew how good it really was” rather than it being “just news” (p. 24).

At the first interview he thought that, not only was talking with his parents a good thing, but that talking with them more was a “big positive change” he had noticed over the preceding two years. However he wasn’t sure his mother’s diagnosis was responsible for this. Rather, he wondered if it was something that occurred as a result of the process of becoming an adult, with his mother’s diagnosis “trigger[ing it] to happen earlier” (p. 16).

At the second interview he indicated that the talking to, and being open with, his parents had continued. He was more open with them about all sorts of things, and there wasn’t much he held “back from telling them these days” (p. 23). Ken did not necessarily attribute the increased level of communication to his mother’s diagnosis. Rather he was of the view that:

> even if your parents don’t get sick…it’s a good thing to do and it’s just that that little thing…caused you to do it so, when they start getting better or whatever you still do it, it’s just been triggered by that possibly a year or two earlier than you might normally have done it. (p. 25)

Not only did Ken’s mother tell him what was happening at the time, but it seems fairly clear she was also letting him know what she expected to happen in the months ahead. At the first interview Ken anticipated that over the coming three months his mother would have her last chemotherapy session and then “nothing” would happen “for a while….and she can just lead a normal life.” He expected she would have a check-up after about two months “to see if anything is happening” and “all going well like after that you just live a normal life” (p. 19). Of course, as mentioned above, Ken’s experience with his nana’s battle with cancer had prepared him to some extent about what to expect. He thought this was “a bit of a positive” (p. 34) as she was “really sick and all her hair fell out” whereas his mother’s didn’t – she “only felt sick.” So not only did he have some idea what to expect but his mother’s outcome (to date) was better than his nana’s, and was an outcome that “just makes you feel good.”

At the second interview Ken thought his mother expected to continue having check-ups, although he wasn’t sure if they were three or six-monthly. Whether it was the “right
or wrong thing to do” (p. 32), he thought that if it was a good report you would think “problem solved” and the “next time one chocks up on the calendar you…deal with it then…and move on from there” (p. 33). Interestingly in the course of relating this information Ken appeared to come to reconstrue the success of the treatment process, saying:

but I mean…like when you say it like that…you…have to think to yourself that…when you go back, before you started doing everything, it was looking bad and then you did this and it looked good for a bit…[then] a bit bad [then] do a bit more and…you can…see that the effort you go to pays off. It's not like the stuff that you put yourself through isn't worth it, because it does work. (p. 33)

At the third interview Ken was of the understanding that his mother would continue to have the chemotherapy monthly, and take pills daily, for the long-term. “I think the chemo…[did] the big work of sort of chopping it back a bit but you have just…gotta continue to have something to hold it at bay” (p. 42). Not surprisingly his mother wasn’t too happy with the idea asking herself, “will I be on these [pills] for the rest of my life?” However Ken didn’t really see this as a complaint as it is “a pretty small price to pay for the effect, given the thought of what they [the treatments] are doing.” He thought his mother would see it this way when she compared herself to a close friend of theirs who was in a much worse position, “mum's not going to…go: ‘oh I wish I didn't have to take these few little pills’” (p. 43). He went on to say, “when you look at the whole picture, they are not really that bad.”

While she hadn’t specifically said what she expected to happen in the next six months, Ken thought his mother expected things to stay the same. That is, continue to take “herself off once a month” (p. 45) for the chemotherapy and continue “having a pill everyday…to keep it at bay.” And, she “basically hope[s] that it won't come up as a big problem for whenever and she’s also just decided I am going to help her get fit when I finish my HSC.”

At the fourth interview Ken’s mother was still having monthly chemotherapy. This took place in hospital, lasted for about an hour, and although she felt “a bit off colour for the next day or two” (p. 55) it wasn't enough to keep her from work. She was also still taking the medication everyday and while one of the intended effects was to increase bone strength, one side-effect was making her bones grow, resulting in weight gain. This was something he thought was “obviously…better than having cancer” but it was
“another little thing” she had to deal with. Ken was unsure “whether or not it’s been wiped out or whether it’s just shrunken somewhat and…laying dormant” (p. 56). In regards to what he expected to happen in the future, “I haven’t heard any long-term forecasts but…it seems that [if] you can…keep[ing] up the medication…there’s reason to believe that you can just…hold it at bay….indefinitely” (p. 56).

At the first interview Ken said that while his mother’s diagnosis had made him think about his own vulnerability to cancer, “there’s really not much you can do…just enjoy life until you have any reason not to I guess” (p. 15). By the second interview he’d had occasion to think about this issue as he had discovered a “mole” on his back which started him thinking “oh my gosh…I better go and get this checked out…[but] for whatever reason…after a…couple of weeks…it dropped off” (p. 31). His exposure to cancer had caused him to “take a bit more notice” of it than if he was “naïve” to what it “could mean.” The fact it could have been “cancer, like starts your mind boggling” which was something he didn’t necessarily think was “a bad thing” because having been “exposed to something like that” if it was cancer you “would go and get it checked out”, as opposed to someone who “thinks nothing of it.” This allows you to begin dealing with it early.

Three months later he had begun to notice, “like looking at our family history” (p. 42), that quite a few of his family had been diagnosed with cancer. This had resulted in him asking himself if he had “a bit of a weakness or …susceptibility to it”, and this was something that was “always in the “back of [his] mind a little bit."

By the time of the fourth interview he hadn’t thought “too much” (p. 54) about the issue and this was in part due to him being male while all family members with cancer had been female, “so I don’t have to worry too much about that.” However, because some family members had experienced skin cancer, and he and his mother had “susceptible skin”, they had been to see the GP within the last month and were given the “all clear.” He thought skin cancer to be “quite avoidable” via having a check-up every six months, and “keep[ing] an eye on yourself…[and] look[ing] after your diet.”

Apart from full and open communication with his family (as discussed above) one thing Ken identified at the first interview that he found helped him “deal with things” (p. 17) was “going into the hospital with Mum when she had chemotherapy.” This was helpful because being “in a room where there’s like ten other people in the same situation”
made him realise there were a lot of other people going through it, some who were old
and some who were younger than him.

By the time of the second interview, when his mother had finished chemotherapy, Ken
had been back to the hospital with her “a couple of times” (p. 25). This was something
that put things “in perspective”, that his mother was in “the same boat” as others who
are “suffering this tragedy” (p. 26), and it is “not so great a catastrophe as you sort of
first thought” as there are other “people that deal with it every day of their lives so
you’re just…another one of them.”

Ken didn’t think the diagnosis had changed his relationship with his mother “too much”
(p. 10), noting that it was “hard to say” (p. 11) if any changes, like the amount of time
he spent with her, were due to the cancer or the fact he was “getting older.” “I can’t
really say that…if we didn’t know about [the cancer] over the last six months it would be
any different now.” However, he thought his mother’s diagnosis had changed him in the
“broad aspect” as it had resulted in him reflecting upon his own “little problems” and the
nature of mortality. An example would be:

if you had just some little problem involved with school that you normally might come
home and expect everyone to be sympathetic about and drop everything and…help you
out…you just realise it’s not…really worth worrying about. (p. 15)

In reflecting on mortality he said, “it just makes you look at the big picture I guess a bit
more, you…realise that…everyone’s not going to be around for forever and that sort of
thing” (p. 10).

In summary Ken’s day-to-day family life appears not to have been substantially
disrupted on average over the 12-month period covered by the interviews. However,
this is not to say that the diagnosis wasn’t an unwelcome shock and didn’t result in
some changes to his life at different times over the year. These changes varied from
rather small and inconsequential ones like his mother not being able to attend the gym
with him, to more important ones like him considering the extent to which he was
vulnerable to cancer. The four interviews over the year indicate less change to his life
over time, with the changes being largely linked to the changes in his mother’s
treatment regime (see Figures 5.1.1 ‘Time 1’ and 5.1.2 ‘Time 4’).
Both attending the hospital and witnessing his mother’s treatment appear to have prompted Ken to re-construe his ideas about the importance of events. More specifically, his superordinate constructs governing the extent to which people and events are seen as important were changed to ones that encompassed the ideas that cancer can be successfully treated and school problems are less significant and important in life than threats to peoples’ health.

A further notable feature of the interviews was arguably Ken’s apparent lack of anxiety about his mother and his circumstances. The reader will recall that Kelly (1955) defined anxiety as “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system” (p. 495). The key then to why Ken was not anxious lies in both his pre-exposure to cancer and its treatment via his grandmother, and the extent to which he was kept informed by his mother. In fact Ken appears to have been quite aware of the benefit that pre-exposure to cancer had brought him, saying his nana had been “in a similar type situation” to his mother over the previous year “so it wasn’t like a big new thing” to him. The other reason for his lack of anxiety was the extent to which his predictions about treatment outcome, made possible via the information provided by mother and his own observations, were validated. These issues of anxiety and predictability will be further discussed within a personal construct theory framework at the end of the chapter.
Figure 5.1.1 Zones of influence – Ken.

Time 1

Tx = treatment; Ca = cancer; Com = communication.
Figure 5.1.2  Zones of influence – Ken

Time 4

Tx = treatment; Ca = cancer; Com = communication.
At 16 years of age Simon was the eldest of three brothers interviewed. Their mother had been diagnosed with Hodgkin’s disease, a particular type of lymphoma (cancer of the lymphocytes) that is curable in the majority of cases, especially when diagnosed and treated in its early stages (Buckman, 1996) as it was for her.

Simon and his brothers were told of his mother’s diagnosis by their aunt while they were on holidays with their grandparents several hours drive away. Interestingly, in relaying this sequence of events Simon immediately went on to say how he was upset upon hearing this information, but that he was less upset once he learnt what it was and how it could be treated:

Oh well…my, auntie told me, my Dad’s brother’s wife, she told me and I was upset then, ‘cause I didn’t really know what it was. But then when I knew what it was and how they could treat it like, how good it was, I wasn’t that upset. (p. 62)

In response to being asked if he had spoken with his mother about it since his return (in about the last 10 days), he replied that he had, “she’s got all pamphlets and stuff she’s showed us like whole stuff off the internet and everything, [she has] got heaps [of information]” (p. 62). When asked if he had talked to her about the effects of the treatment he replied:

Oh yeah…she’s told us…it’s effects aren’t the same on everybody. Depends how your body reacts sort of thing too. Her hair might not fall out or it might - depends. (p. 65)

His mother had attended the hospital on the Monday prior to the first interview and there had been some difficulty putting a catheter in her arm. As a consequence she was due to go back again on the coming Monday for them to move it. He thought she would be having chemotherapy fortnightly, although he wasn’t terribly sure. It appeared that his mother was telling him something of how the treatment was going and how she felt: “she was sick yesterday and a bit sick today. All her throat’s sore and she’s got a sore back and stuff” (p. 66).

For some two years their mother had been feeling very “itchy”, a condition for which no cause had been identified despite “heaps of blood tests” (p. 68). It was through one of

---

25 See Appendix D for interview transcript for which the cited page numbers relate.
these blood tests that the Hodgkin’s diagnosis came about. At one point it was thought the cause was an allergy. However alteration to her diet only resulted in diminution of her symptoms, not cessation. On one occasion “she woke up…so itchy she didn’t want to drive to the doctor’s [and] she got a friend to drive her there.” Thinking about it now Simon found it “a bit weird” that “food might have had something to do with the cancer…like aggravated it.” Towards the end of the first interview, when asked if anything about the situation had had a particular impact on him, Simon came back to the issue of the delay in diagnosis. He couldn’t understand why “they couldn’t…figure out that she had it ages ago when she first was itchy” (p. 71). Simon appears to be pleased that a cause for her symptoms had been established after such a lengthy period of uncertainty.

By the time of the second interview his mother had completed her chemotherapy and begun radiotherapy. The “first time [she had chemotherapy] she got sick and she had to go to hospital, she got dehydrated” (p. 73). She was then “sick for a week…or two weeks after …every time she’d had it.” It also resulted in her losing her hair. However the radiotherapy, which he thought went on for “four weeks”, didn’t make her more sick. Despite the fact he knew these details he had only talked to her about it “a bit, but not much” (p. 74) since the last interview. One further thing he had learnt was that they had tried different drugs on her. Some “didn’t make her as…sick, some…[made] her more sick.” He had also learnt “a tiny bit” (p. 79) more about Hodgkin’s disease, “on how the cancer moves about…[and] how they can predict its path and treat it.” The other main change regarding treatment effects he noticed were that she got weak and couldn’t walk far without her feet hurting. While the radiotherapy did not make her sick, it had resulted in her not being able to work as much due to having to travel a considerable distance each morning to receive it. Simon expected that by the next interview she would be back to work as “normal” (p. 80).

By the third interview she had returned work and, while he hadn’t “really” (p. 83) spoken to her about it, he had been told that the radiotherapy had ceased and they had tested her and pronounced the cancer “gone.” However, despite this her hands remained itchy and her feet and hands got “hot”, and no one was able to provide them with a reason, “they don’t know what that is.” Over the coming six months before the final interview he expected that, apart from her going for “a couple…more tests to make sure it has still gone” (p. 86), life would “just stay the way it is” and by this he meant the pre-diagnosis day-to-day life that had returned once she had finished the radiotherapy.
At the fourth interview Simon was quick to report that her itchiness hadn’t gone away but that acupuncture had been helpful. As he had anticipated, since the last interview she had received “another all clear for the cancer thing from somebody” (p. 89) and that tests to establish her cancer status would be “three months just for like three times and then…[for] every six months, then a year.” As to what he expected to occur in the coming year, he thought it would “stay the same again” (p. 92) as it was in the preceding six months, although he hoped that “they” might find a reason for his mother’s “heat rash thing” (see Figures 5.2.1 ‘Time 1’ and 5.2.2 ‘Time 4’).

While Simon indicated he hadn’t spent much time discussing the issue with his mother, he did so even less with his father. And, when communication did occur it was not necessarily the cancer itself that was discussed. By the time of the first interview one thing his father had said was:

…just that we’ve got to do more work. We’ve gotta help mum out and like, just do stuff like better and…like not makes heaps of noise when she’s sick…don’t fight and stuff. Yeah. (p. 63)

By the second interview there still wasn’t “a real lot” (p. 74) of discussion with his father but he did let them know, when their mother was sick, “whether she was going to be heaps sick this time….’cause usually they knew which drugs would make more her sick and which wouldn’t” (p. 74-75). At the third interview Simon advised that he still hadn’t spoken to his father “a lot” (p. 83) about it, something he indicated remained the same at the final interview.

Apart from the changes to his mother’s health and treatments, Simon identified a small number of areas of life as different due to the diagnosis. One of these was the presence of both his grandmothers for periods during the first few months of his mother’s treatment. At the first interview Simon’s father’s mother, his “nan”, was staying with them and he thought this was for “as long as she wants” (p. 64). At the second interview he clarified that along with his nan, both of his mother’s parents came to stay for the two weeks after his nan had been there “‘cause she had chemo every two weeks” (p. 77). By the third interview they had not been to stay for about three months, although he had seen them in that time. When they were there their role was to “help out” (p. 63) generally and this included looking after his much younger sister Kelly, cooking meals, making school lunches, washing, cleaning, and providing transport. Despite the presence of his grandparents over the first few months Simon expected he
would be required to “do more work around the house…to make up for what mum can’t do” (p. 62). This extra work would mainly be looking after the gardens and minding his little sister. And, in what sounded like something he had been told by his father, they would “have to think to do it ourselves” (p. 71), as opposed to waiting for their mother to tell them. However, at the second interview some three months later he advised that while he did these things “a little bit” (p. 73) “not a lot changed” in regards to what he did around the house as “our grandparents did most of the stuff.” This was despite there being a list of chores for each of them to do on the kitchen wall. By the last interview things had returned to normal, with him no longer doing anything to help around the house.

Apart from household tasks another change he expected was in how he and his siblings would conduct themselves around the house. His father had told them to reduce noise and not fight when she was sick. At the second interview a reduction in the amount of noise they made was something that had “happened a bit more…especially in the mornings” (p. 75).

A further change he expected at the first interview was that he would not go out as much with his family, and his father would not be able to travel away to participate in his chosen sport, off-road cycling. However, by the second interview this had not turned out to be the case very often. Although on occasions, when his mother “was really sick” (p. 79), his father had to stay home and so couldn’t take him away on weekends.

When Simon was asked if he thought his mother’s diagnosis had changed the way in which he talked with her, at first he replied, “not really, I still talk to her the same and everything.” However, he immediately went on to say, “just maybe not yell out to her to find stuff….ask her questions and stuff” (p. 69).

The other change, as far as having more contact with people was concerned, was that “heaps of relatives have been ringing up heaps more to find out how mum’s going and stuff. Phone calls have like doubled, from everywhere” (p. 65). However, by the third interview (some time after active treatment had ceased) this had reduced considerably with only “a couple” (p. 84) of people phoning regularly. By the last interview very few people were phoning up, “just some of her friends” (p. 90), compared to when “she had the cancer” because “they all know it’s gone away.”
At the first interview Simon gave no indication that the diagnosis had had any impact on his schooling, and he hadn’t missed any days because of it (bearing in mind that he had only been back at school 10 days). Neither had he told any of his teachers. However he thought, “they’ve probably heard me talking about it though with some of my friends and stuff” (p. 63). By the second interview he thought “one or two” (p. 75) might know but he wasn’t sure how, “I probably told ‘em I can’t remember.” None of his teachers had said anything to him about his mother. The situation remained the same at the last interview although, as it was by then a new school year, he had different teachers anyway. His replies and overall manner indicated that his mother’s diagnosis had had little or no impact on this aspect of his life.

By the initial interview he had also told “a couple” (p. 63) of his friends although they had had little to say about it. One of their parents “had got some cancer thing or somethin’ so he sort of knows what’s happening” (p. 63). This suggests that Simon sees being understood as important. At the second interview Simon indicated that he wasn’t sure if he had spoken to his friends again about his mother, perhaps “a bit, [but] not a lot though” (p. 75), and the only thing he specifically mentioned to them was about her hair, “cause one day I got a bit of hair on my sandwich, and said ‘errgh Mum’s hair’s fallin’ out.’” As he usually went out to see his friends there was no reduction in them visiting him at home. By the third interview he had talked to his friends “just enough so they know it is gone” (p. 83). By the final interview he felt things with his friends were back to normal.

As mentioned above Simon’s grandparents came to stay with them for a while to help out, and he had spoken with his nan (his father’s mother) about the situation. In response to being asked if he found this helpful, he responded that he had, and added, “some…person nan knows somehow, had it like a couple of years ago as well, and they got over it” (p. 67).

However, at the second interview he advised he hadn’t spoken with either grandmother about it “cause they knew what was going on…”’cause they were here most of the time” (p. 77). What he appears to be saying here is that he knew the same information they did and as such there was nothing to discuss. At the third interview he couldn’t remember having spoken to them in the last three months, and six months later the only thing they had said to him was that he should “still keep helpin’ out around the house” (p. 90), which he had not.
Following his aunt’s initial communication about Simon’s mother’s diagnosis he spoke further with both his aunt and uncle about that and, when asked if this had been helpful he replied, “oh yeah ‘cause they kind of explained to me like what it is and they had a friend…that had had it, like ten years ago…and they’re well now” (p. 67).

One of his mother’s sisters had also visited recently and had discussed the cancer and its treatment with his mother. Simon gave the impression that he had heard but not participated in the conversation, perhaps indicating that even when the brothers were not deliberately included in discussions of the topic, their presence was more than tolerated when it came up.

Towards the end of the first interview, when asked whom he had found to be most helpful to talk to, he initially replied that all were helpful. He then reconsidered identifying the most helpful person as being the aunt who had told him of the diagnosis. However, this appeared to be not so much a characteristic of this aunt in particular, but rather a factor of being provided with an explanation about the cancer and its treatment.

Oh nobody was really the most helpful. They were all helpful…but, I guess my Auntie that told me ‘cause I didn’t know what it was and she explained what it was to me. I guess she could have been the most helpful but, I guess anybody could who knew what it was could have explained it….Oh knowing what it is…helps a lot. ‘Cause you know what’s going to happen. You know all the treatments and stuff.

Interviewer: You know what to expect like?

Yeah. When I first heard about it, I thought it was like one of my friend’s grandmothers or somethin’, died ‘cause of it, I thought it was that, but it wasn’t that. That’s why I was pretty upset when I first heard about it because I thought it was that. (p. 70-71)

By the second interview he had spoken to his aunt and uncle when they phoned to ask how his mother was, but he hadn’t seen them since. He told them about how ill his mother was feeling and whether she was able to come to the phone or not. He had also seen some of his mother’s relatives at a party and his mother had told them about it, but this was a conversation he heard rather than participated in. At the third and fourth interviews Simon reported no further discussion of the topic with his aunt and uncle, but noted that he hadn’t seen them much.
When asked if his mother’s diagnosis had made him think about his own vulnerability to cancer he replied that he had wondered if it was hereditary, although he didn’t think so on account of not having read it anywhere and because neither his mother’s parents or her grandparents had had it. Apart from his aunt’s initial explanation, it seems that it was the end of the long period of uncertainty surrounding his mother’s many and varied symptoms that Simon found most helpful. Near the end of the first interview Simon was asked if he had anything else he wanted to say about the situation with his mother, anything he thought was important. Interestingly he mentioned, without further prompting, the long period of diagnostic uncertainty before the recent diagnosis of Hodgkin’s disease.

Oh, maybe that they couldn’t like figure out that she had it ages ago when she first was itchy….[I] thought they would have thought of that then. Thought…the doctors might have seen other people…before you know like…mum they might have had the itchies for a few years and then they figured out what it was, so I thought the doctors might of like thought of tests for that first. (p. 71)

At the initial interview Simon had mentioned being involved in off-road bicycle racing with his father but by the second interview had given it up because, “…it got a bit boring” (p. 63) after six years. As such it would appear that his mother’s illness had little impact at this point, although it must be pointed out that at the time of this interview the boys had only known for less than two weeks. It is noteworthy that Simon was the oldest at 16 years and talked (off tape) how he would soon have a driver’s licence, thus giving him increased mobility and perhaps a feeling of greater independence. By the third interview he was playing hockey and, despite it starting “heaps early” on Saturday mornings, his mother drove him there “for a while” (p. 85; by this time she had completed treatment) until he gained his provisional driver’s licence and could drive himself. Six months later he had given up on the hockey and joined a gym but thought he might take up hockey again in the future.

When it came to talking with his brothers about his mother’s cancer he was quite clear that he didn’t. When asked if there was any special reason he replied, it “just doesn’t come up” (p. 63). This lack of communication about the issue remained the case over the following three interviews.
Figure 5.2.1 Zones of influence – Simon

Time 1

Vulnerability to Ca.

Dx. as explanation

Contact with nans

Mum sick

Com. Mum

Com. aunt

Com. rels.

Com. teachers & sport friends

Com = communication; Dx = diagnosis; Ca = cancer.
Figure 5.2.2  Zones of influence - Simon

Time 4

Com = communication; Dx = diagnosis; Ca = cancer.
At the end of the final interview Simon was asked if he had any advice to give other teenagers who had a parent with cancer. He replied that they needed to help out more, keep quiet when treatment was occurring, they should expect that the parent wouldn’t be able to “do anything for like a week” (p. 92) after treatment, and that it would “probably be stressful for the other parent as well” (see Figures 5.2.1 ‘Time 1’ and 5.2.2 ‘Time 4’).

In summary, Simon’s life over the 12 months from diagnosis could be described as having largely been life as usual, with most changes and disruption to usual daily activities occurring within the first three months of diagnosis when his mother was undergoing chemotherapy. These changes ranged from the merely inconvenient and infrequent, like his father not being able to take him away some weekends for sport, to the comprehensive, like having one or other of his grandmothers come to live with them for three months and take over many household tasks. His apparent lack of anxiety about his mother can be explained by him being informed at the time of the diagnosis by his aunt about the nature of the disease and how it could be successfully treated. He was also continually updated by his mother about what was happening and what she expected to occur, with these expectations being fulfilled as anticipated. However, the most significant aspect of the diagnosis for Simon appears to have been the role it potentially played in providing the family with an explanation for his mother’s two years of itchiness; something that turned out to be no explanation at all. These issues will be further explored within a personal construct theory framework at the end of the chapter.

5.3 Andrew

Like his older brother Simon, Andrew (14 years) was told of his mother’s diagnosis while on holiday at his grandmother’s place. However, he was informed by his uncle, not his aunt, late one morning. “I was still asleep in bed about…11 o’clock. My uncle came up and told me” (p. 98). Interestingly Andrew immediately went on to say that since then he hadn’t:

…really looked at it like a really serious disease, just…like she’s normally sick and I know the statistics, she’s got like a 90 percent chance of recovery, so [I] just figure that’s pretty good. (p. 98)

26 See Appendix E for the interview transcript to which the cited page numbers relate.
When asked if he had spoken to his mother about it much he replied that he hadn’t, although he reported that his mother had told him some details about the cancer but couldn’t remember what she had said. He already knew that hair loss was a side-effect of treatment but didn’t know that chemotherapy makes you feel ill.

The only thing I didn’t know was like when you get the treatment…you came home heaps sick and stuff. Just thought you had treatment and afterward all your hair started falling out. Didn’t know you got heaps sick from it. (p. 99)

This response implies that whatever his mother did tell him, it was not this. Later in the interview Andrew was again asked if he had talked to his mother about it, he replied “not really. Haven’t talked to anyone really. Just sort of kept it to myself. There’s not really much to talk about” (p. 102).

His first thought after hearing the diagnosis was, “oh that’s what….was making her itchy and stuff” (p. 99). He went on to talk about how his mother had been itchy for about “a year and a half” and no one was able to give her a reason why “until she got the lump on her neck” which lead to the diagnosis of Hodgkin’s disease.

By the time of the second interview Andrew “looked at it [Hodgkin’s disease] more seriously…[but] not heaps more seriously” (p. 106), although he couldn’t explain why. Perhaps he had simply had sufficient time (three months) to consider the possibilities of the diagnosis and experience the changes that it brought about in both his mother, and the household. He still didn’t think he spoke with her much about it but he remembered having asked her when her hair would fall out (it had) and, over the period of her chemotherapy, exactly when she was having it. “When she first had it she was like sick all week, but then after a while…only [for] like three or four days” (p. 107). Despite their apparent lack of communication he also knew that she had recently started radiotherapy for four weeks. It was not currently making her sick, but there was an expectation that “it might make her neck a bit sore.”

At the third interview “they” (p. 113) had pronounced the cancer “gone” and the radiotherapy had ended. He wasn’t sure how often the radiotherapy had occurred but “it might have been everyday” (p. 114). He had only spoken to her about it enough to know these details and that she found the radiotherapy to be “better than [the] chemo.” His only expectation for the next six months was that things would “be back to normal” (p. 117).
By the time of the last interview his mother had had “a few more tests” and had (p. 119) “pretty much been given the all clear”, with everything “back to normal” at home. However, while she may have been cured of the cancer she was still experiencing itchy hands and feet, “but no-one seems to know why that happens.” As far as his expectations for the coming year were concerned he thought the itchiness would continue, and she would have “another [test] in a couple of months” (p. 122), but “everything will be totally back to normal.”

Like his brother Simon, Andrew indicated that there was even less discussion about the topic with his father than his mother. When asked in the first interview if he had spoken with his father he replied, “Nuh. The only thing he says about it is, ‘Shut up. Mum’s asleep’” (p. 106). Nor did he think the diagnosis had changed anything about his relationship with his father, “[he] still yells at us about everything. Nothin’s changed” (p. 103). This lack of discussion remained the case over the subsequent 12 months. At the last interview Andrew indicated that, while his father had “always yelled heaps” (p. 124), he had done so “a little bit more” when his mother was having chemotherapy, but this was “back to normal now.”

Apart from the changes to his mother’s health and treatments Andrew identified only a small number of areas of life as being different due to the diagnosis. One of these was the greater presence of his grandparents in the house soon after the diagnosis. His father’s mother had been staying with them at the time of the first interview and at the second interview he advised that his mother’s parents had also been to stay “just to help around the house a bit” (p. 111). However, while he expected this to continue, he thought they “probably [wouldn’t] come as much because mum can move around more now, [and] because she is not sick all the time.” By about a month before the third interview they had stopped coming to stay (halfway through her course of radiotherapy), and this remained the case six months later. At the final interview things were “back to normal” (p. 121) as far as household tasks were concerned, with his mother “doing most of it.”

Despite having been informed of the diagnosis by his uncle, Andrew had only one further conversation with him and his wife about his mother’s diagnosis over the subsequent 12 months, this being in the three months leading up to the last interview. Even then the conversation only consisted of telling them that his mother had had her tests and everything was okay. Interestingly Andrew failed to mention, until specifically
asked, anything about relatives making more contact via phone than usual. This was in contrast to Simon who talked of “heaps of relatives” ringing up to find out what was happening. When asked at the last interview Simon conceded that people had rung up more often early in her treatment but that this was no longer the case.

At the second interview Andrew identified a reduction in the amount of pocket money his parents gave him as a further change, something he attributed to his mother not working at that time. By the third interview his mother had returned to work. However the amount of pocket money he was being given hadn’t returned to the pre-diagnosis level. While Andrew expected that over the coming six months life would generally “be back to normal” (p. 117) he didn’t expect the amount to increase, “I probably won’t get as much money still.” However he wasn’t sure why, simply saying, “I think they will try and keep giving me as less as they can.” Six months later Andrew advised, “they still use it [the diagnosis] as an excuse to not give me much [money]”, and thought they probably wouldn’t “ever” (p. 121) give him as much as they had.

At the first interview another issue Andrew identified as important was not being able to see his friends as often, “I…can’t have friends over now, ‘cause their parents don’t let them ‘cause they reckon it is too much hassle now, now [mum]’s got cancer” (p. 104). He still saw his friends at school and had informed three of them of the diagnosis, although they didn’t seem very interested. Over the next three months his friends progressively returned to visiting him at home, something that was due to his mother’s chemotherapy ending and his friends “finding excuses to come over” (p. 111). Despite continuing to see his friends both at school and at home he didn’t talk to them about his mother at all, and they didn’t ask, a pattern that remained unchanged over all four interviews. By the third interview his friends had “started to come back more…[because]…they just eventually forgot and just started coming around more” (p. 117), and by the last interview they were coming over “whenever” (p. 122) they wanted to.

In regards to his schooling the diagnosis appeared to have no impact. Andrew hadn’t missed any days of school because of it and hadn’t told any of his teachers. He didn’t think any of them would know “unless…dad’s written a note to ‘em” (p. 102). This lack of discussion with his teachers remained the case over all subsequent interviews.

A further small change he identified at the third interview was being unable to go out on a couple of occasions when his mother was having radiotherapy. This was because
she was too ill and his father was at work. However it had not been an issue in the previous three months.

Riding off-road bicycles was Andrew’s chosen sport and something his father also did. They usually rode at their local club but sometimes travelled as far away as 10 hours by car to compete. He thought his mother’s diagnosis might have an impact on his ability to attend some events, expecting not to be able to travel to a nearby city on the coming weekend. This was because his mother had to have another test and, “dad will have to go with her, so [we] can’t go” (p. 103). However, at the second interview he revealed that they did end up travelling to the competition. He gave no indication over subsequent interviews that his participation was restricted by the diagnosis or treatment, and was anticipating competing in another state later in the year with his father.

Like his older brother Simon, Andrew was very clear that no communication about the diagnosis took place with his brothers. He replied simply “nuh” when asked over the four interviews if he had spoken with his brothers about it.

One of the things that appeared to help him deal with the situation was his mother actually receiving an explanation (the diagnosis) for her various problems that had been ongoing for at least 18 months. At the beginning of the interview, just after he finished relating how he learnt of the cancer, Andrew was asked what his first thought was on learning of it. He replied, “[I] thought ‘oh that’s what it was that was making her itchy and stuff’….And no one picked it up, until she got the lump on her neck” (p. 99). His reply is instructive and suggests it is likely that both he, and the family as a whole, felt considerably less anxious as a result, having an explanation for her symptoms and feeling they could anticipate their resolution.

At the first interview Andrew was asked for his advice for kids in the same situation. It was, “just relax …I mean there’s not much you can do. So just see what happens” (p. 104). At the second interview it was, “help out around the house a bit” (p. 110), and at the last, “just not much will change, they’ll try and keep everything as normal as possible, and I dunno, just see what happens” (p. 123; see Figures 5.3.1 ‘Time 1’ and 5.3.2 ‘Time 4’).
Figure 5.3.1 Zones of influence – Andrew

**Time 1**

Dx = diagnosis; Com = communication; * = an expectation of
Figure 5.3.2  Zones of influence - Andrew

Time 4

Dx = diagnosis; Com = communication; * = an expectation of
In summary, Andrew’s life, like Simon’s, could be described as having largely been life as usual over the 12 months from diagnosis, with most changes to his usual daily activities occurring within the first three months. These changes ranged from the inconvenient and infrequent, like not being able to go out to somewhere that needed a car due to his mother being ill and his father being at work, to the inconvenient and constant for a few months, like not being allowed to have friends come over, to the convenient and comprehensive, like having his grandmothers come to live with them.

Like his brother, Andrew’s apparent lack of anxiety about his mother could be explained by him being promptly informed of the diagnosis by his uncle, who was able to tell him about the nature of the disease, and because he was informed about the high likelihood of recovery early on. Despite his claims to the contrary is seems that someone kept him informed about what was happening to his mother and what she expected to occur, with these expectations largely being born out. Also like his brother, Andrew seemed to find the diagnosis to be important to the extent that it provided an explanation for his mother’s heretofore-unexplained itchiness. The importance of the provision of information and of expectations being fulfilled will be discussed within a personal construct theory framework at the end of the chapter.

5.4 Trevor

Trevor, the youngest at 12 years of age, was not quite as forthcoming as his brothers Simon and Andrew about the circumstances under which he learnt of his mother’s cancer. Like his brothers this occurred just ten days before the first interview while at his cousin’s house. It made him feel “quite sad” (p. 126). A few days later his mother told him “about… what she’s going to be doing, all the operations and stuff”, providing him with a significant amount of detail.

She’s got a metal thing in her, with a rubber valve where they put all the needles in, she had an operation about that…but that got put in the wrong place. So I think it’s tomorrow morning she’s got to get it moved…I think she’s having radio scans and all that [too]. (p. 128)

When asked if he had spoken to his father about the cancer he replied “not much no.” However his father had given him a book detailing what cancer was all about and told him to read it (p. 127). He thought he would talk to his parents about his mother’s cancer in the future but when asked if there was anything else he would like to know

---

27 See Appendix F for interview transcript for which the cited page numbers relate.
about it he replied that he didn’t know anything else about it but that it would “be OK if I knew about it” (p. 129).

The cancer diagnosis appeared to provide an explanation for his mother’s main symptom, “really itchy feet and itchy hands” (p. 138), about which she had consulted “heaps of doctors” and tried to control it via her diet, which “didn’t stop it completely…so I just thought she had that.” He now thought the itchiness was due to the cancer.

At the first interview Trevor expected a small number of areas to be different at home as a result of the diagnosis. One of these related to his mother’s health and treatment. He thought that in the next few months, “she will probably…get a bit better, but she’ll be sick a lot more”, her hair would fall out due to “the needles” (p. 129), and that over the next three months he would “know a bit more” and “probably be more used to it” (p. 135).

By the second interview his mother’s hair had fallen out, she had finished chemotherapy and was having radiotherapy. While “sometimes she was good and she went to work, most of the time she was just sick [due to the chemotherapy] and she stayed at home” (p. 139). Unlike the chemotherapy the radiotherapy didn’t make her sick. Over the coming three months Trevor expected she might “get sick a bit” (p. 145) from the radiotherapy but not as sick as she got from the chemotherapy. Trevor wasn’t sure how long the radiotherapy was due to continue, “probably about the same as she had the other one [the chemotherapy]” (p. 146). He no longer felt “sad” about his mother as he thought “she seems to be alright, she’s gettin’ better” (p. 145).

By the third interview he declared, “the cancer is gone…and she’s better. But she’s still got the problem that she started out looking for” (p. 147). This was the problem of the itchiness, although he now described it as her hands and feet getting “red hot…every now and then.” Since the last interview she had ceased having radiotherapy, her hair had grown back and she no longer felt sick. Despite Trevor reporting that he had not discussed the issue with either parent, his mother had told him that the cancer could come back and if it did “they will be able to treat it quickly because she [will go] for check ups and everything every now and then” (p. 149).

By the fourth and last interview his mother hadn’t had any further treatment and so had not been sick for the last six months but she still suffered from undiagnosed “hot and
cold hands” (p. 153). Apart from expecting his mother to continue to go for tests every four months over the coming year, Trevor was of the view that things at home would be “just normal” (p. 156).

Contact with friends was another area Trevor expected to be different. He had told one friend of the diagnosis the day of the first interview and expected he would tell another friend because “then they’ll find out that they can’t really come over and make a lot of noise…[as] it’ll just give Mum a headache” (p. 131).

Three months later he had told five friends about his mother but they didn’t have “much” to say about it. Apart from informing them he hadn’t gone on to discuss it further. By the time of the third interview he had only talked to one friend’s mother about it because she asked him when he was at her house, but not any of his friends. While his friends didn’t come around to his house as much when his mother was having treatment they were “coming back now” (p. 148). At the fourth interview he had not spoken to them about his mother since the previous interview and they were coming over to visit him more now than six months ago.

Trevor’s chosen sport was competitive swimming (“squad”) and, as it was an activity his mother drove him to, he expected that she might not be able to do so when having treatment – “my Dad will probably drive me” (p. 132). Three months later his father had never taken him to squad, even when his mother was unable to, as he was at work “so we just [did]n’t go in the end” (p. 142). This only occurred a few times and didn’t worry him. When the chemotherapy ceased the radiotherapy began. As it was scheduled for the day of squad they changed the day they attended. Three months on Trevor no longer attended squad as his mother “didn’t have time anymore” (p. 150). Although he wasn’t sure why this was the case he thought it was because of her work. By the fourth interview he didn’t “do any sports anymore” (p. 154) and had moved on to attend Scouts instead.

The presence of both grandmothers in the house was a further change in family life. Each stayed with the family for “about a week” (p. 143) each, week about, to assist with everyday family tasks for the first few months after the diagnosis while she received treatment. However by the time of the second interview this had ceased and he did not think they would return to stay in order to help out, something he confirmed at the last interview. By the time of the second interview he had spoken with both grandmothers
about “stuff like when she’s gunna get better and…[how I] have to help around the house” (p. 143).

A further area he expected change in was the extent to which they would go places as a family, “we [won’t] go very many places much anymore, until she gets better” (p. 133). Three months later they hadn’t been away “for more than a week” because she had to “come back and have her treatment” each week, but as there had been no “big [school] holidays” since the first interview there hadn’t really been an opportunity to go away for longer than that anyway.

Despite the fact there appeared to be some talk of his mother’s illness in the household, Trevor was quite clear it was not something he discussed with his brothers – “oh they don’t talk very much about it. I don’t talk to them about it” (p. 127). However, he thought “they probably think about it themselves but…they probably wouldn’t talk to me about it” (p. 132). This lack of discussion with them was something he confirmed in all subsequent interviews.

Neither had Trevor spoken with his teachers about his mother, although he thought they might find out via his mother if she wrote them a note about why he was late one morning due to helping her out. He was not concerned about them finding out and even thought, “it might be better [as] they might not give me as much homework or hassle me as much” (p. 136). He learnt a little about cancer in primary school, mainly that “your hair falls out with the needles” (p. 130). By the time of the second interview “a couple” (p. 136) of his teachers knew about the diagnosis due to his mother being unable to attend a parent-teacher interview due to being sick from chemotherapy. He didn’t discuss the issue with any teachers over the following nine months nor did he learn anything about cancer at school (see Figures 5.4.1 ‘Time 1’ and 5.4.2 ‘Time 4’).

At the first interview his advice to other kids in his situation was, “[tell them] what cancer actually is and…tell ‘em not really to annoy their mum, or dad or anything. Just to tell them how it is like so they know what will happen” (p. 137). Twelve months later, at the last interview, his advice had changed. They should “just be normal. She’ll get sick every now and then and you’ll have to help out, and, in a few months or a year she’ll be better. So you don’t have to worry that much” (p. 156).
Figure 5.4.1 ZONES OF INFLUENCE – TREVOR

**Time 1**

*Read/learnt about Ca.*

*Family holidays*

*Contact with Nans*

*Contact with friends*

*Hair will fall out/ will get sick*

*Will know more*

*Contact with friends*

---

* = an expectation of; Dx = diagnosis; Com = communication; Ca = cancer.
Figure 5.4.2  Zones of influence – Trevor

Time 4

* = Expectation; Dx = Diagnosis.
In summary, Trevor’s life, like that of his brothers, appears not to have been significantly disrupted on average over the 12 months since diagnosis, with the greatest period of disruption being during his mother’s chemotherapy in the first three months. These disruptions ranged from the relatively minor and inconvenient, like not being able to have his friends come over and see him as often, and missing attending a few swimming sessions, through to the more comprehensive like having his grandparents come and stay for months. Like his brothers, Trevor appeared not to be particularly worried or anxious about his mother and this is for the same reasons. That is, he was informed of the diagnosis promptly and his mother let him know just a few days after the diagnosis what to expect in the coming months. He was also able to observe, and was presumably informed by his mother, the (successful) progress of her treatment as predicted. Of course, also like his brothers, Trevor appeared somewhat disappointed that the diagnosis and treatment of the cancer did not, in the end, explain his mother’s symptoms as it had briefly suggested it might. These issues of information provision, anxiety and prediction, for Trevor and the other participants, are the subjects, within a personal construct theory framework, of the next section.

5.5 Discussion

The above results can be interpreted as having three main messages. These being that: the diagnosis resulted in a low level of disruption to participants’ everyday lives with the disruption that did occur causing them little distress; the diagnosis resulted in subtle re-construals of a number of aspects of life for at least one participant; and, participants did not appear to display significant levels of anxiety about their mothers’ health.

5.5.1 Level of Disruption to Life

Despite their mothers’ quite different diagnoses all four participants indicated that, while their day-to-day lives were somewhat disrupted, with this disruption being concentrated in the first three to six months post diagnosis, their lives continued much as usual. Indeed, over the course of the year all participants increasingly referred to how “normal” their day-to-day lives were. Of course to some extent the fact that life was able to continue much as normal was due to the characteristics of their mothers’ disease. That is, the disease itself did not result in major physical or mental disability, with most of the disability that did occur post-diagnosis being due to the treatment, which was relatively short-term. Of course it was also the case that these mothers had
other support, both emotional and financial, in the form of husbands and/or parents or parents-in-law to maintain a largely “normal” life.

While it is perhaps of no surprise that some aspects of their lives were disrupted, at least for a time, what is perhaps surprising is the lack of distress this appears to have caused them. For example, Ken’s reaction at not being able to attend the gym with his mother due to her chemotherapy was that he did not feel this was something he was “missing out” on. A further example is Trevor not being worried about being unable to attend his swimming club on a number of occasions due to his mother feeling sick and his father being unavailable. In contrast, Andrew was concerned about the reduction in his pocket money; something he anticipated as being ongoing. The lack of concern about the disruption to everyday activities could be due to them construing this as only temporary, as they expected the parent to recover (on which more below), or perhaps because the activities interrupted did not have implications for any core or superordinate constructs. However, Andrew may have been disturbed by the reduction in pocket money precisely because he expected it to be permanent and perhaps because it had broader (superordinate) implications than the disruption of any single activity.

Overall there was considerable similarity between the way all participants appeared to construe the situation, especially between the brothers Simon, Andrew and Trevor. This is not theoretically surprising. The reader may recall PCT’s commonality corollary, which states: “To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person” (Kelly, 1955). Given this theoretical assumption it makes sense that those who grew up together in the same house with the same parents would construe their world in similar ways (Scheer, 2003). However, while the experience of the three brothers was very similar, this is not to say there were no differences between them. As their interview responses indicate, despite sharing so much common experience, they did not construe all events in the same manner, nor find all events of equal salience.

This fact is not surprising given PCT’s individuality corollary, which states: “Persons differ from each other in their construction of events” (Kelly, 1955). As discussed in Chapter 3 the meaning attributed to objects and events is individual and is due to their unique arrangement of bi-polar personal constructs (Ravenette, 1999; Warren, 1998). These individual differences can be seen in the way in which the brothers saw different
events as worthy of reporting. One example is how Simon made a point of talking about how telephone calls from friends and relatives had increased significantly immediately after the diagnosis; something Andrew didn’t volunteer at all and only conceded as being a change to household life when explicitly asked about it. The fact Simon made such a point of it suggests that it was something he construed as significant, while Andrew did not. Another example is Simon reporting how their mother “got dehydrated” and “had to go to hospital” after she had chemotherapy the first time; something not mentioned by either Andrew or Trevor. While it is possible that neither Andrew nor Trevor knew about their mother’s hospitalisation, or they deliberately decided not to mention it, this seems unlikely. A more likely explanation is that they simply differed from their brother in the extent to which they construed this as a significant event. By way of contrast, all three brothers shared in common the construction of their mother’s diagnosis as important in explaining her symptoms.

5.5.2 Reconstruing Life

Of more interest than these, perhaps rather predictable, disruptions to everyday life are the more subtle changes to how at least one participant appears to have come to reconstrue some aspects of life. Ken provided two ways in which the situation prompted him to reconstrue, these being the importance of his own everyday problems, and the nature of mortality.

As reported in section 5.1, Ken believed his mother’s diagnosis had changed him in the “broad aspect”, and had led him to reflect differently on his own everyday problems. He gave the example of having “some little problem at school that you normally might…expect everyone to be sympathetic about”, something he now saw as “not…really worth worrying about.” In regard to the nature of mortality, “it just makes you look at the big picture…[and] realise that…everyone’s not going to be around forever.”

One explanation for his apparent reconstrual of the importance of his problems lies in the PCT idea of sociality (see section 3.1.9). His increasing ability with age and experience to construe his mother’s construction processes, in this case how she evaluates the relative importance of events, led him to make changes in his construct system whereby those constructs to do with health were now superordinate to those to do with problems at school. In regards to his view on the nature of mortality it appears his experience led him to reconstrue his ideas about death so that it was now a real
prospect that applied to everyone and within a timeframe he could grasp as opposed to sometime in the far distant future.

The fact that the three brothers did not demonstrate such reconstruals is perhaps due to them being between one and five years younger than Ken and, as such, less cognitively advanced. As Green (2005) has pointed out, people are not born with the capacity to construe others’ construing but tend to progressively develop the skill to put themselves in other peoples’ shoes as they age. Increasing age also results in them becoming less egocentric and more collaborative (Green, 2005; Piaget, 1967). However, as the individuality corollary would suggest, not all individuals develop this capacity to the same extent.

Such reconstruals are consistent with those “existential” findings detailed in section 2.5 that indicated a type of subtle shift in thinking which led adolescents to consider the situation and their lives in a broader context. Examples of these included how the diagnosis resulted in positive changes in their lives (Leedham & Meyerowitz, 1999), health hyper-vigilance, and changes in career choice (Clarke, 1995). That such information resulted from the use of qualitative methods speaks to their usefulness, and sensitivity, in gaining a more complete understanding of the area than could be achieved via traditional quantitative methods alone.

5.5.3 Anxiety and the Experience Cycle

Arguably the most striking outcome of these interviews has to do with anxiety. All four participants appeared, on the whole, and despite the literature’s focus on negative affect and negative outcomes more generally, to display very little anxiety about their mothers’ health over the twelve-month interview period. In other words all four participants appeared to cope well with the experience. How might PCT explain this? As discussed in section 3.1.6 the PCT definition of anxiety is, “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system.” Obviously in this case the events that lie outside the range of convenience of each participant’s construct system are those to do with cancer and its treatment. If this is indeed an area that lies outside of their construct system, why are they not anxious? The answer lies in the adequacy of the information provided to each participant, usually by their parents or relatives. This is not to say they were not anxious when initially informed of the diagnosis, but rather that the timely provision of this information (e.g. the disease can be treated; the treatment looks like this, and
takes this length of time) resulted in an extension of the range of convenience of their constructs about cancer and its treatment and allowed them to anticipate how these events would unfold; thus significantly reducing the level of their anxiety.

Simon’s response to being asked about how he was initially told is a good illustration, in miniature, of this process. “My auntie told me…I was upset then, ‘cause I didn’t really know what it was. But then when I knew what it was and how they could treat it…I wasn’t that upset.” The provision of information is crucial in allowing events to be predicted and experience cycles to be begun. It is likely that what Simon, and the others, initially experienced was Kellyan threat, “the awareness of imminent comprehensive change in one’s core structures” (Kelly, 1955), specifically the threat that his mother was going to die. However, the immediate provision of information invalidating this idea reduced the situation to one that was fear invoking, rather than threatening. As the reader will recall, the PCT definition of fear is different to threat as in fear, “it is a new incidental construct, rather than a comprehensive construct, that seems about to take over.” Such fears are likely to have included that their mother would be sick, in pain, unable to work, and unable to do the things she usually did with as well as for them.

The reduction in anxiety, via the provision of information, allows for prediction, or Anticipation, to occur which is the beginning of the Experience Cycle (EC). The reader will recall from section 3.1.8 that, within PCT, optimal functioning (or “coping”), was seen as being the successful completion of the EC. The five stages of the EC are: Anticipation; Investment; Encounter; Confirmation and/or Disconfirmation; and, Constructive Revision.

In regards to Anticipation Ken had an advantage compared to the brothers, as he knew his mother had battled cancer “a long time ago” and had obviously survived it. Even though cancer resulted in the death of his grandmother Ken gave no indication that this was an invalidation of his construction of treatment as effective as it is likely he was able to see her death as “on time.” As discussed in 3.2, Neugarten (1996) proposed that people have certain expectations about what life events will occur and when, including that people don’t die until they are “old”, “and a mental clock telling them...whether they are on time or off time” (p. 888, Neugarten, 1979) in relation to each event. While the threat of the death of a parent due to cancer would almost certainly be seen by an adolescent as an “off time” event the death of a grandparent is more likely to be seen as “on time.”
As well as having some experience with cancer Ken was also kept well informed by his mother of her treatment and its successes and what she expected to occur. As reported in section 5.1 Ken was quite explicit about how he found his family’s open communication about his mother’s cancer to be helpful, saying what a “good thing” it was that everyone was involved and how he was “sure it would be a lot worse if…a family…weren’t…open about what happened.” The three brothers also indicated that they too were kept well informed about what their mother would be going through and when. As mentioned above in relation to anxiety, it is the provision of information that allows for the prediction, or anticipation, of events. The more information provided the “tighter” (more precise) these predictions can be; and these boys were provided with quite detailed information about the treatment and its timeframe that allowed for this.

The next stage in the EC is *Investment* where the person fully involves themselves in their prediction. In other words, someone who is fully invested views their prediction as important. It would be a rare person, especially a child, who was not truly invested in the outcome of their predictions about their mother’s health. Along with tight predictions, Oades and Viney (2000) have argued that having a high level of investment in a prediction makes construct change more likely. If someone is not fully involved in their predictions then they are unlikely to actively and openly experience the event, which is the third stage of the EC, * Encounter*. All participants appear to have actively and openly experienced (encountered) their parents’ treatment, either vicariously via hearing about their experience from their mother or family, and/or via direct observation of their mother and any side-effects she experienced. Ken encountered the event of his mother’s treatment a little more directly than the three brothers as he attended the oncology ward and witnessed his mother having chemotherapy (see 5.1); something he found put things “in perspective” with the diagnosis being “not so great a catastrophe” as he initially thought as he had observed that other people had dealt with it “every day of their lives”, and he was “just another one of them.” While the three brothers gave no indication they had attended the hospital, they encountered their mother’s situation via witnessing her ill health, and her telling them about it.

The next stage is *Confirmation and/or Disconfirmation* where the encounter is assessed against the initial Anticipation. While Kelly (1970) used these words when discussing the EC, it may be more useful to use *validation* (and *invalidation*) in the strengthening meaning of the term as it is rare in life that our anticipations are either completely validated or invalidated by any particular experience (see section 3.1.7).
Ken had his anticipation that his mother’s treatment would be helpful confirmed via both his mother’s reports of its success in keeping the cancer at bay (e.g. the slowing of tumour growth), his own observations of how she improved (e.g. the increase in her fitness; the reduction in the amount of medication), and his mother’s own anticipation that she would soon be better as demonstrated by her asking him to “help her get fit” when he “finished the HSC” (section 5.1; a demonstration of her own, positive, anticipation). The latter is potentially all the more potent a validation as, in demonstrating to Ken that she was honestly anticipating her recovery as opposed to just telling him what she thought he wanted to hear (sociality), she is signalling her confidence in the outcome. Lest the reader thinks this demonstrates the simple linear nature of construing they should think again. As Walker (2002) has pointed out, “the reality is not so simple” (p. 50). That is, his mother’s confidence is useful in validating his predictions both before and after treatment. It is useful before treatment as it validates his process (“I am right to anticipate in this manner as mum is doing this too”), and after as it validates the outcome.

On the whole the three brothers had their anticipations about their mother’s progress through treatment validated as it occurred largely as they were informed it would. However, there were aspects of their anticipations that were invalidated. One example of invalidation (in the weakening sense) comes from Andrew. While he was aware that chemotherapy resulted in hair loss he wasn’t aware that, “you got heaps sick from it” (section 5.3). This is perhaps a good example of how peoples’ predictions are not completely invalidated by data inconsistent with the prediction, but rather weakened (in this case in relation to the specifics of the side-effects of chemotherapy) or modified.

For the brothers the more comprehensive invalidation was of the prediction that it was the Hodgkin’s disease that was responsible for their mother’s symptoms. Unlike the predictions about the precise side-effects of the chemotherapy, this prediction was completely invalidated, not simply weakened. This left them, and most likely their mother, feeling just as anxious as before they had a diagnosis. To quote Simon, “they [the medical experts] don’t know what [it] is” (section 5.2). The implication here is if even the medical experts don’t know what causes these symptoms, how can the family possibly know and from what basis do they now make new predictions about it? Kelly (1970) was of the view that confirmation (validation) was perhaps more likely to lead to reconstruing than disconfirmation as, “a confirmation gives one an anchorage” in some aspect of life which leaves the person “free to set afoot adventuresome explorations nearby” (p. 18). In other words, some validation of construing provides the person with
a foundation from which they feel able to further explore their world, with (a complete) invalidation likely to leave the person feeling not able to do so at all.

While, as we have seen, it was possible for participants to obtain evidence to validate or invalidate their anticipations about the course of their mothers’ treatment, there is arguably a broader anticipation in which they are all heavily invested for which no such evidence is available, viz. whether their mothers will survive. As discussed in section 3.1.7, the term *nonvalidation* has been advanced to encapsulate what happens when people fail to complete, or perhaps to even begin, ECs (Walker, 2002). A cancer diagnosis is perhaps the archetypal disease for which the outcome is uncertain; you may recover from it after treatment or you may not, and it is often the case that no one, not even a cancer specialist, can tell which category you will be in. As such, the prediction of the outcome is destined for nonvalidation. However the outcome for some types of cancer is more uncertain than for others.

Due to the nature of Hodgkin’s disease, and the treatments developed for it, it is thought to be curable in the majority of cases (and if it returns it is able to be treated successfully), but this is not the case for metastatic breast cancer (Buckman, 1996). The brothers had effectively been informed their mother would be cured. However, Ken had not been given such a hopeful prediction, “I haven’t heard any long-term forecasts.” Thus, while the brothers felt that their predictions of the success of the treatment were on solid ground, the fact Ken had not been given any “long-term forecasts” left him thinking that his predictions could be invalidated at any time, but unable to know if or when this might be; leaving him in the land of nonvalidation. As Walker (2002) has pointed out in regards to those diagnosed with cancer, this means “they remain ‘people living with cancer,’ not people cured of cancer” (p. 57), a situation “fraught with anxiety, fear and looming possibilities of threat.” While the situation poses a significant possibility of threat to Ken, it is not the case for the brothers due to the very confident and positive nature of the prediction they were given; although, as noted above, there remains room for Kellyan fear.

While it is possible that Ken’s mother’s oncologist had not informed her of her very poor prognosis, this is difficult to believe. It is more likely, in construing Ken’s potential construing of such news, that she made a decision not to tell him. However, at one point in the interview Ken hinted that he had some idea things were more serious than he let on, saying he wasn’t sure if being confident about the result of positive check-ups was the “right or wrong thing to do.” If Ken was unsure if he should be positive about
the future why didn’t he seek out some “long-term forecasts”? This is because nonvalidation strategies, in this case deliberately not asking for a forecast, have their benefits, at least in the short-term; as Walker (2002) has said, “why else would they persist?” In this case it is not difficult to see how Ken would feel better (less threatened) by not having his suspicions confirmed.

The above paragraphs demonstrate how “our construing system is overwhelmingly social in nature” (Walker, et al. 2000, p. 107) and how human relationships and sociality (see 3.1.10) are central in the validation process and thus the successful completion of experience cycles.

The last stage is **Constructive Revision**, where the person conducts any necessary reconstruing following evaluation of the evidence obtained during the encounter. This revision then forms the basis for new anticipations and further Experience Cycles.

Ken provided a clear example of constructive revision in action when describing how he came to reconstrue, during the very course of the interview, the overall success of the treatment processes, when he said:

> you…have to think to yourself that…when you go back, before you started doing everything it was looking bad and then you did this and it looked good for a bit…[then] a bit bad [then] do a bit more and…you can…see that the effort you go to pays off, it’s not like the stuff that you put yourself through isn’t worth it, because it does work.

As mentioned earlier (section 3.1.10), Kelly (1995a) saw experience as being the result of the “progressive evolution” (p. 72) of the construct system rather than (simply being exposed to) a set of events. A “progressive evolution”, or constructive revision, in his construct system is what Ken reported generally in his interview responses and specifically demonstrated in the above quote. And, as can be seen by the evidence presented above on the various stages of the EC, the three brothers can also be seen to have undergone constructive revisions of their construct systems. This was especially apparent in regards to the nature of Hodgkin’s disease and its treatment. However, as discussed in the paragraphs on confirmation and/or disconfirmation above, sometimes constructive revision, as the last stage of the EC, cannot occur for a number of reasons such as a lack of sufficient information to either validate or invalidate our anticipations.
Indeed, in a similar manner to which the value of the validation (as opposed to invalidation) of anticipations was argued to give people an “anchorage” from which to “set afoot adventurous explorations nearby” (Kelly, 1970, p. 18), it may be that the completion of ECs allows for the broadening of the range of convenience of constructs to the extent to which they became sufficiently wide ranging to assist in the anticipation of potentially difficult events in other areas of life, thus increasing the likelihood that they will be able to cope with novel events. The experience of successfully predicting events generalises. As suggested in section 3.2, such a process may explain why some people with a parent with cancer, such as those in the study by Leedham and Meyerowitz (1999), attribute to the experience one or more positive changes in their life.

While this examination of the EC may appear to imply that its completion is only about comprehensive issues or predictions (e.g. “What is going to happen to my mother?”), on closer inspection it is apparent that this is not the case. The gaining of experience about any complex issue is made up of the completion of smaller cycles (e.g. “will treatment make mum sick?”) that when taken together can be said to result in someone being truly experienced in any particular issue or area.

5.6 Strengths and Limitations

Given this study’s aims and its guiding constructivist theory, PCT, it has a number of strengths (see sections 2.6.2 & 4.2 for a discussion of these), including its use of semi-structured interviewing and being longitudinal. However, it could be argued that it also has a number of limitations. Principally these are the very small number of participants, that they are all male, that three of the four are siblings, and that the particular methodology used, while instructive as to how participants saw their situation, only allows for participants’ constructs to be inferred, as opposed to directly eliciting them, thus limiting the extent to which an understanding can be gained about how they came to interpret events as they did. Two further limitations relate to the manner in which the qualitative approach used was described and the lack of a verification process with participants as to the interpretations placed upon their reports from the previous interview.

As noted in section 4.1, the original intention was to recruit around ten participants but that this was not possible due the lack of formalised processes in hospitals to identify if those diagnosed with cancer have children. However, as the focus of the study was on
how adolescents perceived themselves to have been affected by the diagnosis using PCT as the theoretical framework, it is not the number of participants that is of primary importance but rather the extent to which the application of theory to the data enables theoretical, as oppose to statistical (quantitative), generalisability (Kirkman, 2002).

That all four participants were male is unfortunate, as it may be that girls would have differed in their experience. However, in regards to people’s psychological processes, PCT does not posit a difference between the sexes; and while the identification of the ways in which participants’ lives were changed was one goal of the study, the other was to examine the extent to which the theory facilitated an understanding of how they came to interpret the situation as they did. To that extent the theory is silent on what differences might be expected, though it assumes that environmental differences may impact on construing processes from very early in life.

The third potential limitation is that three of the four participants were siblings, and as such the data are not independent. Generally data independence is discussed in relation to quantitative data, but as a theoretical issue it also applies to qualitative approaches. Kenny and Judd (cited in Grawitch & Munz, 2004) suggest three primary sources of non-independence with the two that are applicable in this case being common fate and mutual influence. Common fate is when participants share the same environment, but do not necessarily know each other, with this environment influencing the behaviour of those within it. Mutual influence occurs when multiple participants are drawn from the same group, like a workplace or in this case a family, and as such can lead to similarities in behaviour. Clearly, three brothers living together share the common fate inherent in such an environment (e.g. level of household income; support from grandparents), and have some level of influence on each other on a daily basis, and as such the data generated from interviews with them is not independent.

However, in the current study where the concern is how adolescents perceived themselves to have been affected by the diagnosis using a theory that specifically includes in its focus of convenience a concern about the extent to which individuals share a common construction of events (commonality corollary), have different constructions of the same events (individuality corollary), and construe others’ constructions of events (sociality corollary), the recruitment of siblings can be seen as a strength as opposed to a limitation. It is a strength because, as we have seen, it allows for these issues to be explored in the real world context of how they made sense of their situation; and in PCT the relationships between people are seen as central to their
understanding of, and “coping” with, their circumstances. It is also a strength in that it illustrates how people who are seemingly in the same situation can construe events differently.

The way in which this study’s methodology was described is another of its limitations. While the approach used was a type of theoretically driven (deductive) thematic analysis it was not explicitly described as such. The explicit setting out of how the approach met the conventions of thematic analysis, and was applied to the data, would have increased the credibility of the research. Although, it is important to note that there appears to be no widely agreed upon clear set of guidelines for conducting thematic analysis. As Braun & Clarke (2006) have argued, though “widely used” “[thematic analysis]….is a poorly demarcated… qualitative analytic method” (p. 77). Indeed, it was this very issue that resulted in these authors outlining what they see thematic analysis as being and providing clear guidelines for its conduct.

A further limitation was the lack of a verification process with participants as to the interpretations placed upon their responses. One established technique used in qualitative research is the use of memos. While memos have traditionally been used to capture ideas as part of the formal data analysis process (Robson, 1993), in the present study interpretations of what the interviewee said could have been written up after the interview and then offered back to them for comment at the subsequent interview. The use of such a process would have lent further credibility to the author’s interpretations. However, such a process would have placed further demand on the time of interviewees; and the extent of a researcher’s demands on their participants is something that must always be kept in mind.

5.7 Summary

The reported account of each of the participants showed minimal dislocation of their lives with most disruption occurring in the initial months post-diagnosis. Over the course of the interviews participants increasingly referred to how their lives were returning to “normal.” It was argued that their apparent lack of distress could be accounted for via them construing the changes as being temporary, and as such not threatening, and the notion that the changes had no superordinate implications for their construct systems.
It was also argued that for one participant the diagnosis resulted in the subtle reconstruing of the importance of his everyday problems in comparison to those of his mother and the nature of mortality, with the experience leading him to reconstrue his ideas about death so it was seen as something that could happen to anyone. Such reconstruals are consistent with those “existential” findings detailed in section 2.5 that indicated a type of subtle shift in thinking that led adolescents to consider the situation and their lives in a broader context.

The Experience Cycle (EC) was used to structure how participants, despite their mothers' diagnosis and their own changed circumstances, did not display high levels of anxiety. It was suggested that the timely provision of information about the disease and its treatment resulted in an extension in the range of convenience of their constructs about cancer giving them the confidence to predict how events would unfold thus reducing their level of anxiety.

It was suggested that the first of the EC’s five stages, *Anticipation*, was made possible by the participants being in possession of such detailed information. The provision of which allowed participants to make predictions. It was argued all participants were fully *Invested* in their predictions and that all participants actively and openly experienced their parent’s treatment, which is the third phase of the EC, *Encounter*. *Confirmation and/or disconfirmation* is where the Encounter is assessed against the initial Anticipation. All participants, due to being able to make tight predictions via being in possession of detailed information about treatment, being sufficiently *Invested* in their predictions, and then fully *Encountering* them, were able to have their anticipations validated and/or invalidated.

However, it was argued that for various reasons it is not always possible for someone to have their anticipations validated or invalidated; an outcome that has been referred to as nonvalidation (Walker, 2002). The prediction of the outcome of a cancer diagnosis was one that was suggested to be more likely than other diseases to be destined for nonvalidation due to the impossibility of being able to obtain enough evidence to either validate or invalidate it.

*Constructive revision*, the last of the phases of the EC, is only possible if all previous phases have been able to be completed. This was the case for all participants for most of their anticipations and is why they did not display high levels of anxiety and were able to “cope” with their changed circumstances.
It was suggested that Kelly saw experience as being the result of the evolution of a person’s construct system, not simply exposure to a set of events. This evolution, or reconstruing, based on the evidence obtained during the encounter, is something that the person must actively be involved in and choose to bring about; this is Kelly’s idea of constructive alternativism (CA) in action. These revised constructions then form the basis of further anticipations and subsequent ECs which, if continually repeated, are said to result in an optimally “coping” person.

The above discussion, perhaps due to the method used, may come across as implying a cognitive reading of PCT. As such, at this point it may be worthwhile reiterating that PCT, due to its pragmatist and phenomenological roots, has a holistic view of the person, seeing them as forms of motion intimately involved in the construing and anticipation of life (see Chapter 3, especially 3.1.6). In regards to future events our “person as a form of motion” doesn’t (usually) predict events in the narrow rational cognitive manner of the stereotype of the scientist, but rather anticipates life in action, in the way in which they put their beliefs to the test in everyday life where thinking and feeling are inseparable. As Butt (2008) has said, “construing is something we do…[not] cognitive entities that we have” (p. 60; emphasis added).

Despite the literature’s focus on the ways in which children with a parent with cancer are seen not to cope (see section 2), and society’s general conceptualisation of children as inherently “unlikely to be able to cope with adverse circumstances” (Furedi, 2006, p. 7), the participants interviewed for this study can be seen to have been more than able to cope with the situation they found themselves in. To paraphrase what is perhaps the essence Kelly’s (1955) idea of constructive alternativism, people do not have to be victims of their biography.

5.8 Where To From Here

The method used in this study – repeated semi-structured interviews – achieved its aim of allowing participants to articulate the impact the diagnosis had on their lives and what aspects of this they saw as important. And, the theory provided a useful framework from which to hypothesize about why they saw events, and acted, as they did. However, the method only allowed for participants’ constructs to be inferred, as opposed to directly elicited, thus limiting the extent to which an understanding could be gained about why they came to interpret events as they did and what implications their constructs might be predicted to have for other aspects of their lives. What is required
is a method that remains consistent with phenomenological principles in allowing the participant an active voice in the telling of their story, and also allows for the direct elicitation of their constructs. A method that meets such requirements is Ravenette’s “Who Are You?” Technique, and is the subject of the next chapter.
CHAPTER SIX: RAVENETTE’S ‘WHO ARE YOU?’ TECHNIQUE

In Chapter Three the case was made that PCT was a theory capable of integrating the disparate findings on the topic of adolescents who have a parent with cancer. In Chapter Five the results of the first study were presented and the interpretation of the findings was discussed through the prism of PCT. It was argued that PCT is a theory that provides a strong theoretical basis from which to make sense of adolescents’ constructions of their situation and their reactions to it. However, the study was not conducted using a specific PCT interview approach due to the author not being aware that any such interviewing approach existed. It was only after the first study was conducted that the author became aware of Ravenette’s (1999) “Who are you?” (WAY?) interviewing technique.

Ravenette’s WAY? Technique may provide more information than a traditional semi-structured interview, and may allow the interviewer to, as Ravenette (2000) would say, “dive beneath the waves” (p. 39). While the technique was developed for use in a clinical context, its apparent ability to quickly get at the core issues of troubled children and adolescents (Ravenette, 1999) made it look like a technique with considerable promise for the present research. Ravenette’s WAY? interview was designed to be a one-off technique and, given its ability in a clinical setting to get at the underlying issues, as such may allow for those deeper issues to be elicited on a single occasion as opposed to the four occasions over a year that were used in Study One. This chapter will detail this technique.

6.1 The Development of the Technique

Ravenette (1999) developed the WAY? Technique as a way of exploring a “sense of self” in the context of working with children as an educational psychologist in England. His role was not to provide ongoing counselling, but rather to advise those working with children how they might better do so, and this often meant interviewing the child on one occasion only. While Ravenette’s technique was influenced by other theorists (to be discussed further below), his approach is firmly grounded in personal construct theory. Four ideas, directly stemming from PCT, inform its structure and practice.

Ravenette (1999) rewords and elaborates Kelly’s Fundamental Postulate when he points out that the first of these ideas is from the theory’s central tenet
“that what people do is...very much a matter of how they make sense of themselves and their circumstances....this is their construction of themselves and the world. The world in this context is the subjective world of personal action, interaction and experience...not the objective world” (p. 197).

The second of Ravenette’s ideas has to do with how “a sense of self is crucial in an individual’s encounters with life” (p. 197). He sees this sense of self as including “consciousness of one’s own thoughts, feelings...striving and actions, real and imagined...[and] core and peripheral notions of ‘Who I am’ the invalidation of which can cause the individual to suffer...serious psychological distress...” (p. 197). He sees a person’s sense of self as being highly relevant to the realm of interpersonal relations “because when individuals misconstrue each other there are likely to be failures in communication leading to massive misunderstandings and, in turn, covert, if not overt, hostility” (p. 197). Here he is describing the importance of how the self is construed (via core constructs) in communication and meaning making with others. While he does not mention it directly, the parallels with PCT’s Sociality Corollary are obvious.

Thirdly, Ravenette points to how PCT is profoundly concerned with meaning. What personal sense does someone make of any set of events? What are their constructions? For Ravenette getting at these constructions was a practical problem. As was discussed in section 3.2, at its most abstract PCT deals with constructs and construct systems, with these constructs being bi-polar and based on similarities and differences. To quote Ravenette regarding constructs and interviewing, “a descriptive assertion requires for its amplification some statement of what that assertion also denies, i.e. its contrast, and the search for these personal contrasts is an important part of interviewing” (p. 197). Ravenette (2000) saw Kelly’s use of the instruction “opposite” (or “contrasts”, or “not like that”, see further below) as being “one of the most profound in the armamentarium of questions he has bequeathed to us when we are intervening in people’s predicaments” (p. 40). And this isn’t just due to its utility in eliciting constructs. Ravenette goes on to say that the use of the instruction “opposite” “open[s] up buried knowings, alternative understandings, and more productive actions far beyond their use in construct elicitation” (p. 40).

He saw the elicitation of a personal contrast as having practical importance and argued that even a group that are superficially very similar (e.g. psychologists) can have surprisingly little agreement in their contrast to a term with which they are all familiar (e.g. aggression). The practical importance of this lack of agreement is of course that,
while there is some commonality of meaning, people will use the same word to imply different meanings or processes (*Individuality*). Not to recognise this will result in our misconstruing others' meanings and actions. Here Ravenette is clearly re-stating PCT’s *Commonality Corollary* (and implying the importance of *Individuality*). However, as discussed in section 3.1.4, Ravenette warns against seeing the words people use to describe their constructs as being the constructs themselves. They are not. They “are merely verbal markers.” The implication of this is that in attempting to identify an individual’s personal constructs, as opposed to simply their verbal construct markers, the interviewer needs to go beyond simply obtaining construct words, and actually explore what those words imply and preclude.

The fourth and last idea drawn from PCT that informs Ravenette’s technique is the principle of constructive alternativism. As discussed in section 3.1.3 this quite simply means that any event can be interpreted in a way other than that which we are accustomed to doing. For Ravenette (1999) this provides an aim for the assessment interview via the questions:

Can a young person come to some alternative sense of himself and his circumstances, thereby creating the possibility of freeing himself, at some point in the future, of the burden of those past constructions out of which his actions have arisen?

At the same time...might it be possible that the other professionals who are involved may also see the young person in a different light in their ongoing dealings with him? (p. 198)

It is these theoretical considerations that provide the logic for the 'one-off' assessment interview.

In typical Ravenette (1999) and PCT style, he points to how therapeutic counselling contrasts with his “one-off” interview by saying:

The essential point about the ‘one-off’ interview is that it will happen only once. This is in contrast with the ongoing nature of therapeutic counselling...where there is continuity from one interview to the next...and there is time to let the client take the lead with minimum intervention from the interviewer. (p. 196)

As a contrast to the one-off interview he used therapeutic counselling because he was in the business of behaviour change, not via ongoing “counselling” but rather via what he called “a constructive intervention.” If he had seen himself as being involved in
research as opposed to practice he might have used the research process as the contrast to his one-off interview. While there are differences between his one-off approach and research, there are also some fairly obvious parallels: the generation of hypotheses; the search for meaning; the one-off nature of most measurement in research; and the idea of getting at the core of the issues/process for a participant as efficiently as possible.

The difference between the one-off approach and the ongoing nature of counselling “where there is time to let the client take the lead”, prompted him to say that consequently the ‘one-off’ interview needs to have structure, a beginning, a middle and an end, in order to promote the meaningfulness of the event for the young person but also to maximise the efficient use of time” (p. 196). These parallels between Ravenette’s technique (and the success he appears to have had with it), and the research process, lead the present author to the view that it might a useful research approach in its own right.

In explaining how the WAY? Technique came about, Ravenette (1999) writes of how he was influenced by Bugental (1964) and his approach of asking adults to respond to the question “Who are you?” with three statements. It was Ravenette’s view that asking for three answers implies that there may be many more than three possible answers and that the respondent is free to give whichever three they choose. He went on to apply this idea to his work with children and young people but, “in the absence of normative data (which seemed at the time to be important) and lacking the ways of using them meaningfully, the technique was dropped” (p. 208). It appears to have been the 1980s before the idea was resurrected, and his experience with using it showed that people’s responses to the question “Who are you?” fell into either the categorical description category (e.g. name, age, status), or the personal qualities category (e.g. friendly, kind, clever). To Ravenette this suggested two separate enquiries, one requiring a categorical definition, the “Who are you?” question, and the other requiring a personality description, “What sort of person are you?” These, along with the question “What would sort of person would (significant others) say you are?”, became his three root questions for the exploration of a person’s sense of self (see Table 6.1 for these three questions and their elaborations).

Apart from implying that more than three answers are possible, Ravenette (1999) has argued that asking for three responses is both a good way of avoiding the interviewer’s nemesis, the “pat” answer (usually the first that is given he suggests), by promoting a
search for the second and third replies. Ravenette’s experience was that “not infrequently finding the third answer proves to be very difficult, thereby fulfilling the purpose of the question in promoting an inner search” (p. 199). It is this inner search for deeper personal meaning that the personal construct approach is very much concerned to elicit.

While Ravenette found the answers to these three questions both useful and interesting, he came to believe that they represented “the surface rather than the depth of a person” (p. 208). It was his view that their real value lay in opening up the possibility of going beyond the verbal description of an individual’s “sense of self” into the person’s “sense of being.” In order to elaborate their personal meanings, or their “sense of being”, Ravenette believed that this required investigation in four areas:

- **What is the statement’s contrast, i.e. what does it deny?** This clearly is an extension of the contrast principle underlying Kelly’s formulation of the construct. A word of caution needs to be made at this point. Kelly makes the construct the major building block in a person’s constructions (or meanings) and there is a danger of pursuing constructs as ends in themselves. In the therapeutic enterprise, however, we need to go beyond the constructs to what lies behind them. Hence:
  - **What does the statement further imply?** The use of ‘laddering’ (Hinkle, 1965) and ‘pyramiding’ (Landfield, 1971) are valuable techniques in this elaboration.
  - **What is the context within which the statement makes sense?** The context here can be of different kinds: e.g. intrapsychic, interpersonal, professional, developmental, historical, and is very much concerned with the question of personal relevance.
  - **How important is the statement in the client’s view of things?** It is certainly the case that the client should be listened to carefully but it is not necessarily true that every statement that is made carries equal importance. In fact sometimes its importance may well be denied and we do not know unless we ask. (Ravenette, 1999 p. 209)

### 6.2 The Three WAY? Technique Root Questions

#### 6.2.1 Root Question 1 (RQ1): “Who are you?”

While it may appear that Ravenette is saying that all four of the above points apply to each of his root questions he is not. This is due to RQ1 not necessarily eliciting a

---

28 His writing on this topic is, I think, a little confused. In his published work (1996 & 1999) he does appear to say that the “Who are you?” question necessarily elicits constructs (1999 see pp. 198-199; 1996 see p. 16), but in correspondence with me in 2002 he clearly says otherwise.
contrast. This is due to the exploration (Exploration 1 or 2), “What sort of person would
deny that being X is important” (see Table 6.1, Root question 1) asking for a comment
about another person rather than asking for a contrast to the element elicited by the
root question (e.g. male). It also seems to make little sense to try and obtain opposites
for elements that, so often, are very concrete (e.g. male, 10 years-old, five-foot one
inch tall). However, the question can result in constructs. Part of the confusion appears
to be due to Ravenette not elaborating the technique generally, especially this question
in PCT terms, as he was a practitioner as opposed to a theoretician. As such he was
concerned with what worked rather than the elaboration of theory.

RQ1 produces elements that, while not necessarily leading to the elicitation of
constructs, are the first step in doing so. Although Ravenette doesn’t mention him, it is
likely he was influenced by writers such as Mair (1977) who used the metaphor of a
“community of selves” to elaborate identity within a PCT framework. Thus, the initial
responses to RQ1, “Who are you?”, can be seen to be self elements that can be further
elaborated to get at the person’s “sense of self” (see section 6.1 above), which may
well be helpful in understanding how someone sees themselves and what they see as
important and why. From these initial responses constructs can be elicited.

However, while their initial response (the “self element’) could be the elicited pole of the
construct, it is not necessarily. Just as often the elicited pole is their response to
Exploration 1, “How come it is important?” For example, if the initial response to the
“who are you?” question was “surfer”, and this was identified as important, and their
reply to the “how come” question was, “it’s a way of life”, it is this reply that is the
elicited pole, and the contrast pole is their reply to Exploration 2, for example,
“someone that doesn’t have a passion.” Thus the construct, a way of life v. someone
that doesn’t have a passion.

It may be that Ravenette used this question first in his WAY? Technique precisely
because it is so concrete, and as such is non-threatening. All interview techniques, and
clinical theories, have an ice breaking initial approach/question. When you see the
WAY? Technique in the context of working with children, who are more concrete, and
who were referred because they are seen as “the problem”, it is not difficult to see why
Ravenette came to use this approach.
Table 6.1  Ravenette’s “Who are you?” Technique

Root question 1) ‘I would like to know who you are. If I were to say to you “who are you?” what three things would you say?’

Exploration 1 – In response to each of their three responses

a) ‘Is it important for you to be X?’
If YES - ‘How come it is important?’  (see Exploration 2)
If NO - ‘What sort of person do you think would say that it WAS important?’
b) ‘Why might that be?’

Exploration 2 – For those responses that were answered YES to Exploration 1

a) ‘You describe yourself as X and say that it is important. What sort of person would deny that being X was important?’
b) ‘How might that have come about?’
c) ‘What might lead them to that view?’

Root question 2) “This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

Exploration 1 – For each of the three responses

‘How would you describe someone NOT like that?’

Exploration 2

[Initial response]
a) ‘Is it important for you to be like that?”
b) ‘How come?’
[Contrast pole]
c) ‘How might a person get to be that way?’
d) ‘What kind of experience might lead them to be like that?’

Exploration 3

[Initial response]
a) ´Tell me occasions when this might be a disadvantage?’
b) ‘How might that be?’
[Contrast pole]
c) ´Tell me when this might be an advantage?’
d) ‘How might that be?’

Repeat for each response to the root question.
Table 6.1 continued. Ravenette’s ‘Who are you?’ Technique

Root question 3) “I would like to explore with you how you think other people might see you. If I were to ask your mother (and father, brother, sister, teacher, friend) what sort of person you are, what three things would s/he say?’

When three responses have been given:

**Exploration 1 - For each of the three responses**

‘How do you think he/she might describe someone NOT like that?’

*Repeat for each of the remaining significant others.*

**Exploration 2 - For each of the three responses**

*This should be reserved for use with two or three of the most important of the client’s ‘significant other’ such as parents, friend, teacher, etc.*

(Left hand side description)

a) ‘Does (your mother) think it important for someone to be like that?’
b) ‘Why do you think that is?’
c) ‘What experiences do you think led her to that way of seeing things?’
d) ‘What for her is so bad about being (right-hand description)?’
e) ‘What reasons would she give?’

**Exploration 3**

a) ‘Which of these (mother’s etc ) views do you go along with?’
b) ‘Is it important to go along with her views?’
c) ‘How come?’
d) ‘What happens when you don’t agree?’

*Repeat for the other one or two ‘significant others’.*

(adapted from Ravenette 1999, pp 216-218)

6.2.2 Root Question 2 (RQ2): “What sort of person are you?”

This is Ravenette’s second root question and its first exploration, “How would you describe someone NOT like that?”, does elicit a contrast or opposite because, unlike RQ1, it asks directly for a contrast to the first elicited pole. The key word in this exploration is *you*. How would *you* describe someone not like that? This is in contrast to RQ1 that asks for a comment about *someone else*. Ravenette (1996) borrowed the “not like that” question from Landfield (1971) and found it demanded of the interviewee
a conscious search for the appropriate way to verbalise their contrast. As mentioned in 3.1.4.1, Kelly’s original approach to construct elicitation, the triadic difference method, has been criticised as being rather complex and as such not suitable for children. This is perhaps not surprising given that Kelly developed the method using undergraduates. Indeed, in an earlier publication Ravenette (1977) explicitly says that he found it “extremely difficult” to elicit constructs from “children and young people” (p. 260). It was his view that this was due to “the scientific language of personal construct theory” and that the use of “everyday language” allowed the interview to “flow” (p. 260). Thus, it appears this is one reason why Ravenette used Landfield’s wording in his approach which might be best summarised as the monadic contrast method; monadic because to uses just one element, and contrast because of the nature of the instruction which asks for neither an opposite nor a difference. The other reason is that Ravenette (1996) saw the triadic difference method as tending to lead “to a dimension of understanding…which will be adjectival rather than conceptual” with the process becoming “rather mechanical” with this often leading to the contrast pole “being given either as a simple negation of the similarity pole or as a dictionary opposite” (p. 15). Not surprisingly, given PCT’s conceptualisation of constructs as personal, Ravenette (1996) saw such responses as “minimally meaningful” (p. 15).

Ravenette (1999) saw the construct not as an end in itself but as affording the opportunity of establishing what he calls the “underlying dimension” (p. 199) via asking what holds the two ends together. By way of example he gives “friendly – cool” and argues that this may indicate a concern about warmth in personal relationships, whereas the construct “friendly – unhelpful” (p. 199) may reflect a concern about co-operative helpfulness. These underlying dimensions can then be further explored.

Two ways of exploring these are pyramiding and laddering. Ravenette’s version of laddering involves asking for the importance or relevance of an interviewee’s observation and pursuing this to ever more fundamental levels. The basic question is “is that important to you?” followed by “and that…and that?” Of course you can also use Why? instead of and that? The How and What questions under Exploration 2 of

29 In a letter to Ravenette I reported how I had received a negative response at a conference when I explained how I had used his phrase “not like that”, in place of ‘opposite’, to elicit a contrast. I quote a section of his reply: “The word ‘opposite’, when used with a schoolchild, may easily appear as a test of knowledge (c.f. the WISC). It may not be so with adults. But willy-nilly there is an implicit expectation of an ‘accurate’ response and this seems to me antithetical to the spirit behind Kelly’s ‘personal’ construct. Moreover it is extremely easy (and not unlikely) for an ‘opposite’ to be given automatically, e.g. the frequent use of the prefix ‘un’.”
Question 2 (see Table 6.2) are Ravenette’s way of pyramiding (see section 3.3) down to the experiential bases of these constructs. Ravenette (1999) says “each of these is intended to serve the purpose of leading to some clarification of the ways an individual makes sense of things” (p. 199).

6.2.2.1 The ABC model

The third Exploration in Question 2 is clearly borrowed from Tschudi’s (1977) ABC Model. This model draws on both PCT and Greenwald’s “Direct Decision Therapy” (1973; cited in Tschudi, 1977). The first thing Greenwald did with clients was have them define the problem, e.g. being a smoker. This problem, Tschudi argues, can be seen in PCT terms as one pole of a construct. This negative pole he termed A1. The positive pole, e.g. being a non-smoker, he terms A2 (see table 6.2).

The question every clinician wants to answer is, what stops the client from moving? It was Greenwald’s view that any symptom always has its payoffs. That is, the symptom has advantages as well as disadvantages. The client is then asked for the disadvantages of A1 and advantages of A2. The answers to these questions provide a new construct called B. This is the construct, or constructs, relating to why they want to change. In our smoking example one of these is, It makes a lot of dirt (B1: a.) – Everything is much cleaner (B2: a.).

The most important (and at the time novel) step is to ask for the evaluative implications in reverse. That is, what are the advantages of A1 (smoking), and the disadvantages of A2 (being a non-smoker)? These result in C2 and C1 (C2: a. It gives me something to do with my hands – C1: a. Feel ill at ease in company). The general hypothesis is that the symptom (A1) has positive implications (C2), and that the alternative (A2) has negative implications (C1). Thus, the construct, It gives me something to do with my hands – Feel ill at ease in company, keeps the person from moving from A1 to A2. This is the construct that indicates what is preventing change. Hinkle (1965) called this an “implicative dilemma” as the implications involved from moving from A1, or A2, are both positive and negative.

One advantage of this approach is that, having identified the payoffs, it is quite legitimate to ask the person if they really want to change. Of course it also makes it explicit to the person what the costs of change are, and, once these are identified a plan can be put in place to combine A2 and C2. As the ABC model is seen as a
network a change made anywhere in it may have repercussions for the rest of the network. Thus, interventions can be tried at more then one level.

Ravenette however, doesn’t use part C. Presumably this is because he is not looking to change the “sort of person” they are but rather to assist the interviewee to see how their preferred pole e.g. sociable, could have disadvantages in certain circumstances.

Table 6.2  The ABC technique

<table>
<thead>
<tr>
<th></th>
<th>The statement of desire to change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>A1:</td>
<td>Being a smoker</td>
</tr>
<tr>
<td>A2:</td>
<td>Being a non-smoker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Why they want to change</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>(The disadvantages of A1 and the advantages of A2)</td>
</tr>
<tr>
<td>B1:</td>
<td>a. It makes a lot of dirt</td>
</tr>
<tr>
<td></td>
<td>b. It ruins your health</td>
</tr>
<tr>
<td>B2:</td>
<td>a. Everything is much cleaner</td>
</tr>
<tr>
<td></td>
<td>b. It is much healthier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>What stops them changing</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>(The disadvantages of the desired state A2 and the advantages of the present state A1)</td>
</tr>
<tr>
<td>C1:</td>
<td>a. Feel ill at ease in company</td>
</tr>
<tr>
<td></td>
<td>b. People who don’t smoke are not popular</td>
</tr>
<tr>
<td>C2:</td>
<td>a. It gives me something to do with my hands</td>
</tr>
<tr>
<td></td>
<td>b. You are more popular</td>
</tr>
</tbody>
</table>

(Fransella, 2003)

The sociable person might express this by being always talkative, and they could well identify this as a problem in certain circumstances, e.g. the classroom. Of course it also provides the psychologist with more information on which to hypothesize the reasons for the client’s difficulties.

That Ravenette didn’t use part C of the ABC technique makes sense when one considers that he uses this technique after eliciting constructs about “What sort of person” people are. To attempt to change such, possibly core, constructs would be highly likely to be a very threatening exercise and resisted by the client. Ravenette didn’t want to change these, he just wanted to know what their implications were, or could be, and in so doing introduce the client to the notion that their behaviour had positives and negatives and as such open up the possibility of reconstruing.
6.2.3 Root Question 3 (RQ3): “If I were to ask your father/mother what sort of person you are, what three things would you say?”

This is Ravenette’s third and final root question, with the first Exploration being, “How do you think he/she might describe someone not like that?” (see Table 6.1). It also elicits constructs because it directly asks for a contrast for each of their initial replies (elicited poles). This question is a very clear attempt to elaborate the extent to which the interviewee believes they are able to construe the construction processes of another. In other words, this question is exploring “sociality” in the Kellyan sense (see Table 3.1 for definitions of Kelly’s corollaries). In order to illuminate how Ravenette (1999) interpreted sociality it is worth quoting him at length:

The [sociality] corollary says that is it important, not so much to agree or disagree with an individual’s interpretation of things, as to understand how those interpretations came about. Such an understanding, and the communication of the attempt to understand, makes possible a successful role relationship. (p. 162)

Now it may be that someone could be wrong about how someone else came to their interpretations about any particular situation, but this is less important than the fact that they believe they understand, as it is their belief that enables them to play their role. They can play this role as they feel able to predict the other’s actions. As Ravenette points out, this corollary is especially relevant in situations where one person is expected to play a formal role in relation to another, for example teacher and student. The “What” (or pyramiding) questions in the second exploration are there to assist the interviewer (and by implication the interviewee) assess the extent to which the interviewee does indeed construe others’ construction processes.

As was to become apparent in the application of the technique, Ravenette’s instructions could be clearer for RQ3’s second exploration (see Table 6.1) when the elicited pole (“Left hand side description”) is designated by the participant as not being important (Ex. 2 a). This is because the fourth question, “d. ‘What for her is so bad about being (right-hand description)’?”, assumes that the contrast pole will be the one designated as not being important, and this is not always the case. As a guide for the interviewer the schedule requires an additional instruction to cover this eventually; something to the effect of, “If the elicited pole is not cited as important, then the question should read, ‘What for her/him is good about being [right-hand
While in this situation such an instruction may seem obvious, to the inexperienced interviewer in the heat of an interview it is easy to not remember this if it is not on the schedule.

The third Exploration in Question 3 appears to be a further type of pyramiding, there to get at very concrete examples of how two people interact and the extent to which the interviewee understands the other. Of course, these later two explorations also provide more data from which the practitioner or researcher can make further hypotheses or generate more questions.

6.3 Summary

Ravenette’s technique was developed with children in a particular setting and his publications attempt to show how it was a successful method for him. While he went to considerable lengths to explain his method he failed to be as clear as he could have been in his instructions and did not fully detail just how some of the technique’s questions relate to, and drew upon, PCT. This chapter has attempted to rectify this by examining each aspect of the method and drawing out how it is supported, or not, by the theory. In clarifying these issues the WAY? Technique becomes useful for the exploration of a wider range of events. The next chapter sets out the method for study two that includes the use of Ravenette’s technique.

30 Such an alteration to the instructions would not have perturbed Ravenette (1999) as he has said, “the wording for the exploration is neither mandatory nor restrictive, but suggestive and open to further elaboration” (p. 216).
CHAPTER SEVEN: METHOD - STUDY TWO

While Study One showed that a broad range of issues were important to adolescents, and demonstrated that a PCT approach can yield interesting hypotheses as to why adolescents attributed the meanings they did to these events, the study was not conducted using a specific PCT interview approach. The PCT based approach used in the second study, as detailed in the previous chapter, was Ravenette’s (1999) “Who are you?” (WAY?) interviewing technique. This chapter will detail both the general semi-structured interview questions used as well as two further questions informed by Ravenette’s approach.

7.1 Participants

People who were adolescents when their parent was diagnosed with cancer were recruited via their parent. The parent was approached by the oncology clinical nurse consultant (CNC) running a cancer support group for an area health service. The CNC would inform the support group about the project and the name and phone number of any parent interested was forwarded to the author by the CNC. Eligibility criteria were that the parent had been diagnosed with cancer (either a first diagnosis or re-diagnosis), and had children who were adolescents (12 to 18 years) who were living at home with them at the time of diagnosis. Appropriate institutional ethics approval was obtained from both the author’s University and the hospital in question (see Appendix G). The author contacted those parents expressing an interest in being involved within three days to arrange a meeting. At this meeting they were provided with a copy of the Information for Parents sheet and the study was fully explained. While parents were given the choice of meeting at the hospital or their home, on each occasion they chose their home. If their child was under 16 years they were given a Parental Consent Form to sign. If the child was 16 years or older the child was provided a copy of the Information for Participants sheet and a copy of the Participant Consent form (see Appendix H for all informed consent documents).

This process resulted in four parents, one male and three female, agreeing to their seven children, who were adolescents at the time of their parents’ diagnosis, being
approached to participate. Of these seven, five were female. They were Claire, aged 29 (14 at parent’s diagnosis), Helen, aged 17 (13), Annette, aged 21 (15), Cindy aged 19 (17), and Eve, aged 16 (14). The male participants were Barry, aged 21 (19), and Mal aged 18 (16). Four of the participants, Cindy, Eve, Barry and Mal were from the same family and had a father with cancer. The other three participants had a mother with cancer (see Table 7.1).

Similarly to Study One, the number of parents actually recruited was below that initially aimed for. It been expected that some 12 adolescents would be recruited but this was not possible. The problem lay in the reliance the investigator had on third parties identifying parents with cancer. This difficulty was two-fold in that the support groups involved, like hospital oncology wards (see section 4.1), did not have standard documentation that flagged which members or patients had children. Hence the investigator was reliant on the third party remembering to ask, a task that was not something they did automatically as the focus of involvement of someone like a CNC in such a group is on support of the sufferer, not the well-being of, or impact on, family.

**Table 7.1**  
*Participant characteristics*

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Age at Parents’ Diagnosis</th>
<th>Mother/ Father With Cancer</th>
<th>Cancer type/site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire</td>
<td>29</td>
<td>Female</td>
<td>14</td>
<td>Mother</td>
<td>Breast</td>
</tr>
<tr>
<td>Helen</td>
<td>17</td>
<td>Female</td>
<td>13</td>
<td>Mother</td>
<td>Breast</td>
</tr>
<tr>
<td>Annette</td>
<td>21</td>
<td>Female</td>
<td>15</td>
<td>Mother</td>
<td>Breast</td>
</tr>
<tr>
<td>Cindy*</td>
<td>19</td>
<td>Female</td>
<td>17</td>
<td>Father</td>
<td>Chest*[^32]</td>
</tr>
<tr>
<td>Eve*</td>
<td>16</td>
<td>Female</td>
<td>14</td>
<td>Father</td>
<td>Chest</td>
</tr>
<tr>
<td>Barry*</td>
<td>21</td>
<td>Male</td>
<td>19</td>
<td>Father</td>
<td>Chest</td>
</tr>
<tr>
<td>Mal*</td>
<td>18</td>
<td>Male</td>
<td>16</td>
<td>Father</td>
<td>Chest</td>
</tr>
</tbody>
</table>

* = Siblings.

[^31]: Names have been changed to protect confidentiality.

[^32]: It is unclear from their responses exactly what type of cancer their father had. It appears to have been some type of lymphoma that recurred and resulted in a tumour in his chest cavity.
7.2 Instruments

7.2.1 The Basic Interview Questions (BIQs)

With the exception of the first question, Study Two participants were asked the same questions as those in Study One. The first question was altered from the simple “How has your mother’s/father’s diagnosis affected your life, if at all?”, to “I’d like you to tell me about what has happened since your mother/father was diagnosed with cancer, the good- if there has been anything good-, and the bad.” This was due to a number of Study One participants expressing their belief that some good things had occurred because of the diagnosis. However, Study One participants had four interviews over 12 months to report this, while Study Two participants had only a single interview. Thus, it was thought that without the prompt interviewees might neglect to mention any ways in which they, or others, had gained from the situation (see Table 7.2.1).

As discussed in Chapter 4, this question was asked in this open way to facilitate participants’ expression of how they experienced the event, while minimising the influence of the interviewer that can come with the use of direct questions that Kelly cautioned against.

The remaining 11 questions were asked if the interviewee did not cover them in their response to this first general question. Any novel issues raised in this context were also followed up.

As mentioned above, the first study showed that a broad range of issues were of importance to interviewees and demonstrated that a PCT approach can yield interesting hypotheses regarding the effect a diagnosis can have on adolescents' lives.

More contemporary authors, like Hugh Mackay (1998), have also argued that asking direct questions is not the best way to elicit answers from people. Mackay, as a pioneer of the qualitative group discussion technique -especially in regards to attitude and opinion research-has argued that people will reveal much more about themselves when they are relaxed and their guard is down, and they are not under pressure to answer questions. Like Ravenette (1999, see below), Mackay concedes that direct questions have their place when trying to establish matters of simple fact, but that they are limiting or even misleading when delving into the realms of feeling, attitudes and motivations. He argues that 1) questions demand answers, even if there aren’t any. The main culprit is the Why question. “As soon as you ask why, you have created the expectation that there must be a rational explanation”; and 2) Questions limit the agenda. However, Ravenette’s answer to the first point is that while he does “demand answers” after a fashion, he asks if these are important recognising that they are not necessarily; and, while he would largely agree with the second point, he is largely able to avoid using the word “why” by asking “how things came about”, which privileges process and personal meaning over “rational” or “correct” explanations.
and the meanings they attribute to these issues. However, it can be argued that such an approach only indirectly gets at how and why someone was affected and behaved in any particular way. As set out in the previous chapter, Ravenette (1999; 2000) has argued that his “Who are you?” (WAY?) Technique, which will be used in the second part of this study, is a more direct way of assessing how someone sees themselves and is a way of providing data to answer “why” questions about their behaviour; or, to use Ravenette’s (2000) phrase, to “dive beneath the waves” (p. 39). As such, the 12 BIQs will form the context of the interview and potentially provide further background information that may assist in the interpretation of participants’ responses to the WAY? Technique questions, and vice versa.

Table 7.2.1 The basic interview questions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I'd like you to tell me about what has happened since your mother/father was diagnosed with cancer, the good- if there has been anything good-, and the bad.</td>
</tr>
<tr>
<td>2</td>
<td>What changed in your home as a result of the diagnosis? (If something did-) How do you feel about this?</td>
</tr>
<tr>
<td>3</td>
<td>Has the diagnosis affected your school work and/or attendance?</td>
</tr>
<tr>
<td>4</td>
<td>Has it affected your relationships with your friends, including amount of contact?</td>
</tr>
<tr>
<td>5</td>
<td>Has it affected your relationship with your well parent? Including the amount of time you spend with them?</td>
</tr>
<tr>
<td>6</td>
<td>Do you discuss your mothers'/fathers' illness with your mother/father (the well parent)?</td>
</tr>
<tr>
<td>7</td>
<td>Do you discuss your mothers'/fathers' illness with them?</td>
</tr>
<tr>
<td>8</td>
<td>Has your parents' diagnosis made you concerned about getting cancer yourself?</td>
</tr>
<tr>
<td>9</td>
<td>Do you worry about your (ill) mother/father? (If yes-) What exactly do you worry about?</td>
</tr>
<tr>
<td>10</td>
<td>Who has helped you the most since your mothers'/fathers' diagnosis? What have they done that has helped? What could people have done/ been doing to help you at this time?</td>
</tr>
<tr>
<td>11</td>
<td>Since your mother/father was diagnosed, have you had less time to play sport or do other things that you normally enjoy doing? (If yes-) How do you feel about that?</td>
</tr>
<tr>
<td>12</td>
<td>Has your relationship with your brothers and sisters changed since the diagnosis? (If yes-) How? Why do you think it has changed?</td>
</tr>
</tbody>
</table>
Given the established validity and utility of semi-structured interviewing the
identification of any themes in participants' responses to the BIQs will be used as a
type of validity check on the WAY? Technique. That is, the WAY? Technique should, if
it does indeed get at the important issues more quickly than repeated interviews (see
sections 6 & 6.1), also – at a minimum – reflect these themes as well as contributing
new and more in-depth data. Such an approach is an example of what has been
termed triangulation, the use of multiple methods by researchers “to explore their
intellectual puzzles in a rounded and multi-faceted way” (Mason, 2002, p. 190). The
use of an approach such as the WAY? Technique that is consistent with
phenomenological principles would be welcomed by those authors writing on PCT, like
Butt (2007), who have suggested that research conducted within phenomenology
generally has had an “overwhelming reliance on the semi-structured interview” (p. 13).
Butt (2007) has suggested that while semi-structured interviews are useful, people
often need more help at getting at what things mean to them than this method alone
can provide, and has suggested that this is where PCT’s methods, especially
laddering, are useful (Butt, 2007, 2008).

The use of a very broad first question, that nevertheless sets out fairly precisely the
area that is of interest in the interview, in is line with Ravenette’s view that “one of the
greatest inhibitors of communication about oneself is that we do not know what the
enquirer wants, nor what he will do with it [the information] when he gets it” (p. 48). His
three principles of interviewing are:

1) An enquiry that is contained within a systematic structure allows a wide range of
thoughts and feelings to be explored with relative safety for the child and with a
considerable economy of time for the investigator.

2) …if we want to know someone well we should explore the areas in which he is
expert.

3) …we must be wary of assuming that we know what a child means by his
descriptive labels. We do not necessarily share common ground with
children…Thus we must be prepared to ask and ask again.

(Ravenette, 1999, p. 48-49)

The first two of these principles were met by explicitly asking adolescents to describe
what has happened since their parent was diagnosed while they were living with that
parent. They were the expert. The third principle, one of essentially delving deeply into another's meaning making, will be covered by the approach to be described immediately below.

7.2.2 Additional Questions in the WAY? Technique Format

While the three WAY? Technique questions discussed in Chapter 6 may well be useful in getting at how participants see themselves, which in turn may help explain their answers to the basic questions, they do not specifically ask about the experience of having a parent with cancer. If the format of the WAY? Technique questions is useful in getting at how people see themselves in a single interview, then using a modified version of this format to ask directly about participants experiences in a specific area could also yield useful data, with the added advantage of it occurring in a single interview. To that end the two questions discussed below were developed (see Table 7.2.2).

The first of these two modified WAY? Technique questions (Q5) is, “Now I would like you to name three things that are/were important about the situation with your father/mother.” This question is modelled on Ravenette’s first “Who are you?” question format, but does not contain the first question in elaboration one, ‘Is it important for you to be X?’ (see Ex. 1 a. for Root question 1, Table 6.1). Obviously this is due to the question only asking for things that are important.

This question allows for elaboration of what is important, thus potentially telling the researcher something about the participant, including their constructs. It may also provide fruitful material from which to hypothesize, but does not elicit constructs per se. The first exploration is ‘How come it is important?’ and is Ravenette’s way of pyramiding down to the experiential bases of the question.

The second Exploration is, “You say X was important. What sort of person would deny that being X was important?” followed by “How might that have come about?” The former is likely to result in answers that inform the researcher about how they see themselves within this context and perhaps even point to core aspects of their construing. The latter question fleshes out the former with fairly concrete examples.
The second question (Q6) is, “Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?” This question is also modelled on Ravenette’s first “Who are you?” format question, and as such does not necessarily elicit constructs (see section 6.2.1). Again, it is designed to elaborate elements and such elaboration may result in the participant’s constructions being available to assist the researcher’s understanding of the participant and how they came to interpret the situation as they do.

**Table 7.2.2**  Additional questions in the WAY? format

Q 5*) “Now I would like you to name three things that are/were important about the situation with your father/mother.” Then:

*In response to each of their three responses*

Exploration 1

‘*How come it is important?’ and*

Exploration 2

a) ‘You say X is/was important. What sort of person do you think would deny that X WAS/IS important?’

b) ‘How might that have come about?’

c) ‘*What might lead them to that view?’*

Q 6*) “Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

*In response to each difference:*

Exploration 1

a) ‘Do you think this difference is important?’

  If YES – ‘How come it is important?’

  If NO – ‘What sort of person do you think would say it was important?’

b) ‘Why might they think that?’

Exploration 2

a) ‘What sort of person would deny that being different in X way was important?’

b) ‘How might that have come about?’

c) ‘What might lead them to that view?’

* Numbering refers to the order questions were asked in the second study – see Chapter 8.
The first exploration, “Do you think this difference is important?” is used in line with Ravenette’s (1999) warning about not every statement carrying equal importance and that “in fact sometimes its importance may well be denied and we do not know unless we ask” (p. 209). If responded to in the affirmative the follow-up question is “How come it is important?”, again this is designed to draw out concrete examples of why it is important. The second exploration is “What sort of person would deny that being different in X way was important?” As for question one this question is likely to result in answers that inform the researcher about how the participant see themselves by implication and may prove instructive regarding core aspects of their construing. Again, the two follow-up “How” and “What” questions are there to elicit concrete examples of what such a person might look like.

The previous study, and some studies reported in the literature, found that adolescents actually reported some positive outcomes from the experience of having a parent with cancer. Given this, it is perhaps not unreasonable to hypothesize that answers to this second question might revolve around positive personality changes that are evaluated as important.

7.3 Procedure

All seven participants were interviewed in their home. For those families where only one child was participating, interviews of between one and two hours were conducted on the same day consent was received. For the family where four children were participating two were interviewed on the same day, with appointments made on that day to interview the remaining two children within six weeks.

Interviews commenced with the introductory general open-ended question “I’d like you to tell me about what has happened since your mother/father was diagnosed with cancer, the good- if there has been anything good-, and the bad”, before the 11 more specific questions detailed in Table 7.2.1 were asked if they weren’t covered within the participants’ initial response. Then the three Ravenette “Who are you?” (WAY?) Technique questions were asked (see Table 6.1), before the two topic specific questions structured in the WAY? format were explored with the participant (see Table 7.2.2).
The interview was recorded on a high quality recording device and later transcribed verbatim (see section 4.5 for a full description of the transcription process). Full transcripts of these interviews are located in the appendices in Volume II.
CHAPTER EIGHT: RESULTS AND DISCUSSION – STUDY TWO

In this chapter the results of the interviews with the seven participants will be summarised and discussed. The basic interview questions will be presented first, followed by Ravenette’s WAY? Technique for each participant. This format, of presenting the results of both sets of questions for each participant before moving onto the next, was thought the best way of describing how each construed the experience of having a parent with cancer. It allowed for the results of the WAY? Technique to be interpreted within the wider context of the results of the basic questions. Due to space constraints, tables for each set of WAY? Technique replies will only be included in the text for the first two participants; all other tables, except for a summary table for each, have been located in the appendices. Only replies from the first two participants will be examined in any theoretical and methodological detail before the discussion (8.8) where examples from all participants will be included.

Some flexibility was used in the structure of the interviews conducted, with not all basic interview schedule questions always being asked. This was due to the question sometimes appearing arch or artificial, or to suggest that the interviewer had not been listening to the participant’s earlier replies. Additional questions were occasionally added if it was necessary to elaborate a particular point or follow-up an interesting new issue.

As the researcher had not previously used the WAY? Technique, it was decided the first interviewee would be a pilot for the administration of the technique, both for the method itself and for the number of those significant others that they would be asked about in Root Question 3. Especially given that the WAY? technique was to be administered immediately after the basic interview questions, there was concern that exploring the views of more than one significant other would make interviews too long. The page numbers given in the text refer to the relevant interview appendix.

As Ravenette did not provide detail in his published work on how the results of his technique should be displayed, this thesis proposes to address this issue with tables presented in text for the first two participants. Where constructs are elicited, and used in the text, these will be italicised. While each pole is ordinarily verbatim, the construct as presented is a summary of the content, not always a direct quote.
The interview began by asking Helen what had happened since her mother was diagnosed with cancer, the good things about the situation (if there were any), and the bad (see Table 7.2.1 for all questions asked). Helen was the first to be interviewed and, as it turned out, had the least to say.

8.1.1 Helen’s Replies to the Basic Interview Questions (BIQs)

Helen (17 years old at the interview) was 13 at the time of her mother’s diagnosis. Her initial response to being asked what had happened since her mother was diagnosed was, “well I got scared at first ‘cause, I didn’t know what was going to happen” (p. 167). Helen didn’t think there was anything good about it, adding that her mother had to stop working as, “she couldn’t do a lot of stuff”, and she “got lymphedema under her arms”. Her mother had radiotherapy first, followed by chemotherapy, which “went on for a while and…made her pretty sick” (p. 168). She advised it was her mother who first told her she had cancer and, “that was pretty hard” (p. 168) to hear.

In regards to changes around the house she and her father had to do more things, “like housework” (p. 168). And she had to do “more things” for herself, and she “wouldn’t go as many places”, just staying home. When asked if the diagnosis had resulted in any changes in her relationship with her father she referred back to these changes around the house.

As far as its effects on schoolwork were concerned Helen thought it had resulted in her being “very distracted” and not being able to concentrate. As such she, “didn’t do too good” for 18 months. While Helen was not specifically asked if she worried about her mother, Helen’s reply above regarding the impact of the diagnosis on her schoolwork makes it quite clear it was something that played on her mind.

As to her relationships with her friends, she didn’t see as much of them but they still visited her and her mother, and she still went places with them. When asked about contact with extended family members Helen advised, “at first I didn’t really see many people because Mum was really sick, and she used to just stay [home].” However, as her mother’s health improved her mother’s friends came to see her but Helen didn’t see

---

34 See Appendix I for the interview transcript to which the cited page numbers relate.
any more of her extended family, noting they “normally” saw them “quite a bit.” Although Helen did note there were “a couple of other people” whom they had not seen for a while, who came to see her mother.

Helen’s mother’s diagnosis made Helen think that since cancer was, “in the family” (p. 169), her chances of getting it were increased. However she felt, “everybody’s got to be careful these days”, and since she did not “smoke or anything” she considered herself to be “pretty healthy.”

In regards to the impact of the diagnosis and treatment on her involvement in sport, Helen remembered that her mother didn’t attend her roller-hockey games “for a while”. However, as her mother’s condition improved “she started to come back and watch.” Helen was quite clear she didn’t stop playing at any point, adding that it kept her mind “a bit busier.” This comment reinforces the impression that the situation was something that was often on her mind.

Helen thought her relationship with her only sibling, her older sister Rebecca (who would have been 17 at the time), had improved due to the diagnosis. Despite having initially said that nothing good had come of the situation she thought the diagnosis had, “probably brought us a bit closer” (p. 169). She explained that while they didn’t “do much together” before the diagnosis, after it Rebecca took her on “a couple of holidays…’cause Mum wasn’t well”, and took her out in the car to go “shopping for the day….instead of me just sitting around home” (p. 170).

Helen’s advice to others in the same situation as her was to be there for other people when they need you because it comforts the person who is sick.

**Summary of Helen’s replies**

The overall impression gained was that, while her mother’s diagnosis and subsequent treatment initially scared Helen and caused her to worry to the extent that it distracted her from her schoolwork for some time, and did result in some changes to her routines, life largely continued much as it did before the diagnosis. Helen identified the main changes as being: her mother being sick for some time due to the chemotherapy; her needing to do more housework and more things for herself; that she didn’t go as many places; didn’t see as much of her friends; that she continued to play sport, but without her mother attending; and that it probably brought her closer to her sister. In regards to
communication around the situation it was apparent from Helen’s replies that she did have some discussions with her mother as she was aware of a number of details of the treatment, and was initially informed by her mother of the diagnosis. While the diagnosis had made Helen think about her vulnerability to cancer she did not indicate she felt at any particular risk.

Due to the brevity of Helen’s replies to each of the questions, and how she confined herself to reporting events rather than reflecting on how she felt and what things meant to her, it was difficult to ascertain any themes in her replies. One possible exception to this was her worry about her mother, as characterised by her replies about being “very distracted” and not able to concentrate, and how playing sport kept her mind “a bit busier.”

8.1.2 Helen’s Replies to the WAY? Technique Questions

As mentioned in the introduction, the first participant recruited was considered a pilot for the purposes of technique administration and the number of significant others the participant would be asked to comment on in Root Question 3. Helen was asked to comment on how she thought four others (father, sister, and best friend), including her mother, saw her. After this first interview was conducted it was decided that this approach probably demanded too much of the participant, and would make the interview too long if they had significantly more to say than Helen did (in the event she was the briefest in her replies). Thus, only Helen’s replies about her mother are presented here, and all other participants were only asked to answer RQ3 in relation to how they thought their ill parent saw them. Lessons learnt on the administration of the technique are commented on below.

While Helen’s replies to each of the WAY? questions will be discussed here, the reader is directed to the corresponding table for each question. These tables make it

---

35 Answers to each exploration for each root question are either direct quotes (shown in bold and quotation marks), or summarised extracts (shown in bold only) from the participants’ complete (sometimes rambling) reply to each, as recorded in the transcript. That is, in order to fit in a summary table, each contains that part of the participants’ reply that seemed to capture the essence of what they meant rather than an actual quote. The numbers in brackets () after each reply or summary indicate the page number of the relevant transcript appendix where the reply can be found.
considerably easier for the reader to follow the process of this technique, how each root question is asked and followed up with the explorations.\textsuperscript{36}

8.1.2.1 Root Question 1 (RQ1): “Who are you?”

Helen’s first response to RQ1 (see Table 8.1.1) was, “very sociable” (p. 170) but likes to spend time on her own, and that this was important to her. It was important as she had “always been…very sociable” (p. 171) and thought that it was “important to keep in contact with people”, although she also thought, “sometimes you just can’t be with people [as] everybody needs time to themselves.”

Table 8.1.1 Helen. Root Question 1: Answer i.

“I'd like to know who you are. If I were to say to you 'who are you?' what three things would you say?”

Answer i) Very sociable, but likes to spend time on own. (p. 170)

Exploration 1

\begin{enumerate}
\item[a)] “Is it important for you to be like that?”
\textbf{Yes.}
\end{enumerate}

“How come it is important?”

“I’ve always been like very sociable, and I just think it is important to keep in contact with people.” (p. 170)

“Sometimes you just can’t be with people. Everybody needs time to themselves.” (p. 171)

Exploration 2

\begin{enumerate}
\item[a)] “You describe yourself as a X and say that it is important. What sort of person would deny that being a X was important?”
\end{enumerate}

\textbf{A shy-ish quiet person that’s new to an area.} (p. 170-171)

\begin{enumerate}
\item[b)] “How might that have come about?”
\end{enumerate}

\textbf{They've lost somebody.} (p. 171)

They've had “bad experiences with people.”

\begin{enumerate}
\item[c)] “What might lead them to that view?” – not asked
\end{enumerate}

\textsuperscript{36} It was not necessary for all questions to be explicitly asked as participants, quickly learning the interview structure, anticipated many of those questions designed to further explore their initial response. Those questions answered without having been specifically asked are shown in brackets.
In regards to what sort of person might say this wasn’t important, she said, “a shy-ish quiet person that’s new to an area” (p. 170-171). They might be shy-ish and quiet due to having “lost somebody” (p. 171) or having had “bad experiences with people.” It seems likely Ravenette would have classified this response as actually being a reply to a question about what sort of person she is, rather than who she is. Indeed, as we shall see below, “sociable”, is one of her replies to the second Root Question, “What sort of person are you?”

Table 8.1.1 cont. Helen. Root Question 1: Answers ii. and iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Answer ii) Fit, likes exercising. (p. 170)*

Exploration 1

a) “Is it important for you to be like that?”
Yes. (p. 171)

“How come it is important?”

“I take some pride in how I look.”
“I just feel better with myself.” (p. 171)

Exploration 2

a) “You describe yourself as a X and say that it is important. What sort of person would deny that being a X was important?”

“It’s their own personal choice, that’s how they feel what they want to do.” (p. 172)

b) “How might that have come about?”

People’s influence on them, their experiences.

c) “What might lead them to that view?” – not asked

Answer iii) Someone who likes seeing family.

Exploration 1

No follow-up questions were asked.
The issue of the interviewee not answering the question put to them, especially this question, was familiar to Ravenette (1999) who advised that, “clients do not always answer the question that is put; sometimes they answer the ones they construct for themselves. It is necessary to note what they say, gently point out their error, then return to the original question” (p. 216). Regrettably, this was not done.

Her second response was, “fit” and likes exercising (p. 170). Helen thought this important because she takes pride in how she looks, and “just feels better” (p. 171) with herself for it. When asked how she would describe someone who would deny this was important she replied, “it’s their own personal choice, that’s how they feel what they want to do” (p. 172). This response was to be the first of several where not only did Helen not answer the question but appeared to go to some lengths to avoid giving a response that was, or could be seen to be, negative. In retrospect it is clear the interviewer should have pressed her to try again, saying something like, “Yes, of course it is their choice, but what sort of person would someone be who would deny that being fit and liking to exercise was important?” Helen thought they might have come to be like this due to the influence people had had on them and their experiences generally.

Her third response was, “someone who likes seeing family.” Unfortunately, most likely due to interviewer inexperience, no further questions were used to follow-up this response.

8.1.2.2 Root Question 2 (RQ2): “What sort of person are you?”

As discussed in section 6.1, Root Question 2 differs from Root Question 1 in two major ways. The first is it elicits constructs, and the second is it has a third exploration which is a modified version of Tschudi’s ABC technique (see section 6.1 and Table 6.2).

The first construct elicited from Helen was, talkative – quiet (p. 172). Helen did not see being talkative as important, and she wasn’t sure why this was the case speculating that she just didn’t feel comfortable talking around some people. In regards to how someone might get to be quiet, Helen thought it might be due to them having “lost somebody” (p. 173). Being talkative would be a disadvantage when people didn’t want to listen to her, and this might be due to her talking about something that the person didn’t want to discuss. Interestingly, Helen’s full response to being asked for the contrast pole appeared to exhibit the same desire to avoid saying anything negative
that was displayed in her second response to RQ 1 (see 8.1.20.1 above). Her full reply was, “well they could be the same as anybody else, they just don’t like talking they could still be sociable or quiet. Yeah. I’ve got a couple of friends that are quiet and I get along well with them.”

While the next step in the technique is to ask for the advantage of the contrast pole (in this case, quiet), Helen was mistakenly asked for the advantage of being talkative. Her reply was, “to let people know how you’re feeling...[and] what’s wrong with you if you’ve got a problem.” By implication, this suggests Helen thinks quiet people have trouble letting people know how they are feeling and what may be wrong with them.

The second construct elicited was, sociable – quiet (p. 173). Again, Helen appeared very reluctant indeed to provide a contrast pole that could be seen to critical of someone. Her full response to being asked how she would describe someone who wasn’t sociable was, “just quiet, I wouldn’t call them withdrawn or anything without really knowing them but yeah just quiet people.” Helen was ambivalent about the importance of being sociable, reporting that on the one hand she enjoyed “spending time with other people” but on the other she liked to spend time on her own. Unfortunately no questions were asked to explore the contrast pole. Instead of then asking Helen, as per the protocol, for a disadvantage of the elicited pole (sociable), she was mistakenly asked for an advantage of it, replying “you can meet new people. You have better relationships if you see people more often.” By implication this suggests Helen thinks quiet people could have difficulty meeting new people, and may see people less often resulting in poorer relationships. She was not asked for either an advantage or a disadvantage for the contrast pole.

The third construct elicited was annoying – quiet, somebody with something on their mind (p. 172/4), with the elicited pole being important due to it letting her know her “limits with people.” The contrast pole was not further explored. Helen identified people getting “angry with you” or withdrawing as a disadvantage of being annoying. This response, and her acknowledgment that being annoying has at least one significant disadvantage, perhaps signals that Helen now has a higher level of self-awareness, or Kellyan sociality, now than she did before the diagnosis (see Table 3.1 and section 6.2.3).
Table 8.1.2 Helen. Root Question 2: Answer i.

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>“How would you describe someone not like that?” (p. 172)</td>
<td>“How might a person get to be that way?” “They might have lost somebody.”</td>
</tr>
</tbody>
</table>

**Talkative – Quiet**

Exploration 2
a) “Is it important for you to be like that?”
Not really.

b) “How come?”
“I'm not sure.” Around some people I just don’t feel comfortable talking. (p. 173)

c) “How might a person get to be that way?”
“Not really.”

d) “What kind of experience might lead them to be like that?”
Not asked.

Exploration 3
a) “Tell me occasions when this might be a disadvantage?”
When people don't want to listen to me.

c) “Tell me when this might be an advantage?”
(Mistakenly asked her when being talkative might be an advantage. The which her reply was “To let people know how you’re feeling...[and] what's wrong with you if you've got a problem.”).

b) (“How might that be?”)
Not asked.

d) “How might that be?”
Not asked.

e) “How might that be?”
Not asked.

*Helen’s full response to this question was: “Well they could be the same as anybody else, they just don’t like talking they could still be sociable or quiet. Yeah. I’ve got a couple of friends that are quiet and I get along well with them”.*
**Table 8.1.2** Helen. Root Question 2: Answer ii.

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>“How would you describe someone not like that?”</td>
<td></td>
</tr>
<tr>
<td>Exploration 1</td>
<td>Sociable – Quiet* (p. 173)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) “Is it important for you to be like that?”</td>
</tr>
<tr>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td>“It is important, but not really.” (p. 173)</td>
</tr>
<tr>
<td>Not asked.</td>
</tr>
<tr>
<td>b) “How come?”</td>
</tr>
<tr>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
</tbody>
</table>

I enjoy spending time with other people. But I like to spend time by myself.

**Exploration 3**

<table>
<thead>
<tr>
<th>a) “Tell me occasions when this might be a disadvantage?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>In error Helen was asked when this was an advantage instead. To which she replied: “You can meet new people. You have better relationships if you see people more often.” (p. 173)</td>
</tr>
<tr>
<td>c) “Tell me when this might be an advantage?”</td>
</tr>
<tr>
<td>Not asked.</td>
</tr>
<tr>
<td>b) “How might that be?”</td>
</tr>
<tr>
<td>d) “How might that be?”</td>
</tr>
<tr>
<td>Not asked.</td>
</tr>
</tbody>
</table>

*Helen’s full response to this question was: “Just quiet. I wouldn’t call them withdrawn or anything without really knowing them but yeah just quiet people.”
Table 8.1.2 Helen. Root Question 2: Answer iii.

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td>“How would you describe someone not like that?”</td>
<td>Annoying – Quiet, somebody with something on their mind</td>
</tr>
<tr>
<td></td>
<td>(p. 6)</td>
<td>(p. 174)</td>
</tr>
<tr>
<td></td>
<td><strong>Exploration 2</strong></td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td>c) “How might a person get to be that way?”</td>
<td></td>
</tr>
<tr>
<td>Yes. (p. 174)</td>
<td>Not asked.</td>
<td></td>
</tr>
<tr>
<td>b) ( “How come?”)</td>
<td>d) “What kind of experience might lead them to be like that?”</td>
<td></td>
</tr>
<tr>
<td><strong>“Cause it let’s me know my limits with people.”</strong></td>
<td>Not asked.</td>
<td></td>
</tr>
</tbody>
</table>

**Exploration 3**

a) “Tell me occasions when this might be a disadvantage?”

**When people get angry with you or withdraw from you.** (p. 174)

b) “How might that be?”

Not asked.
8.1.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?”

As discussed in section 6.1, RQ3, “If I were to ask your father/mother what sort of person you are, what three things would they say?” like RQ2, elicits constructs because it directly asks for a contrast for each of the respondents’ initial replies (elicited poles). The question was clearly designed by Ravenette (1999) to explore sociality, and thus people’s ability to engage in successful role relationships.

The first construct elicited from Helen about how she saw her mother seeing her was, *untidy – someone who took pride in themselves and how they lived* (p. 174-175; see Table 8.1.3). Interestingly, and in common with her first two replies to RQ2, when initially asked for the contrast pole Helen replied, “she doesn’t hold anything against untidy people.” Again, it appears Helen was very keen to avoid being seen to be negative about anyone, in this case her mother. Perhaps not surprisingly Helen didn’t think her mother saw being untidy as important, saying “she sees being *tidy* as important” (Ex. 2 a.). As mentioned in 6.2, Ravenette’s instructions are not as clear as they could be in regards to what to ask when the respondent identifies the elicited pole as not being important. This led to the interviewer mistakenly then exploring this response (via “b.” and “c.”, see below & Table 8.1.3) instead of asking (d) “What for her was so good about being someone who took pride in themselves and how they lived?”, and then following up with (e) “What reasons would she give?” (see Table 8.1.3)

She thought her mother would say being tidy was important because (Ex. 2 b.) if you live in a dirty house people see you as a dirty person and she likes people to think she is clean, and visitors might feel uncomfortable in a messy house. An experience that may have led her mother to see things this way (Ex. 2 c) was Helen’s aunt, who was messy to the extent that her mother didn’t like going to see her because she felt uncomfortable there. By implication, one might hypothesize that Helen would see her mother thinking the good thing about being the contrast pole would be that people would see you as a clean person who they would feel comfortable visiting.

The second construct elicited was, *sociable – quiet or easygoing* (p. 174/76). Her mother viewed being sociable as important so you “don’t lose contact with people” (p. 176). Helen thought the experience that might have led her mother to this way of seeing things was having left work and losing contact with her friends and wanting to prevent this from recurring, adding that being sick had led her mother to keep in contact with them more.
Her mother would think there was nothing bad about being quiet or easygoing because “she’s a bit of a quiet person too.”

The third construct elicited was, relaxed and easygoing – hardworking (p. 174/76). She thought her mother would think being relaxed was only important “sometimes”, but not all the time because “she can be laid back but she’s normally doing something all the time” (p. 177). This was because she was brought up like that, and she “tries to put it on us.” As to what her mother would think was bad about being hardworking, Helen replied, nothing “unless it got to the point that you were stressed and angry from hard work.”

Ravenette’s third exploration (Table 8.1.3; Ex. 3) for Root Question 3 consists of four questions aimed at understanding if the participant agrees with what they perceive to be the significant other’s views about them (a), if it is important to go along with them and how come it is (b & c), and what the implications are if they don’t agree (d).

In the third exploration Helen agreed with all three of the views she felt her mother had of her, advising that it was “kind of” important to go along with her mother’s views, “to keep her happy”, but she would also “go along with some of [her] own views as well.” This was important because on “most things” her mother “knows what she’s talking about and, she gives good advice.” When they don’t agree they “have a bit of a fight but nothing major, just [an] argument.” The fact Helen felt she knew not only how her mother saw her, but also why she thought these attributes were important, or not, and felt able to articulate what sort of experiences might have led her to see things this way, indicates that Helen understands her mother well enough to engage in a successful role relationship with her.
Table 8.1.3 Helen. Root Question 3: Answer i.

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>(p. 8) Untidy – Someone who took pride in themselves and how they lived* (p. 175)</td>
</tr>
</tbody>
</table>

Exploration 2
a) “Does your mother think it is important for someone to be like that?”
(No. She sees being tidy as important) (p. 175)

b) “Why do you think that is?”

If you live in a dirty house people see you as a dirty person. She likes people to think that she’s clean. People who come over might feel uncomfortable if the house was messy.

c) “What experiences do you think led her to that way of seeing things?”

My Aunty. She’s very messy. Mum doesn’t like going around there because she feels a bit uncomfortable.

* When initially asked for the contrast pole she replied: “She doesn’t hold anything against untidy people.”
**Table 8.1.3** Helen. Root Question 3: Answer ii.

<table>
<thead>
<tr>
<th><strong>Initial response (Elicited Pole)</strong></th>
<th><strong>Contrast pole</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td><strong>“How would he describe someone not like that?”</strong> (p. 174) <strong>Sociable – Quiet or easygoing</strong> (p. 176)</td>
<td><strong>d) “What for her is so bad about being X?”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Yes.</strong> (p. 175) <strong>Nothing.</strong></td>
</tr>
<tr>
<td><strong>b) “Why do you think that is?”</strong></td>
<td><strong>e) “What reasons would she give?”</strong></td>
</tr>
<tr>
<td><strong>So you don’t lose contact with people.</strong> (p. 176) <strong>“She’s a bit of a quiet person too.”</strong></td>
<td></td>
</tr>
<tr>
<td><strong>c) “What experiences do you think led her to that way of seeing things?”</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Leaving work and losing contact with friends. Preventing this from happening again.</strong> <strong>Being sick has lead her to keep in contact more.</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Table 8.1.3 Helen. Root Question 3: Answer iii.

<table>
<thead>
<tr>
<th><strong>Initial response (Elicited Pole)</strong></th>
<th><strong>Contrast pole</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td></td>
<td>“How would she describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>(p. 174) <strong>Relaxed and easygoing</strong> – <strong>Hardworking</strong> (p. 176)</td>
</tr>
<tr>
<td><strong>Exploration 2</strong></td>
<td><strong>d)</strong> “What for her is so bad about being X?”</td>
</tr>
<tr>
<td><strong>a)</strong> “Does your mother think it is important for someone to be like that?”</td>
<td><strong>Nothing “unless it got to the point that you were stressed and angry from hard work.”</strong></td>
</tr>
<tr>
<td><strong>Sometimes, but not all the time.</strong> (p. 176)</td>
<td><strong>b)</strong> “Why do you think that is?”</td>
</tr>
<tr>
<td><strong>That’s how she is.</strong></td>
<td><strong>e)</strong> “What reasons would she give?”</td>
</tr>
<tr>
<td>“She can be laid back but she’s normally doing something all the time.” (p. 177)</td>
<td><strong>Not asked.</strong></td>
</tr>
<tr>
<td><strong>c)</strong> “What experiences do you think led her to that way of seeing things?”</td>
<td></td>
</tr>
<tr>
<td><strong>She was brought up that way by her parents. That’s why she’s like that and tries to put it onto us.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Table 8.1.3 Helen. Root Question 3: Exploration 3

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Which of these views do you go along with?</td>
<td>All of them. (p. 177)</td>
</tr>
<tr>
<td>b) Is it important to go along with her views?</td>
<td>“Kind of, to keep her happy but, I’ll sort of go along with some of my own views as well.”</td>
</tr>
<tr>
<td>c) How come’?</td>
<td>Because on “most things she knows what she’s talking about and, she gives good advice.”</td>
</tr>
<tr>
<td>d) What happens when you don’t agree?</td>
<td>“We have a bit of a fight but nothing major, just argument.”</td>
</tr>
</tbody>
</table>

8.1.2.4 Question 5: “Three things that were important about the situation”

The fifth and sixth questions asked were developed by the author (see 7.2.2) and based on the structure of Ravenette’s first Root Question, Who are you? (see 6.2.1). The first of these, Question Five in the interview schedule, was “Now I would like you to name three things that are/were important about the situation with your mother?” (see Table 8.1.4 for all responses).

Helen’s first answer to Question 5 was, “to spend time with her [mother]” (p. 184) and this was important because “at that stage…we didn’t know how long she had.” The sort of person who would deny that this was important was “somebody who didn’t really know their parents” and “didn’t really talk to them or have a close relationship.” She thought this might have come about due to “the way they were brought up, their parents could have been working a lot” and they may have been placed with babysitters or pushed onto other people. Due to this, “they don’t really form a bond, they have a bond but not a very close bond.”

Her second reply was, “[to] help out more” (p. 184), something she thought important “so that she didn’t worry about things” (p. 185). Somebody who would deny its importance was someone, “who wasn’t very close [to their mother] and didn’t really know them” (p. 185).
Table 8.1.4  Helen. Q. 5: Answers i. and ii.

“Now I would like you to name three things that are/were important about the situation with your mother?”

Answer i) “To spend time with her.” (p. 184)

Exploration 1

“How come it is important?”
“At that stage we didn’t really know how long she had.”

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
“Somebody who didn’t really know their parents.”
“Didn’t really talk to them or have a close relationship.” (p. 184)

b) “How might that have come about?”
“The way they were brought up, their parents might have been working a lot.”
They might have been babysat or pushed onto other people. (p. 185)

c) “What might lead them to that view?”
“They don’t really form a bond, they have a bond but not a very close bond.” “Being brought up and spending a lot of time with somebody else when you’re younger.”

Answer ii) “Help out more.” (p. 184)

Exploration 1

“How come it is important?”
“So she didn’t worry about things.” (p. 185)

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
“Somebody who wasn’t very close [to their mother] and didn’t really know them.” (p. 185)

b.) “How might that have come about?”
Not asked.

c) “What might lead them to that view?”
Not asked.
The third reply was, “family” (p. 184). This was important because, “they’ve… always been important and at that time they were even more important” (p. 185). The sort of person who would deny the importance of family would be “withdrawn” and “not an open person…just a quietish person” (p. 185). They might have come to be like this via “experiences, or [they find it] hard to deal with whatever’s happening if there’s a problem.”

Table 8.1.4 Helen. Q. 5: Answer iii.

“Now I would like you to name three things that are/were important about the situation with your mother?”

Answer iii) “Family.” (p. 184)

Exploration 1

“How come it is important?”
“They’ve…always been important and at that time they were even more important.” (p. 185)

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
Withdrawn. Not an open person…just a quietish person.

b.) “How might that have come about?”
“Just experiences, or [they find it] hard to deal with whatever’s happening if there’s a problem.”

c) “What might lead them to that view?”
Not asked.

8.1.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

Helen’s first reply to this question was that she was more family orientated. She thought this an important difference due to her belief that, “family’s important, it’s really all you’ve got” (p. 186; see Table 8.1.5 for all responses). Someone who was brought up in different circumstances was her description of someone who would deny the importance of this difference. This might have come about due to them not having had a family, or being adopted, in which case they mightn’t feel as close to their foster parents.
Table 8.1.5  Helen. Q. 6: Answers i. and ii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i) More family orientated (p. 186)

Exploration 1

a) “Do you think this difference is important?”
Yes.

If ‘Yes’- “How come it is important?”
“Family’s important, it’s really all you’ve got.” (p. 186)

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Someone who was brought up in different circumstances.

a) “How might that have come about?”
Someone who hasn’t had a family.
If they were adopted, mightn’t feel as close to their foster parents.

b) “What might have lead them to that view?” Not asked.

Answer ii) I’m “easier to put up with.” (p. 186)

Exploration 1

a) “Do you think this difference is important?”
Yes.

If ‘Yes’- (“How come it is important?”)
It makes life easier for everybody. (p. 187)

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

“ Probably nuts.”
A “bit laid back as well to be able to put up with things. Patient.” (p. 186)

a) “How might that have come about?”
They might have gone through experiences or been through it before and know how to deal with it better or know what the people are going through. (p. 187)

b) “What might have lead them to that view?” Not asked.
Her second reply was that she was “easier to put up with” (p. 186). This difference was important as “it makes life easier for everybody” (p. 187). The sort of person who would say this difference wasn’t important was “probably nuts” and that they would be a “bit laid back [and] able to put up with things”, as well as “patient” (p. 186). They might have come to be like this due to having been through such experiences before and know how to deal with it, or know what people in such a situation are going through. Like Helen’s third reply to RQ2 (“annoying”), this reply can also be seen to be about her increased level of self-awareness or Kellyan sociality.

Helen’s final reply was, “more understanding and willing to listen” (p. 186), an important difference due to it making it easier for other people “to understand what you’re going through.” The sort of person who would deny the importance of being different was someone who wouldn’t like expressing themselves, and thought they may be like this because they feel “embarrassed by opening up.” This reply, like the previous one, also seems to be about an increased level of self-awareness, or sociality, but also includes an element of being sociable that was one of Helen’s replies for each of the RQs, and indicates that she sees the situation as having resulted in a benefit (see 2.1.5).

**Table 8.1.5 Helen. Q. 6: Answer iii.**

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) **“More understanding and willing to listen.”** (p. 186)

Exploration 1

a) “Do you think this difference is important?”
   **Yes.** (p. 187)

   If ‘Yes’- “How come it is important?”
   “It’s easier for them to understand what you’re going through.”

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Someone who doesn’t like expressing themselves.

a) “How might that have come about?”
   **They might feel “embarrassed by opening up.”**

   b) “What might have lead them to that view?”
      **Not asked**
8.1.3 General Summary of Helen’s Responses

As argued in section 8.1.1, the overall impression gained from Helen’s replies to the BIQs was that while her mother’s diagnosis caused her to worry to the extent that it distracted her from her schoolwork for a considerable period, and resulted in changes to some of her activities, she was able to continue on with life much as usual. Despite initially saying she didn’t think anything good had come of the situation, Helen later said the situation had probably brought her closer to her sister. It was suggested that one of the notable aspects of Helen’s replies was her brevity and near exclusive focus on the reporting of events rather than a reflection on feelings and meaning. This brevity meant it was difficult to ascertain if there were any themes to Helen’s replies, but it was suggested that perhaps one theme was her worry about her mother.

Helen’s replies to RQ1, “Who are you?” were, “very sociable” but likes to spend time on her own, “fit” and likes exercising, and likes to see family. She appeared to go to some lengths to avoid giving a negative response for the second exploration for her second reply and, due to interviewer inexperience, this issue, via the failure to ask further questions, was not addressed. Despite these shortcomings, the questions did result in more, and more specific, information about who Helen is, than was gained from the BIQs (e.g. she is, and always has been, very sociable; she takes pride in how she looks).

The three constructs elicited with RQ2, “What sort of person are you?” were, talkative – quiet, sociable – quiet, and annoying – quiet, somebody with something on their mind, with Helen identifying annoying as important and being ambivalent about the importance of being sociable. The fact that Helen seemed intent on not providing a contrast pole that could be seen to be negative, suggests she was attempting to impression manage and/or is prone to want to avoid saying anything that may result in conflict. As in RQ1 significant further information was obtained about how Helen saw herself over that gained from her responses to the BIQs, namely that she saw herself as talkative, sociable and annoying.

RQ3, “What sort of person does your mother say you are?” resulted in the constructs, untidy – someone who took pride in themselves and how they lived, sociable – quiet or easygoing, and relaxed and easygoing – hardworking, with her mother seeing sociable as important but being ambivalent about relaxed and easygoing. As in RQ2 she displayed some reluctance to provide negative contrast poles, especially for her first
response. The fact she could not only identify three constructs about the sort of person she believed her mother saw her to be, but also believed she understood how her mother had come to see these as important or not, and agreed with these views she saw her mother having of her, suggests Helen is able to engage in a successful role relationship with her mother. Although, given Helen sees her mother as not seeing untidy (something Helen thinks she is) as being important, and is ambivalent about the importance of being relaxed, there is room for some conflict between them. This hypothesis is supported by her admission that she thinks it important to go along with her mother’s views to “keep her happy” and that when they don’t agree they do have “a bit of a fight.”

Helen’s responses to Question 5, “Name three things that were important about the situation with your mother?” were, “to spend more time with her”, “help out more”, and “family.” This last response is consistent with the idea of the importance of family identified in her third response to RQ1 (“family”). The first two responses, mainly via their elaborations, reflect the nascent theme identified in section 8.1.1 on Helen’s worry about her mother. If someone is worried about a family member one might well expect they would want to spend time with them and help them out more than they would otherwise. In light of the sparse nature of Helen’s replies to the BIQs, the fact that further information was drawn out of Helen by this question attests to its utility over and above traditional approaches in assisting the researcher to get at the issues seen as important by the participant.

Helen’s responses to Question 6, “Three ways in which you are different now than before the diagnosis?” were, “more family orientated”, “easier to put up with”, and “more understanding and willing to listen”, with all three being identified as important. The first of these was a repetition of the idea of the importance of family raised in RQ1, with the second and third reflecting the idea of the importance of an increased self-awareness, or sociality, first recorded in RQ2. They also suggest she felt she had benefited in some ways from the situation. Thus, while this question did not add any new themes or areas of interest, it did result in information not obtained via the BIQs. As discussed in section 8.1.1, Helen’s replies to the BIQs were largely confined to the reporting of events as opposed to emotional states or meaning. As such these replies are interesting as they provide information not obtained from Helen in the BIQs on what is important and meaningful to her, and point to the value of such a question over and above traditional approaches (see Table 8.1.6 for a summary of replies to all WAY? technique questions).
### Table 8.1.6 Helen. WAY? Technique questions summary

**Root Question 1. Who are you?**

<table>
<thead>
<tr>
<th></th>
<th><strong>Initial response</strong></th>
<th><strong>Exploration 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>“Very sociable”, but likes to spend time on own</td>
<td>(A shy-ish quiet person that’s new to an area)</td>
</tr>
<tr>
<td>ii)</td>
<td>“Fit”, likes exercising</td>
<td>(“It’s their own personal choice, that’s how they feel what they want to do”)</td>
</tr>
<tr>
<td>iii)</td>
<td>Someone who likes seeing family</td>
<td>Not obtained</td>
</tr>
</tbody>
</table>

**Root Question 2. What sort of person are you?**

<table>
<thead>
<tr>
<th></th>
<th><strong>Initial response</strong></th>
<th><strong>Contrast pole</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td><em>Talkative</em> – Quiet</td>
<td></td>
</tr>
<tr>
<td>ii)</td>
<td>Sociable – Quiet</td>
<td></td>
</tr>
<tr>
<td>iii)</td>
<td>Annoying – Quiet, somebody with something on their mind</td>
<td></td>
</tr>
</tbody>
</table>

* = identified as not being important
<table>
<thead>
<tr>
<th>Root Question 3.</th>
<th>What sort of person do others think you are?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial response</strong></td>
<td><strong>Contrast pole</strong></td>
</tr>
<tr>
<td>i) <em>Untidy</em></td>
<td>Someone who took pride in themselves and how they lived</td>
</tr>
<tr>
<td>ii) Sociable</td>
<td>Quiet or easygoing</td>
</tr>
<tr>
<td>iii) Relaxed and easygoing</td>
<td>Hardworking</td>
</tr>
</tbody>
</table>

**Question 5.** Three things that were important about the situation

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) “To spend time with her”</td>
</tr>
<tr>
<td>ii) “Help out more”</td>
</tr>
<tr>
<td>iii) “Family”</td>
</tr>
</tbody>
</table>

**Question 6.** Three ways in which you are a different person now than before the diagnosis.

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) More family orientated</td>
</tr>
<tr>
<td>ii) I’m easier to put up with</td>
</tr>
<tr>
<td>iii) “More understanding and willing to listen”</td>
</tr>
</tbody>
</table>

* = identified as not being important
8.2 EVE

8.2.1 Eve’s Replies to the Basic Interview Questions

Eve (16 years old at the interview) was one of four children whose father was diagnosed with lung cancer when she was 14. Her father had thought his trouble breathing was due to bronchitis, which he had suffered in the past, but “eventually Mum convinced him to go check it out and he actually found he had cancer” (p. 189). He had radiotherapy, which appeared to be very successful, and was informed he was in remission. Not long after this he had pain under his arms and “they actually found it was cancer in his lymph nodes.” He then had chemotherapy, something Eve found “a bit overwhelming” at the time.

The chemotherapy had an unanticipated reaction with the previously administered radiotherapy, “and it actually burnt tissue on his lungs” and “he’s still got breathing problems…even though he’s in remission…it’s basically a life-long thing” (p. 189). Prior to his treatment her father had been “the fittest Dad out of…all my friends”, and he became someone who couldn’t even walk up stairs “without puffing and panting.” This “really sort of opened my eyes to like, what’s in the world, what can happen, like nobody’s untouchable I guess.”

A further complication was pneumonia, which he had on a number of occasions during his treatment. “He actually was pretty close to going, like he knew…thought he was going” (dying from it). Looking back at the situation Eve didn’t think she “really understood the whole situation” and that her father was “very lucky” and the “family’s miracle.”

The experience had brought “everybody…a bit closer together and, [they] talked more about their feelings…if we had any problem we’d like talk to each other” (p. 191). In saying this Eve was careful to emphasize that she didn’t just mean the nuclear family, she meant it had, “brought the whole family, not just our immediate family, closer together and more aware of what was going on. Not just with Dad but with everyone.” With this last point Eve appears to be saying that all members became closer to all others, not just closer to her father.


37 See Appendix J for the interview transcript to which the cited page numbers relate.
Apart from the radiotherapy and chemotherapy, his other treatment was a regular dose of a steroidal drug, the main side-effect of which was weight gain\(^\text{38}\). To quote Eve, “well it does good stuff for your lungs but the side-effect is that it makes you really fat” (p. 189). At the time of the interview Eve’s father had been off this drug for some twelve months but he remained “bloated.” Eve had been informed that, while the drug still remained in his system, it would eventually work its way out.

Another issue Eve saw as significant, and one that was to recur again and again over the course of the interview, was her father’s positive outlook. This positive outlook, “helped everyone because…if he had’ve been like a really negative person…it probably would have put more stress on us….so Dad was like trying to be positive about everything and [saying] ‘Everything’s sweet guys, like just don’t worry about it’” (p. 190).

Interestingly, towards the end of this part of the interview Eve reflected on how she was noticing more things now than she did at the time it was happening. In particular she realized “how bad it [the situation] was.” It was Eve’s view that she had never been exposed to such a situation before and had “never really been told anything about cancer.”

In regards to what changed around the house Eve thought her father didn’t work as much, but because he mainly worked from home he didn’t spend much extra time there. He did however spend more time being “around in what we were doing” (p. 191). Her father’s illness was “a big strain” on her mother and so she and her siblings would help her out around the house so, “Mum wouldn’t have to worry about that and she could go off and, like she could concentrate on things with Dad” (p. 192).

Eve didn’t think the diagnosis had affected her schoolwork. She put this down to her own efforts, explaining how she didn’t want to disappoint her father and have him think that because “he was sick everything else was falling apart.” Apart from not wanting to disappoint him, Eve also wanted to “keep him happy…[so he would] be a lot happier knowing that…everybody’s coping with it and, that they’re not just falling apart.”

However, while her actual schoolwork was not affected, her relationships with her teachers were. While Eve believed a few of her teachers would have known about her

\(^{38}\) It is unclear if Eve meant weight gain as in gaining fat, or some type of fluid retention, as she also uses the term ‘bloated’.
father’s diagnosis, she found “teachers that I didn’t even usually talk to coming up to me and saying things” (p. 192). Some treated her differently, saying things like, “Hi how are you going, how’s everything going’…like they…expect you to be not coping” (p. 191; see section 1.2 and Furedi, 2006). They also said, “if you can’t get this done I’ll understand’, which made Eve think, “Oh why couldn’t I? Why wouldn’t I, be able to do that?” At the time Eve thought, “Dad’s sick and he’d always gotten over what he was sick [with]”, so she just assumed he would get over it this time.

Eve did not believe the diagnosis had had a major impact on her relationship with her friends, including the amount of contact with them. She had told only “a couple of my close friends” (p. 192) but thought most of her friends knew, despite her not having actually spoken to them about it. It was Eve’s view she did what she always had done with them, but that her close friends “were just more understanding of, what I had to say and how I felt you know at that time, sort of were more aware of what was going on” (p. 192).

When asked if the diagnosis affected her relationship with her mother, Eve replied that both she and her siblings “were all a lot more understanding, of her emotions” (p. 192). In what was to become a recurring theme Eve reported that “we just wanted to make like, keep her happy and, we didn’t want to upset her and we wanted to like, let her tell us what she was feeling.” In summary, Eve felt the situation had brought them closer together.

Eve discussed her father’s illness with both her father and her mother and her siblings were also involved. Her father kept them all up to date with whatever was happening and didn’t hide anything. When he was “really really sick it was like Mum telling us because obviously he just couldn’t really tell us” (p. 192). However, generally Eve felt that both parent’s informed their children about everything that was happening with him. Although, on occasion, her mother felt that Eve’s father was a little over-optimistic and would tell the children so.

Eve felt the family’s open communication was important in how they all coped with the situation. “I think if we hadn’t talked about it, there would have been a lot of anxiety and stress and everything, like you wouldn’t have known what was going on and you’d be all uptight and worried” (p. 193). Eve believed that had they not been informed about what was going on that this would have had a “major effect” on her school life and her relationship with her family and friends.
Eve appeared to be saying that being continually informed about what was happening stopped her being anxious. As detailed in Section 3.1.6, Kelly (1955) defined anxiety as “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system” (p. 495). In Eve’s case the events with which she was confronted were quickly brought within her construct system’s range of convenience by the information provided by her parents.

Eve’s reply to whether her father’s diagnosis made her concerned about getting cancer herself was a little surprising. Instead of answering yes or no and going on to explain why, she said “I’ve never really thought about it that way” (p. 193). Eve went on to say the diagnosis had “opened her eyes” to the fact that both young and old people, men and women, get many types of cancer. Eve was now “just so much more aware of what’s going on” and had thought to herself, “this just doesn’t happen to other people, like it could happen to you.” However, being asked the question made her consider the issue differently:

I never sort of really thought that it, like could happen to me but, you saying that just then I guess I have but just not, like I have sort of sub-consciously but never sort of really, told myself that I thought that. [emphasis added] (p. 193)

A good question causes people to search deeply for a reply and leads them to make new connections, or constructs. This is reconstruing. While the use of questions to bring about a change in thinking is usually thought of as a psychotherapeutic technique, this example illustrates the similarity between research interviewing and therapy and demonstrates how it is the technique (asking good questions), not the intent, that can lead to reconstruing.

Eve was quick to identify her older sister, Cindy, with whom she shared a bedroom, as the person who had helped her most since the diagnosis. Eve used to talk about “everything” with her and she would “make sure I was like okay and coping okay and, even though I was a bit younger, I’d still sort of try and help her if she was feeling upset” (p. 193). Eve felt they knew what the other was going through and they helped each other through the situation. Out of all the family Eve probably talked about the situation the most with Cindy and that such discussion had definitely helped. “If we hadn’t of talked about it, it would have been a very stressful household… it would have been very hard on everybody… a lot harder than what it was” (p. 194). In PCT terms it appears that by spending time with her Cindy was able to both validate Eve’s
constructions about the situation and reduce Eve’s anxiety by providing further information about what was occurring.

Kelly’s commonality corollary would predict that Eve and Cindy would have similar psychological processes as they had similar upbringings and were both exposed to the situation of their father’s diagnosis and treatment. They were able to know what the other was going through due to their similar construction of the experience.

Eve’s father was quite a sportsman before his diagnosis, and was particularly keen on surfing, but was unable to engage in any sport while having treatment and for some time after. The family had spent a lot of time surfing together and were quite a “well-known family down on the beach” (p. 194). Because they had spent so much time surfing together Eve found it “sort of weird…when he wasn’t there.” He didn’t stay away entirely though, “he still like came down the beach when he could.” However, his absences did not stop her from going surfing.

Neither did his illness stop her continuing with her other sporting interest, soccer. “Even when he was sick he still came and watched all my soccer games and that, unless he was like, in hospital.” Eve added, “Dad’s always sort of been big on social stuff and getting everyone out, and you know getting amongst people and enjoying yourself.” The implication here was that her continuing participation in all things social was encouraged.

Eve’s relationship with her brothers and sister did change after the diagnosis, she felt that “it definitely brought us closer” (p. 195), a recurring theme throughout the interview.

One question asked that was not included on the original list was whether she had any advice for other kids in her situation. In short, and in keeping with many of the replies detailed above, her answer was “talk to people, talk to your family, talk to your friends” (p. 219).

**Summary of Eve’s replies**

Eve’s replies indicate her life was not thrown into disarray by her father’s diagnosis and subsequent treatment. However, this is not to say the diagnosis did not cause her some distress and result in some changes to her life, although these changes were relatively mild. The general changes and events Eve identified as important were: her
father’s positive outlook; how it opened her eyes to what can happen; that while he was injured by the treatment, and almost died of pneumonia, the treatment for both the cancer and the damage done to his lungs by the treatment worked; and, it brought her closer to all members of both her nuclear and extended family.

More specifically, Eve felt the diagnosis: resulted in her father being around the house more; put a big strain on her mother; had not had any effect on her schoolwork, but had altered the relationship with her teachers to some extent; had no major impact on her friendships; had not impacted on the amount of sport she engaged in, but that she had to do so without the regular presence of her father. Eve also reported that: the family being kept well informed about the situation was important in reducing her anxiety; while she had never thought about getting cancer herself she felt the diagnosis had opened her eyes to the fact it could happen to her; and, the person who helped her the most was her sister Cindy via talking to her about “everything.”

Three themes were evident in Eve’s replies to the questions asked and her general explanation of how the situation affected her. The themes revolved around family and relationships, others’ happiness or well-being, and the importance of communication. As we shall see in the next section these themes recurred in Eve’s replies to Ravenette’s WAY? Technique questions.

8.2.2 Eve’s Replies to the WAY? Technique Questions

8.2.2.1 Root Question 1 (RQ1): “Who are you?”

The first of Eve’s three answers to RQ1 was “single” (see Table 8.2.1). The first Exploration (Ex.1 a) is to ask if this was important. It was Eve’s view that being single was not important. When answered in the negative the follow-up question is “What sort of person would say that being single was important?”, to which Eve replied, “somebody that has broken up with a partner.” The second part of the first Exploration (Ex.1 b) is, “Why might that be?” Eve’s response to this question was, “they might have been together a long time and wanted time apart.” As discussed in section 6.1, it was Ravenette’s view that asking for three answers was a good way to avoid “pat” replies and to promote a deeper inner search. Ravenette thought that often the first answer given is rather pat and unimportant, but the interviewer will not know if they do not ask. Thus, as Eve has informed us that being single was not currently important, this first reply should be not interpreted as carrying much importance for her. However, Eve’s
reply, “somebody that has broken up with a partner” (p. 197), to the follow-up question, “What sort of person would say that being single was important?” suggests that in some situations it would be important. Indeed, Tom Ravenette (personal communication, August 30, 2002) suggests such descriptions, “given the appropriate circumstances”, are potentially about the respondent.

Table 8.2.1 Eve. Root Question 1: Answer i.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

SINGLE

Exploration 1

a) “Is it important for you to be single?”
No (p. 196)

“What sort of person would say that being single was important?”
Somebody that has broken up with a partner. (p. 197)

b) (Why might that be?)
They might have been together a long time and wanted time apart. (p. 197)

Eve’s second reply to RQ1 was “student” (see Table 8.2.1). It was Eve’s view (Ex.1 a) that being a student was important as, “it’s a major part of who I am. School is boring but the social part is great. From an education point of view it is important. You get self-satisfaction from good marks” (p. 198). Her reply gives the interviewer a considerable amount of information in a rather small number of words. The first part of her reply (“It’s a major part of who I am”) suggests being a student is currently a core aspect of her identity. In the current context (adolescents with a parent with cancer) it is reasonable to hypothesize that if her father’s diagnosis was to make it impossible for Eve to continue as a student, that she would feel threatened (in the PCT sense of the word) by this. In fact, depending on how central being a student was to her identity, she may feel threatened even if the diagnosis only altered her student status as opposed to destroying it. The second part of her answer, the “social part [of school] is great”, provides a clue as to how this might come about. Presumably the social aspect she enjoys so much at school is not just what happens when she is at school, but also what she does after school with her school friends. Thus, if her father’s diagnosis meant she
was unable to attend after school events, perhaps due to her being dependent on him driving her there, she might well feel that her identity was threatened.

Eve’s next two statements also provide data from which to hypothesize ways in which her father’s diagnosis may pose a threat to her identity. These relate to education being important and the satisfaction she gets from “good marks.” This suggests that even if her father’s cancer diagnosis did not threaten her identity as student in a direct way, but in any way in which it impaired her ability to perform academically and get “good marks”, it would likely be threatening.

Further support for this hypothesis comes from Eve’s reply to the second exploration (Ex. 2 a) where she says she, “really can’t say” what sort of person would deny that being a student was important. She goes on to say, “it is important, whether it is actually classified as important [or not]. It means something to…everybody.” This comment suggests Eve saw being a student as fundamentally important to her identity, so much so that she simply could not fathom how someone could not see it as such.

**Table 8.2.1 cont.** Eve. Root Question 1: Answer ii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

**STUDENT.** (p. 195)*

Exploration 1

a) “Is it important for you to be like that?”

Yes. (p. 198)

“How come it is important?”

It's a major part of who I am. School is boring but the social part is great. From an education point of view it is important. You get self-satisfaction from good marks. (p. 198)

Exploration 2

a) “You describe yourself as a student and say that it is important. What sort of person would deny that being a student was important?”

I really can’t say. Because in some ways it is important, whether it is actually classified as important [or not]. It means something to everybody. Because for everybody, for any job you need either education or training. (p. 198)
This leads to a further hypothesis; that if Eve met someone who said, or whose actions implied, that her student-hood was unimportant, she would have serious difficulty understanding or relating to them, and would find the view very threatening indeed. In PCT terms, Eve has a potential problem of sociality (see Table 3.1).

Eve’s third reply to RQ1 was “checkout chick” (see Table 8.2.1). It was Eve’s view (Ex.1 a) that being a checkout chick was important and this was due to her needing the money and the job being fun. “Sour-faced people” were the sort who would deny importance of being a “checkout chick” (Ex.2 a). Eve felt this might have come about (Ex. 2 b) via family, specifically how your parents treat you and how you treat them in return. When this reply was followed up with the question (Ex. 2 c) “What might lead them to that view?” Eve replied that it may be due to “their parents not being around” perhaps due to them “working a lot”, and/or them taking “for granted what they have.”

*Table 8.2.1 cont. Eve: Root Question 1: Answer iii.*

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

CHECKOUT CHICK. (p. 195)

Exploration 1

a) “Is it important for you to be X ?”

Yes. (p. 199)

(“How come it is important?”)*

Money is good. I need money. It’s a fun job.

Exploration 2

a) “What sort of person would deny that being X was important?”

Sour-faced people. (p. 199)

b) “How might that have come about?”

It might come back to family. How your parents treat you, how you treat your parents. (p. 200)

c) “What might lead them to that view?”

Their parents not being around; working a lot. Some people take for granted what they have.

* If the question is in brackets ( ) then this is because it was answered without actually being asked.
Eve’s replies to the latter two questions (Ex. 2 b & c) suggest that family in general is important to her, as is how you treat people. And, that your parents not being around, and people taking for granted what they have, can make for “sour-faced people.” Follow-up questions for Eve (if this had of been either counselling or multiple interview research) that come out of these responses might be, “Is family important to you?” “Is it important how you treat people?” “Were your parents around when you were growing up?” Do you take for granted what you have?” Depending on the responses they could in turn be laddered and pyramided.

8.2.2.2 Root Question 2 (RQ2): “What sort of person are you?”

The first answer to RQ2 was Outgoing/not shy of a word – Sort of shy/a hermit (see Table 8.2 2). Eve identified being outgoing/not shy of a word as being important (Ex. 2 a) and when asked how come this was important (Ex. 2 b) said, “because that’s who I am. I like meeting new people. I’ve always been like this.” Eve’s reply (Ex. 1 c) to being asked, “How might a person get to be that way (Sort of shy/ a hermit)?” was, “that’s just who they are. They were born that way.” The reply to the follow-up question (Ex. 1 d), what kind of experience might lead them to be like that? was, “it could be parents. They could come from a big family, there might be a big age difference between siblings.”

The first part of Eve’s reply to Ex. 2 b, and her reply to Ex. 2 c, suggests Eve sees these characteristics in herself and others as being inherited. This points to this being an aspect of Eve’s personality that she sees as unchangeable. However, her reply to Ex. 2 d suggests she also sees room for family/environmental influences in how people come to be outgoing or shy.

As mentioned, the third exploration is a modified version of the ABC technique. Ravenette appears to be using this as a loosening technique. In asking the participant for the disadvantages of the elicited pole (Ex. 3 a), “sometimes at school”, and the advantages of the contrast pole (Ex. 3 c), “when you’re in a lecture you’re sitting there taking it all in”, he is assisting them to explore their beliefs about themselves in the hope this will enable them to see that they don’t always have to act in the same way. Eve’s answers to his follow-up question (b & d), how might that be? illustrate (mainly for her own benefit in Ravenette’s formulation) concrete situations in which this might be the case. Eve’s reply to Ex. 3 b strongly suggests that Eve is inclined to be very talkative in class, and her reply to Ex.3 d suggests she sometimes feels that some people expect her to be talkative.
The second construct elicited from Eve (see Table 8.2) was, *Happy personality – Sad, depressed. Or in the middle, not over happy, not sad.* Being a “happy personality” was important (Ex. 2 a), and this was, “because that’s who I am. If I wasn’t happy I wouldn’t be complete” (Ex. 2 b). While the initial part of Eve’s contrast pole (Ex. 1) reply is unremarkable (“Sad, depressed”) the second part is very interesting. The reader will recall from section 6.1 that Ravenette saw it was the search for a deeper personal meaning that the PCP approach is very much concerned to elicit, and that giving a dictionary opposite, or antonym, as an automatic reply is easy, but not personal. It may be the first part of Eve’s reply was just such an automatic antonym type response with the second part of her contrast being the true personal one. Evidence for this proposition comes from statements made by Eve both before and after Root Question 2 (RQ2) and its explorations were asked, when she was talking more generally about her experience. At one point, when discussing how unhappy many of her work colleagues at Woolworths were she says, “if you’re depressed you should change, change yourself I guess…change what you’re doing” (p. 200). She goes on to quote her father, “Dad always said ‘have a positive outlook and things will be positive’…and he had a positive outlook…but, yeah you can’t be depressed” (p. 200, emphasis added). Slightly later in the interview Eve goes so far as to say “yeah, I hate depression. Oh there are so many people with depression at school” (p. 204). And, “I like to be happy, I like to make other people happy” (p. 205). She “doesn’t like seeing people sad” because it makes her sad “because you know how it feels to be upset” (p. 205). Later in the interview when talking about what sort of man her father is Eve says, “he likes togetherness. Everybody …being happy, everybody saying what they feel, and everybody having respect for each other” (p. 210, emphasis added).

Eve’s comments suggest that being depressed is not an option because her father, with whom she appears to have a close and strong relationship, has decreed that you can change yourself or your circumstances if you are unhappy, and choose to have a positive outlook. Perhaps the most important statement from Eve here is the last one where she said her father likes everyone “being happy.” Perhaps this is why Eve’s real personal contrast to being a “happy personality” is this middling state of neither happy nor sad, because she has been taught that there are no other options.

Eve’s replies to the third exploration lend further support to the above hypothesis. Eve identified being a “happy personality” as a disadvantage “amongst sad people” because “there are certain situations…where you can’t always be happy.” However,
Table 8.2.2  Eve. Root Question 2: Answer i.

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>“How would you describe someone not like that?”</td>
<td>“How might a person get to be that way?”</td>
</tr>
<tr>
<td><strong>OUTGOING/NOT SHY OF A WORD – SORT OF SHY/ A HERMIT.</strong> (p. 202)</td>
<td>That’s just who they are. They were born that way.</td>
<td></td>
</tr>
</tbody>
</table>

Exploration 2
a) “Is it important for you to be like that?”
Yes. (p. 202)

b) “How come?”
Because that’s who I am. I like meeting new people. I’ve always been like this.

c) “How might a person get to be that way?”
That’s just who they are. They were born that way.

d) “What kind of experience might lead them to be like that?”
It could be parents. They could come from a big family, there might be a big age difference between siblings. (p. 203)

Exploration 3
a) “Tell me occasions when this might be a disadvantage?”
Sometimes at school.

b) “How might that be?”
You always want to say something but you can’t because it’s not the right time. And if somebody important is talking you’re itching to say something and you know you can’t and you’re sitting there holding your mouth shut.

c) “Tell me when this might be an advantage?”
When you’re in a lecture you’re sitting there taking it all in. (p. 204)

d) “How might that be?”
You wouldn’t have to talk to as many people because you’re not expected to.
<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer ii)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td><strong>HAPPY PERSONALITY</strong> – SAD, DEPRESSED. OR IN THE MIDDLE, NOT OVER HAPPY, NOT SAD</td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td><strong>Exploration 2</strong></td>
<td><em>c) “How might a person get to be that way?”</em></td>
</tr>
<tr>
<td><em>a) “Is it important for you to be like that?”</em></td>
<td>Not happy with life in general, with who they are or what they’ve achieved.</td>
</tr>
<tr>
<td><em>Yes.</em></td>
<td><em>d) “What kind of experience might lead them to be like that?”</em></td>
</tr>
<tr>
<td></td>
<td>They might have lost at sport or something. Being around sad people. Being in a household that isn’t happy. Fighting with a parent or friend.</td>
</tr>
<tr>
<td><strong>Exploration 3</strong></td>
<td><em>c) “Tell me when this might be an advantage?”</em></td>
</tr>
<tr>
<td><em>a) “Tell me occasions when this might be a disadvantage?”</em></td>
<td>I can’t, no really I can’t (tell me when it might be an advantage).</td>
</tr>
<tr>
<td><em>Amongst sad people.</em></td>
<td><em>d) “How might that be?”</em></td>
</tr>
<tr>
<td></td>
<td>Not asked.</td>
</tr>
<tr>
<td><em>b) “How might that be?”</em></td>
<td></td>
</tr>
<tr>
<td><em>There are certain situations, like the cancer, where you can’t always be happy.</em></td>
<td></td>
</tr>
<tr>
<td>Initial response (Elicited Pole)</td>
<td>Contrast pole</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Answer iii</strong></td>
<td></td>
</tr>
<tr>
<td>Exploration 1</td>
<td></td>
</tr>
<tr>
<td>“How would you describe someone not like that?”</td>
<td></td>
</tr>
<tr>
<td><strong>UNDERSTANDING</strong> – NARROW-MINDED/SELFISH. SOMEBODY WHO IS ALWAYS RIGHT. (p. 207)</td>
<td></td>
</tr>
<tr>
<td>Exploration 2</td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td></td>
</tr>
<tr>
<td>Yes. (p. 206)</td>
<td></td>
</tr>
<tr>
<td>c) “How might a person get to be that way?”</td>
<td></td>
</tr>
<tr>
<td>It could be family, it could be themselves. How they see things. (p. 207)</td>
<td></td>
</tr>
<tr>
<td>They might not want to take the time to care. They might be too busy to see what’s going on.</td>
<td></td>
</tr>
<tr>
<td>b) “How come?”</td>
<td></td>
</tr>
<tr>
<td>Listening can just be good for them, and it’s good for you like, you know what they’re thinking and feeling.</td>
<td></td>
</tr>
<tr>
<td>d) “What kind of experience might lead them to be like that?”</td>
<td></td>
</tr>
<tr>
<td>Not asked</td>
<td></td>
</tr>
<tr>
<td>Exploration 3</td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td></td>
</tr>
<tr>
<td>People involve you in things all the time.</td>
<td></td>
</tr>
<tr>
<td>c) “Tell me when this might be an advantage?”</td>
<td></td>
</tr>
<tr>
<td>When you’re put in the middle of a situation.</td>
<td></td>
</tr>
<tr>
<td>b) “How might that be?”</td>
<td></td>
</tr>
<tr>
<td>They involve you even when you don’t want to be involved.</td>
<td></td>
</tr>
<tr>
<td>d) “How might that be?”</td>
<td></td>
</tr>
<tr>
<td>You could say “forget it”, “I’ll listen to your feelings but I really don’t want to be involved”</td>
<td></td>
</tr>
</tbody>
</table>
when asked when being sad might be an advantage she couldn’t identify such a time. (Although presumably, given her previous response, it would be advantageous “amongst sad people”). Eve’s apparent inability to see when being sad, or even “in the middle, not over happy, not sad”, would be appropriate, suggests she struggles to know how to behave in those situations where being happy is not entirely appropriate. It also suggests this is a superordinate, or even core, construct; an idea supported by Eve’s reply of “because that’s who I am. If I wasn’t happy I wouldn’t be complete”, to being asked how come it is important to be a happy personality (Ex. 2 b).

The third construct elicited from Eve (see Table 8.2.2) was Understanding – Narrow-minded/selfish. Somebody who is always right. It was Eve’s view that being “understanding” was important (Ex. 2 a) and this was due to listening being good for both the other person and yourself because, “you know what they’re thinking and feeling.” Someone might get to be like the contrast pole (Ex. 1) due to family influence, or it being inherent in the individual, “how they see things”, or they might be either “too busy” or “not want to take the time to care” (Ex. 2 c). As the contrast pole has been labelled so negatively it is difficult to see how Eve could feel able to move down this end of her construct pole when “understanding” doesn’t fit the situation.

The third exploration offers further evidence that movement along this construct would be difficult for Eve as one way in which being understanding was a disadvantage (Ex. 3 a) was that, “people involve you in things all the time”, “they involve you even when you don’t want to be involved” (Ex. 3 b). Eve saw being narrow-minded/selfish as an advantage (Ex. 3. c & d) “when you’re put in the middle of a situation…you could say ‘forget it, I’ll listen to your feelings but I really don’t want to be involved’.”

Eve’s responses to the third exploration indicated she was in what Hinkle (1965) termed an “implicative dilemma” (see section 6.2.2.1) because if she were to say to someone “forget it” (meaning she doesn’t want to get involved), this would imply that she was a narrow-minded/selfish sort of person; the sort of person she isn’t. However, if she doesn’t say “forget it” she got to continue to see herself as understanding, but must pay the price of being involved in something she would rather not be involved in.

These results suggest a number of questions that might have been asked of Eve if she were being followed up. These include: Does Eve’s construct, Understanding – Narrow-minded/selfish, mean that when she finds it impossible to be understanding she becomes the contrast? Do Eve’s answers to Ex. 3 imply she has taken on the role
of problem solver or therapist for the family? Is she caught in the middle of things at home, being asked to mediate between family members? If her father deteriorates, will her siblings turn to her for support?

8.2.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?”

The first construct elicited from Eve was *Chatterbox – Somebody who stopped talking, somebody not like me* (see Table 8.2.3), with the elicited pole not being something (Ex. 2. a) her father would think was important. As with Helen (see 8.1.2.3), this response was then mistakenly followed up with Exploration 2 “b” and “c” (see below), instead of her being asked (d) “What for him was so good about being someone who took pride in themselves and how they lived?”, and then following up with (e) “What reasons would he give?” (see Table 8.2.3)

Eve thought her father wouldn’t see being a chatterbox as important as, “he thinks you don’t always need to talk non-stop” and “sometimes it’s nice to be able to sit with somebody and not have to say anything” (Ex. 2. b). Her father saw things this way because of his considerable experience with people (Ex. 2. c). He would not see anything bad (Ex. 2. d) about “somebody who stopped talking” (Ex. 1) and the reason was that he believed it was the “qualities in people” that were important as opposed to how much they talked (Ex. 2. e). As with Helen (see 8.1.2.3) it seems, by implication, a fair hypothesis that Eve would see her father as thinking the good thing about being the contrast pole would be that such people are nice to be (“sit”) with as they know it’s not important to have “meaningless conversations.”

The second construct was *Understanding – Selfish. No respect for other’s opinions or feelings*. Eve thought her father would think that being understanding was important (Ex. 2 a.) and this was due to it being important “to know what you think” and “to know what other people are thinking and respect it” (Ex. 2. b). The experience her father had had that led him to see things this way was coming from “a big family” and being a “middle child” and that he “saw things from both ways” (Ex. 2. c). In regards to the contrast pole (Ex. 1), Eve thought her father would have an issue with someone being “selfish” because he thinks “it’s important to understand everybody as well as yourself” (Ex. 2 d). When asked about her father’s reasons for this Eve talked about how he likes “togetherness” and “everyone being happy, saying what they feel and having respect for each other” (Ex. 2 e).
The third construct was *Open minded – Somebody with no regard for other’s opinions/greedy* (see Table 8.2.3). Her father would think it was important to be open-minded (Ex. 2. a) due to him believing that “things aren’t black and white”, and “everything is seen as different” (Ex. 2 b). The experiences Eve thought had led her father to see things this way (Ex. 2 c) were those “as a teenager and in the family” and via “his career as a salesman.” In regards to the contrast pole (Ex. 1), her father would not find this “bad” (Ex. 2 d) but rather, “he knows there is so much more out there.” Her father’s reasons for this view would be due to him not wanting “people to miss out”, his experience, and knowing that “you can’t take things for granted”, as well as him liking “to see people enjoy themselves and take in everything and be happy.”

Eve agreed with all three (Ex. 3, a; see Table 8.2.3 “Exploration 3”) of what she saw as her father’s views of her (chatterbox, understanding, open-minded). It was Eve’s view that while it was important “in a sense” to go along with his views (b) it was “not like we have to, but we like to.” When asked how come it was important (c) Eve referred to him having “a bigger view of things”, and “know[ing] a lot about everything.” Eve’s reply to being asked, “What happens when you don’t agree?” (d) was that it wasn’t a “fun” thing to do “if it’s a major issue”, and “if we disagree he’s my Dad, he’s the parent, I’ve got to respect him and what he says.” However, Eve goes on to say how she’s never had a “major fight or argument with him.”
Table 8.2.3 Eve. Root Question 3: Answer i.

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

Initial response (Elicited Pole)          Contrast pole

Answer i)                                  Exploration 1

“How would he describe someone not like that?”

CHATTERBOX – SOMEBODY WHO STOPPED TALKING. SOMEBODY NOT LIKE ME

Exploration 2

a) “Does your father think it is important for someone to be like that?”
   No.

b) “Why do you think that is?”
   He thinks you don’t always need to talk non-stop. Sometimes it’s nice to be able to sit with somebody and not have to say anything.

c) “What experiences do you think led him to that way of seeing things?”
   He’s seen a lot more than I have. He’s had a lot to do with people and knows that it’s not important to have meaningless conversations.

d) “What for him is so bad about being X?”
   (Nothing)

e) “What reasons would he give?”
   It is more the qualities in people that he sees as important rather than how much they talk.
<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer ii)</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>UNDERSTANDING – SELFISH. NO RESPECT FOR OTHER’S OPINIONS OR FEELINGS</td>
</tr>
<tr>
<td>Exploration 2</td>
<td>d) “What for him is so bad about being X?”</td>
</tr>
<tr>
<td>a) “Does your father think it is important for someone to be like that?”</td>
<td>That it’s important to understand everybody as well as yourself, because if you don’t understand yourself you can’t really understand others.</td>
</tr>
<tr>
<td>Yes.</td>
<td>e) “What reasons would he give?”</td>
</tr>
<tr>
<td></td>
<td>Dad like togetherness. Everybody being happy, saying what they feel and having respect for each other.</td>
</tr>
<tr>
<td>b) “Why do you think that is?”</td>
<td></td>
</tr>
<tr>
<td>Because you’ve got to know what you think, but you’ve also got to know what other people are thinking and respect it.</td>
<td></td>
</tr>
<tr>
<td>c) “What experiences do you think led him to that way of seeing things?”</td>
<td></td>
</tr>
<tr>
<td>He came from a big family and he was a middle child and saw things from both ways.</td>
<td></td>
</tr>
</tbody>
</table>
**Table 8.2.3 cont. Eve. Root Question 3: Answer iii.**

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer iii)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td><strong>OPEN-MINDED – SOMEBODY WITH NO REGARD FOR OTHERS’ OPINIONS/ GREEDY</strong></td>
</tr>
<tr>
<td>Exploration 2</td>
<td>d) “What for him is so bad about being X ?”</td>
</tr>
<tr>
<td>a) “Does your father think it is important for someone to be like that?”</td>
<td>It’s not that he finds it bad he just that he knows there is so much more out there.</td>
</tr>
<tr>
<td>Yes.</td>
<td>e) “What reasons would he give?”</td>
</tr>
<tr>
<td>b) “Why do you think that is?”</td>
<td>He doesn’t want people to miss out. He’s experienced a lot and knows you can’t take things for granted. He likes to see people enjoy themselves and take in everything and be happy.</td>
</tr>
<tr>
<td>Things aren’t black or white. Everything is seen as different.</td>
<td></td>
</tr>
<tr>
<td>c) “What experiences do you think led him to that way of seeing things?”</td>
<td></td>
</tr>
<tr>
<td>As a teenager and in the family. In his career as a salesman as well. He sees a lot of different people in his work and has to take into account what other people think.</td>
<td></td>
</tr>
</tbody>
</table>
Table 8.2.3 cont. Eve. Root Question 3: Exploration 3

a) Which of these views do you go along with?  
All.

b) Is it important to go along with his views?  
In a sense it is, but it’s not like we have to, but we like to.

c) How come?  
He has a bigger view of things, and seems to know a lot about everything.

d) What happens when you don’t agree?  
Oh it’s funny. It’s sort of like who can win. But if it’s a major issue, and it’s serious, it’s not so fun. If we disagree he’s my Dad, he’s the parent, I’ve got to respect him and what he says. But I can’t recall a moment that I’ve had a major fight or argument with him.

8.2.2.4 Question 5: “Three things that were important about the situation”

Eve’s first answer to Question five was her father’s positive attitude. When asked how come this was important (Ex. 1) Eve talked about how the family “would have been more stressed out about it” if he had not been so positive, and that “him being so positive has a positive effect on you.”

When asked what sort of person would deny that this attitude was important, Eve replied, “I don’t know who would deny it. Some doctors maybe” (Ex. 2 a.). She believed they might have thought this due to them “feel[ing] that he was too positive” (Ex. 1. b). In regards to what may have led them to this view Eve thought her father’s positive attitude might have led them to think “that he didn’t fully understand the seriousness of it” (Ex. 2 c).

Eve’s second answer was “the family.” Her response to the first exploration was, “it’s like your own support group. It’s always there.” The sort of person who would deny the importance of family was “somebody who didn’t see family as important, or didn’t see much of their family” (Ex. 2 a), and this may have come about because “they don’t want to see their family, [or] they don’t like their family” (Ex. 2 b).
Table 8.2.4  Eve. Q. 5: Answer i.

"Now I would like you to name three things that are/were important about the situation with your father?"

Answer i) His (positive) attitude (p. 213)

Exploration 1

“How come it is important?”
If he had been a negative person the family support would have been different, we would have been more stressed out about it. Him being so positive has a positive effect on you. You think everything’s going to be great, it’s all going to be OK, it'll all work.

Ex. 2)
  a) “You say X is/was important. What sort of person would deny that X was important?”
  I don’t know who would deny it. Some doctors maybe. (p. 214)

  b) “How might that have come about?”
  They could feel that he was too positive.

  c) What might have lead them to that view?”
  They might not think that he was serious, that he didn’t fully understand the seriousness of it.

In regards to what might have led them to that view Eve thought it may be “fights [or] differences of opinion…non open-mindedness…not understanding each others’ ideas and accepting the differences…have[ing] a sibling or parent that they don’t get along with…[and] experiences as a child.”

Eve’s third reply was “myself, how I felt about everything.” This was important (Ex. 1) because “you’ve got to understand yourself…because you can’t expect other people to think for you. In thinking about yourself you’re also thinking about your own actions and how they’ll effect other people.” This last sentence indicates Eve’s high level of sociality.

When asked what sort of person would deny that how she felt about everything was important (Ex. 2 a), she replied, “somebody that values other’s opinions over their own”, and this might have come about (Ex. 2 b) because “they are looking for acceptance from others.”
### Table 8.2.4 cont. Eve. Q. 5: Answer ii.

**Answer ii)** The family (pp. 213-214)

**Exploration 1**

“How come it is important?”
It’s like your own support group. It’s always there.

**Exploration 2**

a) “You say X is/was important. What sort of person would deny that X was important?”
Somebody who didn’t see family as important, or didn’t see much of their family.

b) “How might that have come about?”
They don’t want to see their family, they don’t like their family.

c) “What might lead them to that view?”
Fights, differences of opinion. Non open-mindedness. Not understanding each others ideas and accepting the differences. Have a sibling or parent that they don’t get along with. Experiences as a child.

### Table 8.2.4 cont. Eve. Q. 5: Answer iii.

**Answer iii)** Myself, how I felt about everything (p. 215)

**Exploration 1**

“How come it is important?”
You’ve got to understand yourself, you’ve got to work out in your own mind what’s going on because you can’t expect other people to think for you. In thinking about yourself you’re also thinking about your own actions and how they’ll effect other people.

**Exploration 2**

a) “You say X is/was important. What sort of person would deny that X was important?”
Somebody that values other’s opinions over their own. (p. 216)

b) “How might that have come about?”
They are looking for acceptance from others.
8.2.2.5 Question 6: “Three ways in which you are different than before the diagnosis?”

Her first reply was “more grown up, as in attitudes.” Eve made it clear she wasn’t referring to age (getting older), but that it was due to her attitudes and “perceptions of people” (p. 217). This was an important difference (Ex. 1. a) as, “I’m a better person for it. For seeing how other people think, and just respecting other people” (Ex. 1. b). Eve appeared to have some trouble imagining what sort of person would deny that being more grown up was important (Ex. 2) saying, “I really don’t know. I think it would have some sort of importance for everybody, everybody grows from it.” This leads to the obvious hypothesis that, if confronted with such a person, she would not be able to understand their perspective.

Table 8.2.5 Eve. Q. 6: Answer i.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i). More grown up, as in attitudes. (p. 217)

Exploration 1

a) “Do you think this difference is important?”

Yes.

If ‘Yes’- “How come it is important?”

I’m a better person for it. For seeing how other people think, and just respecting other people.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

I really don’t know. I think it would have some sort of importance for everybody, everybody grows from it.

Eve’s second answer was, “more outgoing.” This difference was important (Ex. 1), as she “want[s] to meet new people all the time” and “through the cancer Dad’s met so many different people [that] you think, ‘why can’t I go out and bring people together for no important reason?’” (Ex. 1. a). The sort of person who would not think being more outgoing was important (Ex. 2) was “somebody traumatized by the experience”, and this might have come about (Ex 2. a) because “they didn’t learn anything” from the
experience, or “they lost somebody” and didn’t want to “address the situation.” She also thought that “if their partner or family member survived they might feel it’s important to concentrate on them…not expanding, concentrating on their current circle.” It is interesting to compare this response (“more outgoing”) to her earlier “Chatterbox” (RQ3 i. – how she thought her father saw her) answer. “More outgoing” feels more nuanced, sophisticated and self-empathic than “Chatterbox.” In the context of an ongoing interview it may have been useful to ask a question along the lines of, “do you think your father sees you as not as mature as you now feel you are?” The use of such a question is supported by her first reply, “more grown up.”

Table 8.2.5 cont. Eve. Q. 6: Answer ii.

Answer ii) More outgoing. (p. 217)

Exploration 1

a) “Do you think this difference is important?”
Yes.

If ‘Yes’- “How come it is important?”
I’m very accepting of people, I want to meet new people all the time. Through the cancer Dad’s met so many different people, and you think why can’t I go out and bring people together for no important reason.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Somebody traumatized by the experience.

a) “How might that have come about?”
They didn’t learn anything from this experience. They lost somebody, they might just want to put it in the past where you lock it away you know, not sort of address the situation. Or, if their partner or family member survived they might feel it’s important to concentrate on them and…not expanding, concentrating on their current circle. (p. 218)

b) “What might have lead them to that view?” (not asked)
Eve's final answer was “more understanding.” This difference was important (Ex. 1. a) because she wanted to know what people were going through and wanted to help them. “Somebody who just doesn’t want to be in the middle” (Ex. 2; p. 30) was Eve’s description of a person who would deny that being understanding was important. They might have come to have this view (Ex. 2. a) because “they think they’ve had their dose of listening to the big problems”, and they might have been led to this view (Ex. 2. b) by having “had a bad experience with it [and] not wanted to learn new things from it, or grow from it.”

Table 8.2.5 cont. Eve. Q. 6: Answer iii.

Answer iii) **More understanding.** (p. 217/18)

Exploration 1

a) “Do you think this difference is important?”
Yeah.

If ‘Yes’- (“How come it is important?”)
You want to know, you want to help.
When people are upset I want to help them.

Exploration 2

(“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”)*
**Somebody who just doesn’t want to be in the middle.**
(a. “How might that have come about?”)*
Maybe they think they’ve had their dose of listening to the big problems.

(b. “What might have lead them to that view?”)*

**They have had a bad experience with it, not wanted to learn new things from it, or grow from it.** (p. 219)

* If the question is in brackets ( ) then this is because it was answered without actually being asked.

8.2.3 General Summary of Eve’s Responses

As argued in section 8.2.1, the overall impression conveyed by Eve in response to the BIQs was that her father’s diagnosis and treatment, despite bringing some unwelcome changes to her world, had not thrown her life into chaos. Indeed, not only had she been able to adapt to the changes it brought about but had actually construed some of them
as resulting in positive outcomes; in particular bringing the family closer together. Within Eve’s answers to these questions it was argued three themes could be discerned. These revolved around family and relationships, other’s happiness or well-being, and the importance of communication. These same themes can be seen to recur in Eve’s replies to the WAY? Technique questions.

The theme of family and relationships was present in all three of Eve’s replies to RQ1, “Who are you?”. These were “single”, “student” and “checkout chick”, with Eve identifying the latter two replies as being important. The first exploration to Eve’s first reply, “single”, centred around the idea of relationships (see Table 8.2.1). Indeed, the term “single” only has a meaning as a contrast to some form of relationship. Her second reply was “student”. Her reply to the first exploration (Ex. 1 a) emphasized the importance of education and included reference to the “social part” of school; relationships again. Her third reply was “checkout chick”. In the second exploration of this reply Eve talked of the importance of family, and how it is important how you treat people; a subset of relationships.

Along with this theme the WAY? Technique also elicited, via the explorations of each of the latter two replies, a number of views and understandings not obtained via the BIQs, that assisted the investigator acquire a greater understanding of how she construed her world. For example, Eve’s reply to being asked about the impact of the diagnosis on her schoolwork was that it had not had any and she had ensured this was the case because she didn’t want to disappoint her father, that she found school itself “boring” but the social part “great”, that school was important from “an education point of view”, she got “self-satisfaction from good marks”, and that teachers responded to her differently (see section 8.2.2.1).

Eve’s replies to RQ2, “What sort of person are you?” were, Outgoing/not shy of a word – Sort of shy/a hermit, Happy personality – Sad, depressed. Or in the middle, not over happy, not sad, and Understanding – Narrow-minded/selfish. Somebody who is always right. All three themes discussed in section 8.1.1 were reflected in these replies. Even more so than RQ1, RQ2 appeared to produce, via eliciting constructs, responses that were even more illuminating in a broad sense about how Eve might both interpret and deal with the situation, and allowed for the researcher to make predictions about her behaviour.
For example, as discussed in section 8.2.2.2, Eve identified being “Understanding” as important due to her belief in listening being good for both yourself and the other person because, “you know what they’re thinking and feeling.” Eve’s contrast pole was, “Narrow-minded/selfish, somebody who is always right”, and she thought individual traits or family influences might be how a person might get to be this way. Eve’s reply to the third exploration of this reply, which uses Tschudi’s ABC technique (see section 6.2.2.1), informed us that Eve found one disadvantage of being understanding was that people involved her in things all the time, even when she didn’t want to be involved, and one advantage of being the contrast pole (“Narrow-minded/selfish”) would be that she could tell people she didn’t want to be involved. It was argued this put her in an implicative dilemma, as in order to not get involved she had to become “narrow-minded/selfish”, and that this information suggested a number of interesting hypotheses about what this means for Eve’s home life.

Both Eve’s first construct, and her reply to the second exploration, how she was someone who liked meeting new people, are consistent with the theme of family and relationships (see Table 8.1.2). Her second construct appeared to be about other people’s happiness as indicated by her reply to the second exploration, “I like to make other people happy.” Her third construct (Understanding – Narrow-minded/selfish) reflected the themes of others’ happiness or well-being, and the importance of communication due to her belief in listening to people being good for both the other person and yourself. As suggested, such information suggested a number of questions that could be asked of Eve if she were being followed up (see section 8.2.2.2).

The three constructs elicited with RQ3, “If I were to ask your father what sort of person you are, what three things would he say?” were, Chatterbox – Somebody who stopped talking. Somebody not like me, Understanding – Selfish. No respect for others’ opinions or feelings, and Open-minded – Somebody with no regards for others’ opinions/greedy. The second and third of these reflected the theme of others’ happiness or well-being. Although Eve saw her father as believing only the second and third were important, she was not concerned because she acknowledged she was talkative, and believes he sees the “qualities in people…as [being] important rather than how much they talk”, and her as having two of these important qualities (understanding and open-minded).

The third exploration is a type of pyramiding designed to get at very concrete examples of how two people interact. Eve’s replies reinforced the idea that she understood her role, indicated she respected her father, and provided evidence of the type of relationship she had with him. That is, one not characterised by “major fight[s] or
arguments.” The fact Eve felt she knew not only how her father saw her, but also why he thought these attributes were important, or not, and felt able to articulate what sort of experiences might have led him to see things this way, indicated that Eve understood her father well enough to engage in a successful role relationship with him and went some way to explaining why she reported never having had a major argument with him.

The themes of the importance of family and relationships and others’ happiness were present in Eve’s responses to the fifth question, “What three things were important about the situation with your father?” These were, “His [positive] attitude”, “The family”, and “Myself, how I felt about everything.” While these were largely covered in her earlier responses to both the WAY? Technique and basic interview questions, some further information was gained about how Eve saw the situation and, by implication, how she construed herself and the world. For example, Eve saw her third response, “Myself, how I felt about everything”, as being an important aspect of the situation due to her view that you have to understand and think for yourself, “because you can’t expect other people to think for you”, and in doing so you are “thinking about your own actions and how they’ll effect other people.” Eve’s responses to the second exploration were that the sort of person who would deny her response was important would be someone who valued the opinions of other people over their own due them looking for acceptance. Such views implied that Eve valued her opinions and was not looking for acceptance from others. And, in the first exploration of her first reply (“His [positive] attitude”), Eve talked about her family, saying they “would have been more stressed out about it” (her father’s diagnosis), if he had not been so positive. It is also noteworthy that Eve chose to construe all three of these changes positively.

The themes of others’ happiness and the importance of communication were present in Eve’s responses to Question 6, “Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?” These were, “more grown up, as in attitudes”, “more outgoing”, and “more understanding.” Eve identified all these as important, with the latter two replies having both been given in RQ2 and/or RQ3. It was interesting that Eve construed each way in which she was different as being positive. For example, Eve thought being “more grown up, as in attitudes” was important because she was a “better person for…seeing how other people think, and just respecting other people.” Her reply to being asked what sort of person would deny the importance of this difference was, “I don’t really know. I think it would have some sort of
importance for everybody, everybody grows from it”, and suggested that Eve was someone who saw opportunity for growth, or elaboration of her constructs, in all situations, even difficult ones such as this, and has some difficulty understanding how others might not. Eve’s positive view of the changes suggested that throughout the experience she was able to complete Experience Cycles (see section 3.1.8). Eve’s elaboration of her third reply ("more outgoing"), "if their partner or family member survived they might feel it’s important to concentrate on them and…not expanding, concentrating on their current circle", has considerable parallels with PCT’s ideas of constriction and dilation, and definition of anxiety (see section 3.1.5).
### Table 8.2.6 Eve. WAY? Technique questions summary

<table>
<thead>
<tr>
<th>Root Question 1. Who are you?</th>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Single</td>
<td>(Somebody that has broken up with a partner)</td>
</tr>
<tr>
<td>ii) Student</td>
<td>(Really can’t say)</td>
</tr>
<tr>
<td>iii) Checkout chick</td>
<td>(Sour-faced people)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Root Question 2. What sort of person are you?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial response</strong></td>
</tr>
<tr>
<td>i) Outgoing/not shy of a word</td>
</tr>
<tr>
<td>ii) Happy personality</td>
</tr>
<tr>
<td>iii) Understanding</td>
</tr>
<tr>
<td>Root Question 3.</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Initial response</strong></td>
</tr>
<tr>
<td>i) Chatterbox</td>
</tr>
<tr>
<td>ii) Understanding</td>
</tr>
<tr>
<td>iii) Open-minded</td>
</tr>
</tbody>
</table>

**Question 5.** Three things that were important about the situation

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) His (positive) attitude</td>
</tr>
<tr>
<td>ii) The family</td>
</tr>
<tr>
<td>iii) Myself – How I feel about everything</td>
</tr>
</tbody>
</table>

**Question 6.** Three ways in which you are a different person now than before the diagnosis.

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) More grown up (as in attitudes)</td>
</tr>
<tr>
<td>ii) More outgoing</td>
</tr>
<tr>
<td>iii) Understanding</td>
</tr>
</tbody>
</table>
8.3 Barry

8.3.1 Barry’s Replies to the Basic Interview Questions (BIQs)

Barry (21 years old at the interview), Eve’s older brother, was 18 when his father was diagnosed. Barry’s initial response to being asked about what had happened since was, “well I suppose the first thing was shock” (p. 221). He was in year 12 doing the Higher School Certificate (HSC) at the time “so it was a bit of extra pressure I suppose you could say. With studies and then worrying about Dad being sick.” Like his sister, Eve, Barry was quick to say it was his father’s positive outlook “that kept us all going…[it] never really got him down. He never let it get on top of him. And for us four [siblings], you know all at school, I think that kind of helped us out.”

Barry gave a similar account to his sister, Eve, of the onset and progress of their father’s cancer. However, he elaborated on a number of areas that Eve either didn’t mention at all, or were somewhat at odds with her reports. In the former category were reports of how his father was now, despite his reduced lung capacity, back to playing tennis and surfing, and the size and location of the tumour. And, in the latter category, was the issue of how his father’s lungs came to be damaged. While Barry advised that the lung damage was a direct result of the radiotherapy, Eve attributed it to the interaction between it and the chemotherapy. Given how people can differ in their construction of events (Individuality Corollary, see Table 3.1), it is perhaps not surprising Barry differed somewhat from Eve in his reports of his father’s illness. This doesn’t necessarily mean each didn’t know the facts reported by the other, but that certain aspects of the situation were sufficiently salient to merit reporting.

In regards to changes around the house, while he and his siblings did do more, they had “always from a young age” helped out around the house, including with “kitchen duties.” Apart from his father being sick his mother was working as well, so “Cindy would come home and cook tea, or you know Mal would do the lawns, and I’ll be the taxi driver….we all kind of just chipped in just to make life easier” (p. 228).

The diagnosis resulted in him feeling “a bit of extra pressure” with his schoolwork, and it had had an impact “to a certain degree” (p. 222). However, he had never been exactly “fussed about school” and hadn’t worked to his potential, “I couldn’t be

---

39 See Appendix K for the interview transcript to which the cited page numbers relate.
bothered." After the diagnosis he spent “a lot of time...not so much worrying” but thinking and wondering if his father was alright. Despite this he didn’t stop studying, but it “kind of changed the way I operated” in that he made a point of seeing his father before he went to school.

As to if he missed any school as a result, this only happened “the couple of times when he was really sick” (p. 223). He would see his father in the morning before school and then “wouldn’t want to go to school.” Part of the reason was his responsibilities as vice-captain that made it, “kind of hard...to take time off.” He also advised that, “a couple of close teachers” and “the year adviser” (p. 225) knew of the diagnosis, something he put down to there being four siblings at the same school.

Most of his friends knew about his father’s illness, and Barry implied that some of them knew his father directly as “most of them had like all been out together [with his father], once we all turned 18” (p. 225). Barry felt he could talk to his friends and that he had a “support network” with there always being “someone there to talk to.”

Barry and his siblings discussed their father’s health with both their father and mother “everyday or every second day” (p. 225). However, these discussions were not formalized, “we didn’t come home at 6 o’clock and have a chat.” Rather, when his parents returned from the therapy sessions and other appointments Barry and his siblings would be home and they would “chat about it”, and his mother (a registered nurse) would explain things. Their father also told them about what was happening, and Barry felt there really were no secrets, “it was all...put on the table.” To a certain extent Barry seemed to feel that this was unavoidable due to their age. “We were old enough to understand so, you know we were from...18 to 14. And so you know there was really nothing they could pull over our eyes” (p. 223).

He thought their mother “took it a lot worse” than he and his siblings, and “even probably a lot worse than Dad”, and felt this was due to her being “not really as strong as [him] and that showed.” He and his siblings became “listeners” for their mother, “because obviously she was in a lot deeper than we were.” He didn’t see this role as being a “bad thing”, as they got to see “someone else’s perspective on the situation that you were going through as well” (p. 225).

Barry thought he would have wondered about his susceptibility to cancer for “a fleeting moment when it happened.” However, he went on to talk about how since the
his outlook on life had changed to one of, “live life for the moment.” And, while he would have worried about it at the time it wouldn’t have so much been in the vein of “oh my god…I’m going to get cancer”, it would have been more like “well you know I might get cancer, …just try and live your life and you know, if you do you do.” One of the boys at his surfing club, who was doing the HSC with him, was diagnosed with cancer and went through chemotherapy and survived. This opened Barry’s eyes to how “the world’s not so…nice and it can happen to anyone” (p. 226).

He worried about his father “to a certain extent” (p. 226). However this was mainly when his father was “really really sick and in intensive care”, due to the pneumonia, or when ill for a few days at home due to the effects of the chemotherapy. While this “was a shock and it kind of set [him] back a bit” these periods didn’t last long and his father would “be back to his old self, he’d be working and everything else.” At this point Barry again mentioned his father’s positive attitude saying, “[it] helped me to not really worry about it because, I think if he’s not really worried about it I shouldn’t be.” Due to their father being this way he found it “hard to worry.” However, “it would have been a lot harder if he was…in hospital for 6 months, as a lot of people are. I suppose, you know, he was, and I suppose we were, lucky” (p. 227).

Barry talked about how “solitary” (p. 227) sport was important for him as “an outlet”, and how it cleared his mind and helped him “get focused” and “put everything into perspective.” He “probably…got into it a bit more, as an outlet…it was kind of a shut off. Somewhere where you could just go and not have to worry about anything” (p. 224). While it was “good to have somebody to talk to” he needed something else he could do on his own, or as part of a team sport, to “get it out of your system basically.”

Because the family knew so many people in the suburb through their surfing activities he couldn’t go anywhere without being asked by a lot of people, who were not really close to the family, how his father was. Barry felt like getting a tape recorder to play, “my Dad is fine, he’s doing good, rah rah rah.” Although identifying this as a “down side” he acknowledged that “it’s really not that bad because you know you’ve got that many people, that know and support and are concerned for you” (p. 228).

Regarding his relationship with his siblings he advised they had always been close and the diagnosis had not “really changed anything”, and “if anything” it had brought them closer together. They were able to talk “more openly, as a family unit”, and had
“…probably matured slightly…” and “just grew up a bit I suppose ‘cause we had to” (p. 228).

Barry’s advice to others was a fairly succinct summary of the ways in which he dealt with the situation. Someone in his situation should find their outlet, have someone to talk to at all times but find time to “be on your own for 10 minutes a day”, and try to be as supportive as you can, as “no matter how much support you give you’re going to get it back from your network” (p. 248).

Summary of Barry’s replies

Barry’s replies, like Eve’s, indicated that his father’s diagnosis and treatment did not throw his life into total chaos, nor did it result in overwhelming anxiety. This is not to say it didn’t have an impact, as the diagnosis was a “shock” which resulted in some general changes in Barry’s life. These included: feeling extra pressure in his studies; doing more around the house; missing some days of school when his father was really sick; discussing his father’s health and diagnosis with family and friends; worrying about his father, “to a certain extent,” but mainly when his father was very unwell; and engaging in sporting activities a little more as an outlet.

Apart from these general changes Barry identified a number of issues as significant. These were: his father’s positive outlook; the treatment resulting in reduced lung capacity due to the radiotherapy; the cancer being found in the lymph nodes; that he had radiotherapy and chemotherapy; his father almost dying of pneumonia; the size and location of the tumour; and, despite his reduced lung capacity, his father being back to playing sport. Barry felt his own outlook had changed to one of “live life for the moment”, that his eyes had been opened to how anyone can get cancer and, if it had had an impact on his relationship with his siblings that most likely it had brought them closer together.

Three themes can be seen to be present in Barry’s replies and his general explanation of how the situation affected him. These themes revolved round his father’s positive attitude, the importance of a support network, including family, and the positive role of sport as an outlet. Barry’s advice to others in the same situation reflected the latter two of these three themes.
8.3.2 Barry's Replies to the WAY? Technique Questions

As mentioned in the introduction to this chapter, space constraints necessitated that only two participants' responses to the WAY? Technique questions be explored at length. The remaining participants' WAY? Technique responses, including Barry's, will be presented in abbreviated form with tables for each reply provided in Appendix L, with a summary table of responses to all questions provided below (see Table 8.3.6).

8.3.2.1 Root Question 1 (RQ1): “Who are you?”

The first response to RQ1 (see Table 8.3.1 in Appendix L) was “male”, something Barry did not see as important because it was the “first thing” (p. 229) that came into his head. Barry's reply to being asked, “What sort of person would say that being male was important?” was, “someone who is a bit insecure about themselves.”

His second response was “surfer”. This was important because it was “a way of life” (p. 229) for him, while the sort of person who would deny its importance would be, “someone that doesn't have a passion” (p. 230). When asked how it might have come about that they didn't have a passion he said, “it would be very weird. Because I think everyone does have a passion for something.”

His third response was “a worker”. Its importance was something he was in two minds about saying, “it is and it isn’t” (p. 232). Indicating how it was important to him he said, “it keeps me in a roof and it keeps me out of trouble. I mean I enjoy working.” In response to being asked what sort of person would deny being a worker was important Barry replied, “if someone's not really worried about work, obviously they're happy with their life.”

8.3.2.2 Root Question 2 (RQ2): “What sort of person are you?”

The first construct elicited was Easygoing – Uptight, someone that doesn't smile (p. 251; see Table 8.3.2 in Appendix L). Being easygoing was “very important” because “if you can chat to someone for a minute well it makes your day better”, and it “makes you feel good….and you're not so much stressed” (p. 234). In response to being asked how someone might get to be “uptight” and what kind of experience might have led them to be this way, Barry attributed it to their upbringing, inherent personality characteristics, “just the kind of person they are” and negative parents. One disadvantage he saw in
being easygoing was how “you could be taken advantage of” (p. 235). However, when asked when being ‘uptight’ might be an advantage Barry could not think of an occasion.

Not shy – Shy, has trouble talking to people was the second construct elicited. Being “not shy” was important for him due to this being who he was and, “an easy way to get through life”, being helpful for your career (p. 235). In regards to how a person might get to be “shy” Barry thought it was “a confidence thing” (p. 236) and “probably” due to upbringing. The kinds of experiences that led them to be this way were not having a close family, both parents working “sixty hours a week”, being an only child, or not having any friends at school.” One way in which being “not shy” would be a disadvantage would be “in an office situation” because “you might say too much or the wrong thing.” He was unable to say when being “shy” would be an advantage.

The third construct elicited was Energetic – Slob/lazy (p. 236). Being “energetic” was important because “it’s good to sweat. To have a release.” People might get to be a slob/lazy due to “being depressed or sad” or due to laziness being an inherent characteristic of their personality, “some people are just lazy, they don’t like to do stuff” (p. 237). “Something might have happened” in their life to make them like it. Barry couldn’t identify an occasion when being “energetic” might be a disadvantage and thought one possible advantage of being a slob/lazy was when it rains or there was no surf because you are not concerned that you can’t go out.

8.3.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?” (his father)

The first construct elicited was Impulsive – Someone very careful with their decisions (p. 238). His father would think it was important to be impulsive, “to a certain extent”, because “it’s important to make decisions.” When asked what his father would see as bad about being the contrast pole Barry reported it would be spending “too long making the decision” (p. 240). The reason he would think this was a bad thing would be that “the opportunity might have passed” before the decision was made.

The second construct was Outgoing – Quiet shy type, with his father thinking being outgoing important as it would be good for your career and “to make friends and broaden your support network” (p. 241). The experiences which led his father to see things this way were those he had had in his extensive contact with people while working as a salesman. “It would be very hard to be a salesman if you were a quiet
person” (p. 242). His father would say the negative side of being a “quiet shy type” was that such a person would be someone, “you don’t want to go out with” because “you want someone who’s ‘raring to go’.”

The third construct was Surfer/outdoors type – Indoors type. Barry expanded on his view of what he saw as his father’s contrast pole with “someone that’s not really into sports, likes to…sit at home and watch TV…people that don’t like to get their hands dirty…[or] break a sweat” (p. 242). This construct was not further explored. Barry’s expansion on the contrast pole, especially when taken in conjunction with his third construct in RQ2, Energetic – Slob/lazy, indicates that he evaluated this contrast pole in a very negative manner and, as such, would be likely to go to some lengths to not be seen as an indoors type by anyone.

In the third exploration of RQ3 he went along with all his father’s views of him (as he sees them). However, he did not think, “it would be the be all and end all” if they disagreed, as being father and son did not mean you would agree on everything; although disagreement very rarely occurred.

8.3.2.4 Question 5: “Three things that were important about the situation”

Barry’s first answer was his “outlook on life” (p. 243). He saw this as important as the situation had made him “realise that you don’t live forever, that you could be hit by a bus tomorrow.” “It’s basically…changed the way I…live my life, like the way I make decisions, like I go ‘OK, I’ll do this because I want to’.” What Barry appears to be saying here is that not only is his outlook on life an important aspect of how he coped with the situation, but that the situation changed him into someone more likely to act than wait. As such, this reply might be seen to also be a reply to Question 6 (below) on how he is a different person now than before the diagnosis. The sort of person who would deny his outlook on life was important would be “someone that’s kind of negative” (p. 244) and this may have come about due to them not having been through the same situation.

The second answer was his “father’s positive thinking” (p. 244), and he saw this as important because “it had a lot to do with his recovery” and “it helped us cope because we saw he was coping.” “A pessimist” was the sort of person who would deny the importance of his father’s positive thinking and they would be “someone that hasn’t really experienced it first hand.”
Barry’s third response was the “importance of the social circle” (p. 245). Unfortunately he was not asked why it was important. However, given that one of his responses to being asked what advice he would give others in his situation was that you should try to be supportive, it seems likely he would say the social circle was important because of the support it provides. The sort of person who would deny this was important was “someone that doesn’t have…that support network…a loner” (p. 245). Barry implied this may have come about due to them having been “a single child”, or having had “a single parent”, or “didn’t really enjoy school.”

8.3.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

Barry’s first reply was “I’ve grown up” (p. 245). This was important as he felt he needed to do more around the house and “stop being such a idiot all the time” (p. 246). This helping out “just helped with everything else.” The sort of person who would say being more mature wasn’t important would be “someone that hasn’t been through it.” He explained that someone older would say he was 18 and should have been mature anyway, and that someone younger “wouldn’t really understand” until they went through it themselves.

The second reply was “my positive outlook” (p. 246). This difference was important because if someone doesn’t have a positive outlook things can really get to them, but his “the cup’s half full not half empty” outlook means that “out of everything bad there’s always something good.” If there was nothing he could do about a situation he simply had to, “cop it sweet and just get on with life.” He described someone who would deny his positive outlook as being important as a “negative person” and a “hypochondriac type person.” They might have come to be this way due to the “people they hung with at school…family life, how they were brought up, or…their parents could have always been fighting” (p. 247).

This reply could be seen as an extension of his reply to the previous question (Q5) because in neither this reply or the next does he explicitly state that these are ways in which he is different. However, given the similarities between his responses here, compared to his first reply to Q5 (i), “outlook on life”, and the second exploration to this reply, “someone that’s kind of negative”, and the fact he actually says in his response to Q5 (i) that it changed the way he lived his life, it could also be argued that the current
response does indeed indicate a way in which he is now different. The difference being that he is now more likely to be positive and see the good in things.

Barry’s third reply was, “the way I live my life” (p. 247). This was important because, “I not might be here next year”, and he was someone who lives “today for today...[not] today for tomorrow, or today for yesterday”, but rather he lives it “right now.” His personal experience had led him to believe this was “the best way to live” and to have “no regrets.” He described someone who would say this was not important as “someone that hasn’t lived their life”, with this being due to their “social group” and “family influences.”

As with the previous reply to this question, Barry has not explicitly stated that the way he lives his life is a way in which he is a different person. However, it is strongly implied in his statement “I might not be here next year.” In the current context, and read in conjunction with the first response to Q5, a reasonable interpretation of this reply is that his father’s diagnosis has made him consider his mortality and what he values in life; not an uncommon reaction to such a situation.

8.3.3 General Summary of Barry’s Responses

As argued in section 8.3.1, the overall impression gained from Barry’s replies to the BIQs was while the diagnosis was as a shock, resulted in some anxious moments over the course of the treatment and did result in some changes to his life, he was neither thrown into chaos nor did he succumb to ongoing anxiety. Indeed, not only was Barry able to cope with these changes but he actually interpreted some of them as resulting in a positive outcome; like bringing him and his siblings closer together. It was argued that in Barry’s answers to these questions three themes could be discerned which revolved around his father’s positive attitude, the importance of a support network, and the positive role of sport as an outlet (for a summary of responses to all questions see Table 8.3.6).

Barry’s replies to RQ1 were “male”, “a worker” and “a surfer”, with the latter two being identified as important, and the “surfer” reply reflecting the theme of the role of sport as an outlet. The WAY? Technique elicited, via the explorations of each of these latter two replies, important information from Barry not obtained via the BIQs that assists in gaining a greater and more in-depth understanding of how Barry saw the world and himself. For example, while the fact that Barry was a surfer was identified in the BIQs,
he did not identify it as something important to him, much less say it was “a way of life.” His elaborations of the “surfer” response indicate he would have trouble understanding someone who didn’t appear to have a passion for something.

The three constructs elicited in RQ2, “What sort of person are you?” were, easygoing – uptight, someone that doesn’t know how to smile, not shy – shy, has trouble talking to people, and energetic – slob/lazy, with Barry identifying each elicited pole as important. The last of these reflects the theme of the positive role of sport as an outlet. Perhaps even more so than RQ1, this question, due to eliciting constructs, has produced responses which assist the investigator to understand how Barry sees himself and the world.

For example, the exploration of Barry’s energetic – slob/lazy construct showed, apart from the contrast pole being very negative, he thought someone might become a slob/lazy due to having been “depressed or sad.” This suggests that Barry, as an energetic surfer type, is likely to want to avoid being seen as a slob lest he thought to be depressed. A further point worth noting here about the responses to this question is how they point to how personal, and unpredictable, they are. That is, while most people would not be surprised that someone who described themselves as “easygoing” and “not shy” would give such antonym like responses for the opposite of these as “uptight” and “shy” respectively, they may well be surprised by slob/lazy for the opposite of “energetic” as this is hardly antonym like. Again, this serves to remind us of the way in which constructs are personal and not subject to grammatical conventions.

When asked how his father saw him (RQ3), Barry provided the three constructs, impulsive – someone very careful with their decisions, outgoing – quiet shy type, and surfer/outdoors type – indoors type. The fact Barry felt able to come up with three constructs about what sort of person he believed his father saw him as being, and that he agreed these were accurate, along with feeling he knew how his father had come to see these as important, strongly suggests he understands his father well enough to engage in a successful role relationship with him.

The themes of his father’s positive attitude and the importance of a support network were present in Barry’s replies to the fifth question, “Name three things that were important about the situation with your father?” The three responses were, his “outlook on life”, his “father’s positive thinking”, and “the importance of the social circle.” While the issues covered in the second and third responses had been covered to some
extent in the BIQs his first response, “outlook on life”, provided some further information over and above what was gained via the BIQs.

Barry’s responses to Question 6, “Three ways in which you are different now than before the diagnosis?” were, “I’ve grown up”, “my positive outlook” and “the way I live my life”, with Barry reporting they were all important. The second and third of these reflected the theme, identified in his responses to the BIQs, of his father’s positive attitude as being important in how he interprets the world. At one point in the exploration of his “positive outlook” Barry actually says that his “way of thinking” was “inherited from [his] Dad” (p. 246).

While Barry did not explicitly name the theme of the importance of a social network in any of his initial replies, nor explicitly refer to it in his explorations of them, he does make mention of family in his explanations of how those who would say his initial replies were not important would have come to hold such views. For example, Barry referred to various aspects of family for both his second (“my positive outlook”) and third (“the way I live my life”) replies. A further point to note is that, like his sister, Barry appears to have construed each of the ways in which he identified himself as different as being positive.
### Table 8.3.6 Barry. WAY? Technique questions summary

#### Root Question 1. Who are you?

<table>
<thead>
<tr>
<th>Self element</th>
<th>Exploration 1(^1) and Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Male(^<em>) (p. 229)</em></td>
<td>(Some who was a bit insecure about themselves) (p. 231)</td>
</tr>
<tr>
<td>ii) Surfer (p. 229)</td>
<td>(It's a way of life – Someone that doesn't have a passion) (p. 230)</td>
</tr>
<tr>
<td>iii) A worker (p. 232)</td>
<td>(Someone happy with their life)</td>
</tr>
</tbody>
</table>

#### Root Question 2. What sort of person are you?

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Easygoing</td>
<td>Uptight, someone that doesn’t smile (p. 233)</td>
</tr>
<tr>
<td>ii) Not shy</td>
<td>Shy, has trouble talking to people (p. 235)</td>
</tr>
<tr>
<td>iii) Energetic</td>
<td>Slob/lazy (p. 236)</td>
</tr>
</tbody>
</table>

\(^*\) Numbers refer to Appendix K, “Interview transcript – Barry”
\(^\dagger\) Identified as not being important
\(^1\) Exploration 1 only present where it formed the elicited pole of a construct
Table 8.3.6 (cont.) Barry. WAY? Technique questions summary

<table>
<thead>
<tr>
<th>Root Question 3.</th>
<th>What sort of person do others think you are?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial response</strong></td>
<td><strong>Contrast pole</strong></td>
</tr>
<tr>
<td>i) Impulsive</td>
<td>Someone very careful with their decisions (p. 238)</td>
</tr>
<tr>
<td>ii) Outgoing</td>
<td>Quiet shy type (p. 238/41)*</td>
</tr>
<tr>
<td>iii) Surfer/outdoors type</td>
<td>Indoors type (p. 242)</td>
</tr>
</tbody>
</table>

Question 5. Three things that were important about the situation

| Exploration 2 |
|------------------|---------------------------------------------|
| i) Outlook on life (p. 243) | (Someone that’s kind of negative) (p. 245) |
| ii) Father’s positive thinking (p. 244) | (A pessimist) |
| iii) Importance of the social circle (p. 245) | (Someone that doesn’t have…that support network…a loner) |

Question 6. Three ways in which you are a different person now than before the diagnosis.

| Exploration 2 |
|------------------|---------------------------------------------|
| i) I’ve grown up (p. 245) | (Some older or someone younger) (p. 246) |
| ii) My positive outlook (p. 246) | (A negative person. A hypochondriac type person) |
| iii) The way I live my life (p. 247) | (Someone that hasn’t lived their life) |

* Numbers refer to Appendix K ‘Interview transcript – Barry
8.4 Cindy

8.4.1 Cindy’s Replies to the Basic Interview Questions

Cindy (19 years old at the interview), sister of Barry and Eve, was 16 at the time her father was diagnosed. Her initial response to being asked what had happened since was, “it’s the sort of thing you don’t think’s ever going to happen to you” and “it shocked everyone” (p. 261). She also mentioned, like her siblings, how fit and healthy her father was when diagnosed and how he played a lot of sport. Cindy then went on to say, three times in quick succession, how the situation had brought her family closer together. Later in the interview, in line with her sister but in contrast with her brother, Cindy reported that there had been an unexpected reaction between the radiotherapy and chemotherapy, something that only “happens to one in a billion people”, which “killed off a lot of tissue in his lungs” (p. 269). Unlike her siblings Cindy indicated that, “the tumour was tangled around his heart and lungs” making it “too risky” to operate (p. 268).

When asked about what had changed around the house, Cindy replied, “everything.” The first thing she talked about was how she and her siblings didn’t go surfing every morning with their father, as he “wasn’t able to even walk upstairs without getting puffed” (p. 262). Everyone “took on the role of Dad looking after everyone”, which included “driving everyone everywhere”; her mother “had to work a bit more”; the family didn’t go out as much “because the extra money wasn’t around”; they had “a lot of people visiting, everyone bringing around dinners and pre-cooked meals”; her father didn’t work for at least the first six months after he started treatment and they would take “files and things” into the hospital for him; and the “whole way of life changed…slowed down dramatically” (p. 262).

It affected her school attendance “a little bit” and she remembered one day when she “just couldn’t handle going to school” because she knew what a “mess” she would be, so she “went and sat at the hospital all day” with her father. Despite this her “school[work] wasn’t really affected.” However, it changed the way in which she studied as she tried to get her homework and assignments done while at school so she could spend her time at home with her father. “Even just sitting there watching tele with your

---

40 See Appendix M for the interview transcript to which the cited page numbers relate.
Dad, something like that, that you took for granted before, you’d just jump at the chance...just to be in his company” (p. 267).

In relation to school more broadly, one of her teachers, who was her mentor in Year 12, let Cindy know she was there if Cindy needed to speak with her. Due to her mother’s involvement in the school’s Parents’ and Citizens’ Committee the school principal also knew of her father’s diagnosis and Cindy and her mother even met with her on one occasion where she offered Cindy any support the school could provide, something Cindy appreciated and felt helped.

Early in the interview Cindy indicated that despite having some “really close friends” (p. 263), she was unable to talk to them because they were not “the sort of people you can talk to...they’re just, not able to cope with things like that.” However, later she said that talking with her friends “definitely helped” (p. 267), and that she would try to talk about the “positive things” (p. 268) that were happening. Cindy also reported that her “boyfriend at the time just couldn’t deal with it...so [he] wasn’t a real help.”

When her father first got sick both he and her mother sat her and her siblings down and they “had a talk about everything” (p. 265). Cindy described her father as being “one of the easiest people to talk to” so she felt she could always talk to him. However, there were times, like when he was sick, when she wanted to talk to him but didn’t because she didn’t want to tire him, or felt he wouldn’t want to talk about it all the time. “If that was me I wouldn’t want everybody talking to me about it all the time.” Discussions with him were ongoing and comprehensive enough for Cindy and her siblings to be informed of when he would be having chemotherapy and going for check-ups. “We were all really involved with it so we knew what was happening and when it was happening.”

Talking to her mother however, was a different matter. It was:

sort of hard to speak with Mum because she took it pretty hard. And because she’s a nurse she knows a lot about things like that and she knew the possibility of him not getting better and things like that. (p. 263)

Cindy went on to say that she and her siblings, who were all “really close”, would talk about it, and they would discuss it with their friends and relatives.
Early in the interview Cindy revealed her father’s situation had made her think “well shit what if that happened to me when I was like 40?” and it had made her “think about everything that you do, how you live your life and, how…that makes you set goals more." It was Cindy’s view that it had had this effect on her father. It had also made her think about what she wanted to achieve and made her “a bit more determined to do things” and to “just get out there and sort of live your life day by day instead of going ‘Oh I’ll just do it tomorrow’” (p. 261).

At the time of her father’s diagnosis and treatment she did worry about her father and thought about the situation “a lot” at the time. Indeed only “a week ago” she had a dream where her father died and she “woke up at about three o’clock in the morning…just blubbing [crying] away.” Thus the situation was still clearly playing on her mind. However, while she did still think to herself things like “what if he got sick again?”, she didn’t “think about that so much now.” The diagnosis led Cindy to not “want to let him out of [her] sight in case something happen[ed]” (p. 268), and that it had made her both more wary and cautious about what she said and did.

In regards to who helped the most Cindy initially talked about what people did that was helpful, rather than what person was most helpful. She appreciated receiving cards, meals, “little things like hugs” (p. 267), and phone calls. However, there was a period when he was in hospital when they took “the phone off the hook” because they were sick of telling people about how he was, and doing so upset them. As with her brother, Barry, Cindy also reported that one helpful thing she did was going surfing, as she could “do her own thing and not have to worry about anyone else.” She also played basketball and this helped because she could “let out a lot of frustration or anger there", and engaged in drawing and painting.

Earlier in the interview, when asked if she talked about the situation with her father, Cindy talked about how her father’s “positive attitude” was what “definitely got him through it”, and helped her and her siblings “get through it.” She went on to say that he “nearly died a few times” and although this was “really difficult” (p. 265) for her, being so close to her siblings meant “everyone was there to support each other so that…was a good thing” (p. 266).

In regards to sport the main change related to her surfing. Going surfing with their father was something the siblings “always did together” (p. 264), but while they continued to surf without him they stopped for a short while “because it just wasn’t the
same" without him. In order to continue to spend time with their father they tried to do other things with him but, “this was hard because…his breathing wasn’t so great.” However, because he had been a “very very active very sporty” man, who found it frustrating to not be able to be active, they didn’t completely stop doing things together. Cindy remembers the first time they went surfing together again, “we were both sitting out there with grins on our faces and you know it was just one of the best things” (p. 265).

She felt the situation brought her and her siblings “a lot closer”, although they “were all super close anyway, we’d do anything together [like]…go out on the weekends” (p. 268). It made her appreciate what she had and want to do more things with them. She went through a “stage” of preferring to stay home with her siblings, as opposed to going out with her friends, and watching videos with them on the weekends. This was something that Cindy noted “didn’t really help my relationship with boyfriend much.”

As to what advice she would give to others in the same situation Cindy advised, similarly to her brother Barry, that you’ve “definitely got to find an outlet.” For Cindy this was surfing or basketball, two activities she would engage in on those days when she was “really sad.” “A lot of the time [I] didn’t want to come home because you knew it was going to be all depressing”, and that being a “happy person” made the situation “pretty hard to deal with.” Apart from having an outlet Cindy felt it was important for people in similar situations to have somewhere to go, “even if it’s just to hang out and not even talk to someone.” Although such a place, “almost like a youth centre”, would have “counsellors or other people they can speak to if they feel the need”, and would be somewhere they could “be at one with themselves without having to deal with the situation at hand” (p. 287).

**Summary of Cindy’s replies**

Cindy’s replies, like both Barry’s and Eve’s, indicate that her father’s diagnosis and subsequent treatment did not result in her life being thrown into permanent disarray. However, this is not to say it didn’t result in some distress and changes in her life for a period of time; as Cindy said, “it shocked everyone.” Cindy identified a number of positive and negative aspects of the situation as being important, including how it had brought the family closer together, and how an unexpected treatment reaction had damaged his lungs, respectively. More specifically, Cindy reported that the diagnosis had resulted in her and her siblings no longer going surfing with their father, they were
kept well informed of their father’s illness and treatment, and that her father’s positive attitude was helpful in coping with the situation.

Three themes can be seen in Cindy’s replies to the questions and her general explanation of how the situation affected her. These revolved around the importance of family, sport, and communication, with the latter two of these reflected in Cindy’s advice to others in the same situation.

8.4.2 Cindy’s Replies to the WAY? Technique Questions

8.4.2.1 Root Question 1 (RQ1): “Who are you?”

Cindy’s first response to RQ1 (see Table 8.4.1 in Appendix N) was “single.” This was important because, “it’s just something you’ve always thought about, ‘I’m going to get married eventually, and…have kids’” (p. 270). Her answer to, “What sort of person would say that being single wasn’t important?”, was someone whose “marital status is just not an issue”, and people who had never had a partner so they wouldn’t miss it. In regards to how it might come about that someone’s marital status might not be an issue, Cindy thought it would be due to their upbringing, where they went to school and the social groups they associated with.

Her second response was “uni student” (p. 270-71). This was important because once she completed her degree she would begin her career teaching and this would form her “lifestyle for a good 10 or 20 years.” The “uni lifestyle” was something that was a “big part” of her at the time of the interview. An “ignorant person” would be the sort of person you would deny that being a uni student was important and this would be due to their upbringing, specifically “parents that don’t reinforce that education sets you up for life” (p. 271-72). Cindy also saw a role for peers, siblings and “being lower class or working class.”

Cindy’s third response was “female” (p. 270/72). This was important as she saw it as something that “affects where you are going to go and what you’re going to do.” Its salience was evident in her example of surfing being male-dominated, “I’m usually the only girl out there.” An “ignorant person” would deny being female was important, something which might be a result of family influences.
In summary, Cindy identified herself as single, female, and a uni student, and thought all three were important. In discussing people who would deny her responses were important Cindy consistently mentioned family influences or “upbringing”, thus reflecting the theme of family identified in her basic interview responses. This theme recurred in her explanation to why being single was important.

8.4.2.2 Root Question 2: “What sort of person are you?”

The first construct elicited was Happy – Unhappy, discontent, denying themselves something (p. 273; see Table 8.4.2 in Appendix N). Being a happy person was important because “a smile brightens your day”, and “life’s so much easier if you’re happy and you’ve got a positive outlook.” Unfortunately the exploration questions for the contrast pole were not asked. An occasion when being a happy person might be a disadvantage would be “being overly happy all the time” as this “can be annoying because you can’t be happy all the time.” However, she goes on to say she doesn’t think “there’s a time where it’s bad to be happy. Happy’s a good thing” (pp. 275-76).

One advantage of being the contrast pole was, “you’re a lot more emotional when you’re unhappy” and this can make you “feel free to let your emotions out” and make you “feel better.” This was because “if you bottle things up you’ll explode later and end up hurting people you don’t want to hurt” (p. 276).

The second construct was Loyal – Untrustworthy (p. 274). Not only was being loyal important to her, but loyalty was “a big family thing, that they’ve instilled in me…through life.” It is important to be loyal because loyal friends often help you. A person might get to be untrustworthy due to them having been abused, with them thinking, “well if people treat me like that why should I be…[loyal] and then be able to get hurt or abused’ so they just go the opposite.” Experiences that might have led to this were your parents and your background and loyalty not being “a big thing at home” (p. 274). A disadvantage of being loyal was that people can take advantage of it, with an example being when you are in the middle of a conflict between two friends, and when “something blows up” (p. 276) you are trying to be loyal to both. It would be an advantage to be untrustworthy around suspicious people, like when travelling on trains with people who are “a bit dodgy and [so] you move on.”

Cindy’s third construct was Loving – Dark/empty (pp. 274-75). She saw this as important saying, “there’s nothing better than knowing that you’re loved.” She saw this as making you happier, “more stable” and “a lot more secure in a sense.” Someone
might get to be dark/empty because of life experiences including “bad relationship experiences where they got hurt.” An occasion when being loving would be a disadvantage would be “when someone close to you is dying” (p. 277). However she went on to qualify this statement by saying, “[I] wouldn’t go so far as to say it would be a disadvantage but it doesn’t help…you’d almost rather not…care as much so you wouldn’t be in so much pain. At the time.” Being dark/empty would be an advantage “in situations like the big terrorist thing”, due to them not being able to empathise, feel love and because “…they just don’t care.”

In summary, Cindy described herself as a happy, loyal and loving person. The second and third constructs are clearly about relationships and Cindy’s replies to the explorations of these reflect the theme of family identified in her replies to the basic interview questions. In regards to the second construct, Loyal – Untrustworthy, it is worth noting that Cindy identified being loyal as a “big family thing.” Thus, given this family view and that “untrustworthy” is being construed as negative, it is likely Cindy would devote considerable effort to avoid being seen as anything other than loyal. However, the example she provides does indicate she is able to see some disadvantages in unswerving loyalty. The latter part of the contrast pole of the construct Happy – Unhappy, discontent, denying themselves something, in conjunction with her later statement about being happy making life easier and always being a good thing, suggests she would strive to always be seen as happy. For while being simply unhappy could be seen to be legitimate, if this implies that she is also “discontent” and “denying herself something”, it is difficult to see how she could allow herself to be seen like this.

8.4.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?”

(her father)

The first construct elicited was, Loving – Unhappy/low, someone you wouldn’t want to associate with (pp. 277-78). Being loving was important to her father due to him having been brought up with those values, and he would see the contrast pole as negative due to unhappy people having a different perspective on things and tending to put themselves down.

The second construct was, Trustworthy – Low/untrustworthy (p. 279), with “trustworthy” being something her father would think was important due to it providing a sense of security, as you can confide in such a person and know they will be there if you need them. Her father would think the bad thing about being low/untrustworthy was that your
relationship with someone cannot go past a certain point if you cannot trust them. Her father would say people are like this as a result of life experience and, interestingly (and it would seem this relates particularly to the “low” part of the contrast pole), while “not…all untrustworthy people are criminals…a lot of the time it has to do with things like that.”

The third construct was, Loyal – Someone who wouldn’t give someone the time of day/sad person (p. 280), with her father thinking being loyal was important as, “he’s been brought up to be loyal and it’s a big big thing in our family to be loyal.” She would not “think twice about it, I would never turn my back on my family…or go against my family.” Someone who was loyal to their family would do everything within their limits to help someone who was in financial hardship. For her father the bad thing about being the contrast pole was that in times of trouble people wouldn’t think of you as someone to come to. The reason he would give for this is knowing that if people can count on you, as you can count on others, you can be content with yourself.

In the third exploration (see Table 8.4.3 Exploration 3, in Appendix N) Cindy reported agreeing with all of her father’s views of her and thinking it important to do so. She saw it as important to go along with his views, saying they are “on the same wave length”, and she had “picked up…and built on” her parents beliefs and because “how I look through his eyes is very important to me” (p. 280). When they did disagree they were both, “fairly laid back so if something happens we’re more likely to say what we say and then, you know that’s that.” Cindy advised she was more like her father than her mother in personality so, if “something happens I know how he thinks” (p. 281).

In summary, Cindy saw her father as seeing her in very much the same way she saw herself, loving, trustworthy and loyal. Like her siblings, Eve and Barry, she felt she knew not only how her father saw her, but also why he thought these things were important and how he came to have these views. As with her siblings, this indicates that she understood her father well enough to engage in a successful role relationship with him. Indeed, this is a view strongly supported by the information provided in the interview up to this point about how she looks up to him, gets along well with him, goes surfing with him, and is very close to him. The three constructs elicited from Cindy about how she construes her father seeing her are clearly about relating to people, especially her family, and thus reflect the theme of family identified in her responses to the basic interview questions.
8.4.2.4 Question 5: “Three things that were important about the situation”

Cindy’s first answer was how it made her appreciate things, and not take things for granted (p. 281; see Table 8.4.4 in Appendix N). Unfortunately this response was not explored further. The sort of person who would deny this was important was someone who hadn’t been through the situation. This answer closely reflects what Cindy said in response to the basic interview questions when talking about the prospect of getting cancer herself (see 8.4.1).

Cindy’s second answer was how it made her try to make herself a better person (p. 281), and identified this as important because she wanted to be able to make other people better, like her father can (p. 282). The sort of person who would deny the importance of this was someone who wasn’t empathic and “almost selfish”, and thought people might have come to be like this if they hadn’t been in situations like having a parent with cancer. It was Cindy’s view that having a parent with cancer is “a horrible thing but it makes you a stronger person.”

The third reply was that it gave her a better awareness of how others were feeling (pp. 281/82). This was important because, as when her father was sick, people who were like this knew when she didn’t want to talk, and this greater awareness, “helps people to deal with situations whatever [they] might be.” The sort of person who would say this greater awareness was not important would be someone who was selfish or ignorant. They might have come to be like this because they “weren’t loved and didn’t pick up the instinct” as opposed to some people who “just have the knack” to be able to “sympathize and empathize” (p. 283).

In summary, the three important things about the situation were that it had made her appreciate things more, try to be a better person, and gave her a greater awareness of how others feel. While the second and third answers on their own do not obviously reflect any of the themes previously identified, the subsequent elaborations of each suggest communication is the theme that best explains their importance to Cindy. For example, in the second exploration of the third answer Cindy explains that having a greater awareness of other’s feelings is important because such people knew when she didn’t want to talk.
8.4.2.5 Question 6: “Three ways in which you are different now than before the diagnosis?”

Cindy’s first reply was “stronger” (p. 283), an important difference because it meant she knew “how to get through certain situations” through using “outlets like your sport.” She was also of the view that “being stronger allows you to be there for other people.” Cindy described someone who would deny the importance of being stronger as weak or male, and they would have come to be weak due to culture, or certain religions, or having been abused. A male might deny the importance of being stronger because, “in a lot of religions and cultures they dominate and they’re stronger and the females weaker.” Thus, Cindy appears to be saying that males, from such a religion or culture, would not think it is the role of females (like Cindy) to be strong.

Her second reply was, “more aware about…life” (p. 284). This was important as she was now aware that she was not invincible, that life was short and anything could happen. The sort of person who would deny this was important would be someone who was “denying themselves something.” “You almost expand your horizons if you’re able to go through life…thinking about the possibilities and knowing things like that can happen so you [can] prepare yourself for it.” Failing to do so “almost” meant you were “denying yourself the right to…live a full life.” Someone might have come to be like this because they hadn’t been put in situations where they had to think about things like having a parent with cancer.

Cindy’s third reply was, “I challenge things a bit more” (p. 283). This was an important difference in part “because that’s who I am” (p. 285), but also due to it being “a lot easier when you know how people feel because then you can avoid certain situations.” Being like this was also a good way to find out people’s interests. The sort of person who would deny its importance would be someone who wasn’t being true to themselves or was denying themselves something, and this might come about due to their immediate surroundings. Cindy gave the example of how neither she nor her father like smoking, “I think it’s gross.” This view was successfully communicated to Cindy’s friends and resulted in them not smoking anywhere near Cindy or her father. For Cindy this was “…a good thing…[for] when you speak your mind, people come to respect that and…people who don’t speak [their mind], they’re denying themselves that.” Those people who do not speak their mind are “…almost disrespecting themselves in some way” (p. 286).
To summarise, the three ways in which Cindy was a different person now than before the diagnosis were that she was stronger, more aware about life, and challenged things more, and that all were important. The themes of sport and family identified in her responses to the basic interview questions were reflected in Cindy’s discussion of how she was now stronger. This allowed her to get through situations by using sport and to “be there for other people.” Her “more aware about life” reply is similar to her first reply to Question 5 (appreciate things; see 8.4.2.4) and has strong parallels to her answer about on getting cancer herself (see 8.4.1). The theme of the importance of communication appears to be what underlies her third response of now challenging things more, as it is a good way of both finding out people’s interests and knowing how they feel. It is interesting to note that, like her brother and sister, Cindy has chosen to construe these three ways in which she sees herself as different as being positive.

8.4.3 General Summary of Cindy’s Responses

As argued in section 8.4.1, the general impression gained from Cindy’s replies to the basic interview questions was that it did not stop her from coping with the activities of everyday life for anything other than short periods, but it did result in some distress and changes to her usual routine at the time. Indeed, like her brother Barry, Cindy was even able to interpret the situation as resulting in some positive changes such as bringing the family closer together. It was suggested three themes could be discerned in Cindy’s answers and these revolved around the importance of family, sport and communication.

Cindy’s replies to the first RQ1, “Who are you?” were “single”, “uni student”, and “female” with all three being identified as important. The theme of family could be seen to be present in all three of Cindy’s responses with her continually referring to the importance of upbringing, parents, siblings and family influences in her explorations to each answer. However, Cindy’s replies to this question did more than just confirm that family was an important concept, they provided significant new information about who Cindy is, both in the initial responses and in the explorations of each. For example, we learnt the idea of getting married and having children was very important, not something that was apparent from her answers to the basic questions.

The three constructs elicited by the second RQ2, “What sort of person are you?”, were happy – unhappy, discontent, denying themselves something, loyal – untrustworthy, and loving – dark/empty. It was argued the second and third of these constructs
reflected the theme of the importance of family. Just as it was argued that RQ1 resulted in a greater depth of information than the basic interview questions perhaps RQ2, via its construct eliciting structure results in even more important information which in turn allows the investigator greater access to how people see their world. For example, via Cindy’s construct loyal – untrustworthy it was learnt that loyalty was “a big family thing” and being loyal implied loyal friends would help you.

RQ3, “What sort of person does your father say you are?”, resulted in the constructs, loving – unhappy/low, someone you don’t want to associate with, trustworthy – low/untrustworthy, and loyal - someone who wouldn't give someone the time of day/sad person. The fact Cindy was able to come up with three constructs about the sort of person she believed her father saw her to be, along with believing she understood how he had come to see these as important, strongly suggests she knows her father well enough to engage in a successful role relationship with him. The fact she actually agreed with this view of her suggests that not only can they engage in a role relationship, but that the relationship will not be characterised by conflict. Indeed, her answers to the third exploration in RQ3 make it fairly clear they have a good relationship and that she believes she knows how he thinks. This view appears to be supported by the information reported in her basic interview responses about her positive relationship with him, specifically how she engaged in activities with him like surfing, and how she felt he was a very easy person to talk to.

Cindy’s responses to the fifth question, “Name three things that there important about the situation with your father?” were, “it made me appreciate things, not take things for granted”, “it made me try to be a better person”, and “it gave me a better awareness of how others are feeling.” It was argued the theme of the importance of communication was reflected in Cindy’s elaborations on the latter two replies, with the first response closely reflecting her words, in the basic interview questions, when talking about the prospect of getting cancer herself (see 8.4.1).

Cindy’s responses to Question 6, “Three ways in which you are different now than before the diagnosis?” were, “stronger”, “more aware about life”, and “I challenge things a bit more”, with her reporting all as being important. The themes of the importance of sport and family were reflected in the first response, with the theme of the importance of communication reflected in the third response. In elaborating her second response, “more aware of life”, Cindy said she was now more aware that she wasn’t invincible, life was short and anything could happen. There are strong
similarities between the essence of this response and her first response to Question 5 (see above paragraph), “it made me appreciate things, not take things for granted”, which was argued to be a type of restatement of the view she expressed in section 8.4.1 regarding getting cancer herself. That the essence of these two replies is so similar, and that all three themes identified in the basic interview questions are repeated in Cindy’s responses in questions 5 and 6, suggests there is a certain redundancy inherent in these questions.
## Table 8.4.6  Cindy. WAY? Technique questions summary

Root Question 1. Who are you?  

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Single (Someone that has never had a partner so they don’t miss it)</td>
</tr>
<tr>
<td>ii)</td>
<td>Uni student (Ignorant person)</td>
</tr>
<tr>
<td>iii)</td>
<td>Female (An ignorant person)</td>
</tr>
</tbody>
</table>

Root Question 2. What sort of person are you?  

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Happy</td>
<td>Unhappy. Discontent, denying themselves something</td>
</tr>
<tr>
<td>ii) Loyal</td>
<td>Untrustworthy</td>
</tr>
<tr>
<td>iii) Loving</td>
<td>Dark/empty</td>
</tr>
</tbody>
</table>
### Table 8.4.6 cont. Cindy. WAY? Technique questions summary

#### Root Question 3.
**What sort of person do others think you are?**

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Loving</td>
<td>Unhappy/low. Someone you don’t want to associate with</td>
</tr>
<tr>
<td>ii) Trustworthy</td>
<td>Low/untrustworthy</td>
</tr>
<tr>
<td>iii) Loyal</td>
<td>Someone who wouldn’t give someone the time of day/sad person</td>
</tr>
</tbody>
</table>

#### Question 5.
**Three things that were important about the situation**

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) It made me appreciate things, not take things for granted. (Someone who hasn’t been in that situation)</td>
</tr>
<tr>
<td>ii) It made me try to make myself a better person (Not empathic, almost selfish)</td>
</tr>
<tr>
<td>iii) It gave me a better awareness of how others are feeling (Selfish or ignorant)</td>
</tr>
</tbody>
</table>

#### Question 6.
**Three ways in which you are a different person now than before the diagnosis.**

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Stronger (Weak or male)</td>
</tr>
<tr>
<td>ii) More aware about life (People who deny themselves something.)</td>
</tr>
<tr>
<td>iii) I challenge things a bit more (Someone who isn’t being true to themselves)</td>
</tr>
</tbody>
</table>
8.5 Mal

8.5.1 Mal’s Replies to the Basic Interview Questions

Mal (17 years old at the interview), brother of Eve, Barry and Cindy, was 15 at the time of his father’s diagnosis. His initial response was that the diagnosis had generally “opened all of our eyes up a lot more” (p. 302). By this he meant the things people complain about, like not having much money, came to seem petty. “You think well, like what’s the point of complaining about things like that when you’ve got other people, you just see it in like a totally different aspect.” Two further good things Mal identified as having come out of the situation were seeing his father be so positive, “he was probably the most positive person, out of the whole thing, and it was him who was sick.” And, how it brought the family together, “we’re normally a close family anyway but it just strengthened our…bond that we have together.”

Despite the fact his father had a serious illness there weren’t “too many bad things” about the situation. “When he was in hospital and [he was] dying…you can say that was bad”, but “like it wasn’t everyday…that he was sick.” The “worst of it” was when his father was in intensive care with pneumonia and when he was undergoing chemotherapy. Mal acknowledged the chemotherapy’s cyclical nature, “he’d have his week he’d be sick for, then he’d be fine again.” The situation hadn’t turned out to be “as bad as I first thought it would be.” He initially thought, “he’s going to die’….and you think ‘how can this be, how can my Dad of all people get cancer, it’s not fair’ you know.” Mal ended by returning to his father’s positive attitude, “he was comforting us and…said ‘well I’m not going to give up without a fight’, you know that’s the kind of person he is….and that was it…he just got through it.”

The diagnosis did result in things changing around the house, “a little bit, I was like doing more…like gardens and mowing lawns…’cause dad just couldn’t do anything like that” (p. 304). However, this was only an extension of what Mal usually did rather than a new activity. It was not just Mal who was doing more; all his siblings were doing housework, “trying to help mum out a bit more…[as] it was like a bit much for her.”

The diagnosis not only had an impact on his performance at school (which declined) but also on his manner, which “became like a bit more arrogant, and just unfriendly” (p.

See Appendix O for the interview transcript to which the cited page numbers relate.
In regards to his performance, “I just stopped putting any effort into school. I was just always thinking about it [the diagnosis].” However this only lasted for “the first two or three weeks” from when he found out and then he was “alright.” After this initial period it was, “just when he was really sick, like when he was in hospital” when he couldn’t get it off his mind, “you just wanted to be with him. You didn’t want to be anywhere else.” Despite his concern about his father Mal didn’t actually miss any days of school, although he thought “it probably would’ve been better if I had’ve ‘cause like there wasn’t really any point being there.”

The diagnosis affected Mal’s relationship with his friends “a little bit.” He described this as being in two stages. In the first he, “just stayed at home,” and only saw friends at school. In the second he started going out “and being normal again,” but “a bit more wild…kind of let[ting] loose a bit more” (p. 304).

He became a little closer to his mother because of the diagnosis, and while he had been close to his mother he, “was not as close as I was with my Dad. And, you know it probably did pull us a lot closer together.” He attributed this increased closeness to trying to “help each other out [and]…comfort each other” (p. 305). The transcript reads as if Mal was only just then realising how the situation resulted in this and that he had never thought about it before this point.

Mal remembered his parents sitting he and his siblings down within a day or so of the diagnosis and telling them all how his father “was going, what kind of cancer it was…where it was, all that kind of stuff” (p. 305). Mal felt he and his siblings “could always talk to one of them about it. Always ask questions like, when he started his chemo and his radiation…so I kind of knew what was going on all the time so it was pretty good.”

The diagnosis resulted in Mal thinking “a bit” about his likelihood of getting cancer. However, this seemed not to be a particular issue for Mal as the cancer wasn’t one with a known genetic basis, rather “it was the type of cancer where they don’t know what causes it” (p. 306). It appears his parents made a point of explaining this to Mal and his siblings. “That’s one of the things that Mum and Dad tried to explain to us all. To get into our heads, that, just because he had it didn’t mean that we were going to get it.”

He did worry about his father, saying the situation “was always on [his] mind.” He gave the example of being at school, where “[I’d] always be thinking, like if he was going in
for one of his treatments…how he’s going and if he is feeling alright, if he’s going to be alright when he gets home” (p. 306).

Mal was quite unequivocal in reporting that those who helped him the most were his family. However, he didn’t mean just the nuclear family, he meant, “our extended family like, our aunts and uncles and grandparents and cousins, everyone was…there for us” (p. 307). Due to this, he and his siblings “always kind of had that feeling of support” and this was the most helpful thing. Mal couldn’t think of anything else that could have been done to help them. He explained how even though his friends were always offering their support it wasn’t required, “because we’ve got such a big family…with that amount of support like…you can’t really say that you needed anything more.”

Mal, in common with his sister Cindy, reported the main change in his sporting activities as being his surfing. Before their father began his treatment Mal, his siblings and their father used to go surfing every day, sometimes twice a day. “He would take us down before school every morning, and every afternoon we’d go for one [a surf] as well” (p. 307). However, this “got cut down dramatically …after he started his treatment.” It wasn’t entirely clear whether Mal meant his own surfing was “cut down a fair bit”, at least initially, as well as his father’s, although this interpretation is in line with Cindy’s report on the topic (see 8.4.1). But whatever the case, Mal didn’t stop surfing altogether as “going for surfs with Dad” is something he reported missing, “I miss him being in the water with me.”

He couldn’t “really remember” (p. 305) having spoken with his siblings about the situation but said, “we always talk about things together so….yeah we would have talked about it for sure.”

When asked if he thought the diagnosis had changed his relationship with his siblings he suggested it had “a bit” (p. 307) with his brother, resulting in them fighting less. It had also helped his relationship with his “little sister” Eve, who was two years younger, as being close with her older siblings over that period had “helped her to grow up a little bit” (p. 308) and this had “improved their relationship.”

At the end of the interview Mal was asked what advice he would give others in the same situation. He replied:
Be open about your feelings, if you don’t talk to someone, get it off your chest, you can’t get support. Always try to talk to others and ask questions. Ask what is going on all the time so you’re not worrying. (p. 323)

With its emphasis on communication and support seeking this quote to some extent summarises the whole interview with Mal.

Summary of Mal’s replies

Overall, Mal’s experience was very similar to his siblings. That is, while his life was not thrown into total disarray the diagnosis did cause him some distress and his routines were interrupted. However his levels of distress fluctuated with his father’s health and diminished over time. The things and events Mal identified as important were: how it opened his eyes to what can happen and what was important; his father’s positive attitude; how it brought the family closer together; and how the “worst of it” was when his father was in intensive care with pneumonia or having chemotherapy. In regards to the changes it brought about, Mal identified how: he did more work around the house; it not only had a short-term negative affect on his schoolwork but his manner at school changed; it changed his relationship with his friends a little; he became a lot closer to his mother; it reduced the amount he went surfing and meant he couldn’t surf with his father anymore; and, it improved his relationship somewhat with his brother and his sister Eve.

Mal also reported that: his parents kept them all informed about what was happening and he appreciated it; while it had made him think about getting cancer himself “a bit”, his parents had gone to some length to explain it was not genetic; he worried about his father; his extended family helped him the most and he always felt supported by them to the extent that he didn’t feel he required any more support than they provided; and his advice to those in the same situation was that they should talk about it so they can get support and not worry.

Three themes are evident in Mal’s replies to the questions asked and his general explanation of how the situation affected him. These revolved around the importance of his father’s positive attitude, family and parents, and communication.
8.5.2 Mal’s Replies to the WAY? Technique Questions

8.5.2.1 Root Question 1 (RQ1): “Who are you?”

Mal’s first response was, “a kid” (he answered this question in terms of who he was at the time of diagnosis; see Table 8.5.1 in Appendix P). This was important at the time, “because it was an eye opening experience…it changed my whole outlook on life”, and made him think he shouldn’t “take life for granted” and that it changed him “for the better” (p. 308). The sort of person who would deny the importance of being a kid at the time was somebody who thought a child shouldn’t have to go through such an experience. Someone might come to think this because “a child hasn’t gone through enough experiences in life to be able to cope with something big like that” (p. 309). They might have that view because they might have had no problems at all in their childhood and thought, “well if I’ve grown up to be how I am now…I wouldn’t want a kid to go through something like that.” What Mal appears to be saying here is that if someone didn’t go through this experience and they felt they had come through alright (I am “how I am now”), then they would think a kid wouldn’t be able to cope with such a situation.

Mal’s second response was “male” (p. 309), something he didn’t think was important and thought the type of person who would think it important would be “an older male…a bloke in his 40s.” They might have this view because “he’s got in his mind the male female stereotype.”

His third response was, “an outdoors person” (p. 310). This was important due to his surfing being, “where I have a lot of time to think about things, [and] work a lot of things out….to relax…or….on other days my time to …let it all out.” This was important as it was one of the things that helped him cope with the situation. The sort of person who would deny being an outdoors person was important would be “an indoors person” who was “fat and lazy”, and they might have come to be this way because “they might not be the kind of person that likes to do exercise.” More interestingly he thought, “maybe they don’t have an open mind about different things, they’ve just got their own opinion and know that’s right, and everyone else is wrong.”
8.5.2.2 Root Question 2 (RQ2): “What sort of person are you?”

The first construct elicited was *Someone that’s always up for a laugh – Serious, doesn’t like to have fun or show emotion* (p. 310/11; see Table 8.5.2 in Appendix P). Being up for a laugh was important because humour calmed him down and puts a smile on his face. “Humour is one of the big things with Dad. He always cracks jokes” (p. 311). People might come to be the contrast pole due to their upbringing or parents, and the experience that might lead to them being like this was “always doing the same thing on time every day, they’re in a routine...[and they] think that’s it, that’s how I should be.”

*Friendly – Boring, not interested in anything but themselves,* was the second construct elicited, with friendly being identified as important. This was due to it helping to meet people and being “common courtesy” (p. 312). Someone might get to be boring due to their upbringing or having had “a bad experience in life”, like someone dying in their family, “or, even like an experience like I’ve been through.”

The third and final construct was, *Open and honest – Someone who doesn’t show emotion, doesn’t like talking about things. Dishonest.* It was important for him to be open and honest because he did not like to lie and liked “to let other people know what I think” (p. 312). They may come to be the contrast pole due to their upbringing and because they don’t know how to communicate with people. The experiences that might have led them to be like this might be that they don’t tell people their problems because they don’t think people would care, or they had distant parents, their parents didn’t have much authority over them and didn’t teach them values.

8.5.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?”

(his father)

The first construct elicited was *Larrikin – A prim and proper person* (see Table 8.5.3 in Appendix P). Mal thought his father would think it important to be a larrakin as having a joke had been an important part of his father’s life and it was his way of making a bad situation better. His father was like this as he did not like people being sad or unhappy. His father would not say there was anything bad about being a prim and proper person “if that’s who you are...he [father] accepts it” (p. 315). Here Mal appeared to not want

---

42 Unfortunately the third exploration asking for the disadvantages of the elicited pole, and the disadvantages of the contrast pole, was not asked for any of Mal’s replies to this question.
to say anything that could be interpreted as critical of his father, and this is not surprising given the high esteem in which he appeared to hold him.

*Caring – Self-centred* was the second construct elicited, with his father viewing caring as important because, “he thinks that being…caring…makes you a better person” (p. 316). The experiences that led his father to see things like this were growing up in a large family where there had “always been someone that they could go to and talk to that has cared for them…[and] looked after them” (p. 315). His father would say the bad thing about being self-centred would be that when you get in a bad situation and need help people won’t be there for you. “He likes people who help out other people, and like don’t ask anything in return” (p. 316).

The third construct was, *a water person – a land person*, with his father thinking being a water person was important as, “he believes that being in the water is ‘good for your mind and body…. [and] just helps you relax’” (pp. 316-17). His father saw things this way “because he’s grown up with a love of the water” (p. 316). His father wouldn’t say that being a land person was bad but he would say they are “just missing out on so much” (p. 317), due to the water being “a big thing in his life and our lives.”

Mal felt quite confident in agreeing with his father’s view of him as a larrikin and a water person, but was not so sure about “caring”, saying he could be an “arrogant kind of person sometimes” and not want to “hear other people’s crap.” It was important to go along with his views, as “he has pretty good views….and I think it is important to always remember those and use them when you need them.” When they don’t agree, “oh nothing much really [happens]…I wouldn’t say we have a fight. He says what he thinks, I say what I think, that’s pretty much it you know.”

8.5.2.4 Question 5: “Three things that were important about the situation”

Mal’s first reply was his father’s “positive attitude” (p. 318; see Table 8.5.4 in Appendix P), and Mal had a fair bit to say about why this was important. “It helped us get through, what he was going through…he just saw it as…just another step in life. Just another thing that he had to overcome.” Mal also thought his father tried to hide it when he wasn’t feeling well, “to try and make us feel a bit better...because...he always thinks about others” and this was “a good thing” for him and his siblings. The sort of person who would deny his father’s positive attitude was important would be someone who “doesn’t have the willpower to survive” (p. 319). This might have come about via “the
way they’ve lived their life. And their outlook on life.” He gave the example of someone who trained very seriously for a particular sport and when they found out they had cancer, saying “well there’s no point in going on, if I can’t train anymore.”

The second response was “my surfing” (p. 319). This was important because it gave him time to himself and “relaxed” him. “When I’m surfing, I don’t have to rely on anyone else, I’m independent”, and it also gave him “a whole lot of time to think.” The sort of person who would say that his surfing wasn’t important was someone who wasn’t “into sports…someone who doesn’t have a way of letting things out, a way of like relaxing, like a very stressful person.” They might be like this due to being a “workaholic” and not having the “time, or the energy to do…a sporting activity” or something “that relaxes them.” “Maybe…they always had…stress in their life and think ‘oh that’s it’, they’re used to it”, and this is just how normal life is.

The third and final reply to this question was “my family” (p. 318/19). This was important because they “were all in it together”, even though it was their father who was sick “it was like all our problem, and all of us had to get through it together.” The sort of person who would deny the importance of family would be someone who either didn’t have a family or didn’t have a good relationship with them, or “someone who’s just off doing their own thing, not worrying about anything else” (p. 320). They might have come to be this way because of how they were brought up or, if they had been “beaten as a child….they would think ‘Well, that’s family for you…family’s not good’.”

8.5.2.5 Question 6: “Three ways in which you are a different person now than before the diagnosis”

“I’ve matured a bit” (p. 320; see Table 8.5.5 in Appendix P) was Mal’s first reply, a difference he thought was important. This had occurred due to “being close to…a lot of older people” (p. 321) at the time which resulted in him growing up “a fair bit”, and this was important because being more mature is “for the better.” The sort of person who would deny its importance would be someone who hadn’t had an experience like his, and may have “been sheltered from a lot of things when they were a child.”

Mal’s second response was, “I have a different aspect on life” (p. 320/21), which was important because he now thought differently about family and relationships, seeing how important it is to have “all the support” they provide and that the “meaning of life” was perhaps in close relationships, not in having money. The sort of person who would
say this difference was not important would be someone who hasn’t been through what he’s been through and because of this “they don’t realise that people change, and...change their ideas.”

“I have a different aspect on other people” (p. 320/22) was Mal’s third response. This was important because he “learnt how to cope with different people...[and] talk to anyone” (p. 322). Before the diagnosis, when people said kind things to him about his father, he thought “well, ‘they know nothing’ you know they haven’t been through it.” But now he thinks “well, ‘everyone is different and everyone has problems with different things’, and...you don’t...hold it against someone”, and thinks of “people as people...it changed the way I thought.” “Someone who just doesn’t take things in....doesn’t want to change the way they are, [or] the way they feel about others”, would be the type of person who would deny that this difference was important. They might have come to be like this due to having been “shut out...by people in certain situations” in their life and they “just think ‘well, they haven’t worried about me, they don’t care what I felt...I don’t care about others, I won’t think of their feelings.”

8.5.3 General Summary of Mal’s Responses

As argued in section 8.5.1, Mal’s overall experience was similar to his three siblings as while he did experience some anxiety about his father, and some of his usual activities, like surfing with his father, were interrupted for a period, Mal was able to cope with day-to-day life. Mal was also similar to his siblings in that, despite his difficulties and concerns, at the point of the interview he was actually interpreting the situation as having had positive aspects to it. Indeed Mal made, what many would consider to be, the rather extraordinary statement that there weren’t “too many bad things” about the situation. The positive things Mal reported were, how it opened his eyes up what was important in life (people and family), how his father remained so positive, and how the situation strengthened the family’s bond with each other. It was suggested three themes could be discerned in his responses to the BIQs and these revolved around the importance of his father’s positive attitude, family, and communication.

Mal’s replies to RQ1 were, a kid, male, and an outdoors person, with Mal identifying the first and third as important. While the content of Mal’s first and third replies were covered to some extent in his answers to the BIQs, the WAY? Technique appears to have elicited important extra information. For example, Mal’s replies to the questions under Exploration 2 for his first response (“a kid”; Table 8.5.1 in Appendix P) suggest
he thinks he was able to cope with the experience even though he was just “a kid.” And, while in the BIQs he identified surfing (within his third response, “an outdoors person”) as being something he did regularly, the use of the WAY? format resulted in the further information that he thought it was an important factor in his ability to cope with the situation.

The three constructs elicited with RQ2, “What sort of person are you?”, were, someone that’s always up for a laugh – serious, doesn’t like to have or show emotion, friendly – boring, not interested in anyone but themselves, and open and honest – someone who doesn’t show emotion, doesn’t like talking about things. Dishonest. Mal identified all three elicited poles as being an important way to be. All three constructs reflected the theme of the importance of family and the third also reflected the theme of the importance of communication. The exploration of all three constructs yielded considerable extra information over that obtained from Mal’s answers to the BIQs. For example, in the first construct we learnt humour calms Mal down, that this was a “big thing” for Mal’s father who was always making jokes, and “serious” people were like this due to “their upbringing [and] their parents”, and they were people who were big on routine.

RQ3, “What sort of person does your father say you are?”, resulted in the constructs, larrikin – a prim and proper person, caring – self-centred, and, a water person – a land person. While Mal agreed with the first and third, he was not so sure about “caring.” The fact Mal was able to articulate three ways in which he believed his father saw him, and felt able to say why his father saw these as important, strongly suggests he understood his father well enough to engage in a successful role relationship with him. Where there appears to be a potential problem is with Mal’s construct Caring – Self-centred, as Mal has suggested he is sometimes an “arrogant kind of person.” Given that Mal has said he thinks his father “has pretty good views” and thinks “it is important to always remember” them, if Mal comes to act in a way he thinks is not caring (“self-centred” in his construct) he may well experience shame as proposed by McCoy (1977; section 3.1.6). This being an awareness of dislodgement of the self from another’s construing of your role. Or, if Mal has incorporated being “caring” into his core role structure, and he acts in a non-caring manner, he may come to experience guilt, which was defined by Kelly (1995a) as being the “perception of one’s apparent dislodgement from his core role structure” (p. 502).
The themes of the importance of his father’s positive attitude, and of the family, were present in Mal’s replies to the fifth question, “Name three things that were important about the situation with your father?” These were, “his [father’s] positive attitude,” “my surfing,” and “my family.” They were all important because, in their own way, each helped him cope. The first and third of these reflected two of the three themes from the BIQs, with the second being a restatement of information gained from previous responses.

Mal’s responses to Question 6 were, “I’ve matured a bit,” “I have a different aspect on life,” and “I have a different aspect on other people.” In discussing the second of these his replies reflected the theme of the importance of family. In fact this phrase, and how he discusses its importance, are very similar indeed to how he talked about it in the BIQs (see 8.5.1). The other two differences appear to introduce an idea not raised at any other point in the interview, an idea revolving around the PCT notion of sociality. While Mal doesn’t give too much by way of explanation to his “matured a bit” reply, it is arguably a reasonable assumption that he feels not only more knowledgeable generally, and about having a father with cancer in particular, but he feels better able to understand and appreciate how other people feel and interpret the world. This is an idea he explicitly addressed in his explanations to his third response about having a different aspect on other people. Amongst other things he said he thought about “how different” other people are, how “people are people” and how “they’ve got feelings as well.” This is also reflected in his replies to being asked what sort of person would say this difference wasn’t important. For example when he said, “they’ve turned to someone and they’ve been shut out by them,” and then describes such a person as saying “‘I’ll be my own person, I don’t care about others, I won’t think of their feelings.’”
### Table 8.5.6 Mal. WAY? Technique questions summary

Root Question 1. **Who are you?**

<table>
<thead>
<tr>
<th>Exploration 2</th>
<th>i) A kid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Somebody who thinks that a child shouldn’t have to go through such an</td>
</tr>
<tr>
<td></td>
<td>experience)</td>
</tr>
<tr>
<td>ii) Male (identified as <em>not</em> being important)</td>
<td>(An older male, a bloke in his 40s)</td>
</tr>
<tr>
<td>iii) An outdoors person</td>
<td>(An indoors person. Fat and lazy)</td>
</tr>
</tbody>
</table>

Root Question 2. **What sort of person are you?**

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Someone that’s always up for a laugh</td>
<td>Serious, doesn’t like to have fun or show emotion</td>
</tr>
<tr>
<td>ii) Friendly</td>
<td>Boring, not interested in anything but themselves</td>
</tr>
<tr>
<td>iii) Open and honest</td>
<td>Someone who doesn’t show emotion, doesn’t like talking about things. Dishonest.</td>
</tr>
</tbody>
</table>
Table 8.5.6 cont. Mal. WAY? Technique questions summary

Root Question 3.  What sort of person do others think you are?

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Larrikin</td>
<td>A prim and proper person</td>
</tr>
<tr>
<td>ii) Caring</td>
<td>Self-centred</td>
</tr>
<tr>
<td>iii) A water person</td>
<td>A land person</td>
</tr>
</tbody>
</table>

Question 5.  Three things that were important about the situation

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) His positive attitude (Someone that doesn’t have the willpower to survive)</td>
</tr>
<tr>
<td>ii) My surfing (Someone not into sport, a very stressful kind of person)</td>
</tr>
<tr>
<td>iii) My family (Someone who doesn’t have a family, or doesn’t have good relationship with them)</td>
</tr>
</tbody>
</table>

Question 6.  Three ways in which you are a different person now than before the diagnosis.

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) I’ve matured a bit (Someone who hasn’t been through an experience like mine)</td>
</tr>
<tr>
<td>ii) I have a different aspect on life (Someone who doesn’t know what it’s like to go through an experience like mine)</td>
</tr>
<tr>
<td>iii) I have different aspect on other people (Some who just doesn’t take things in)</td>
</tr>
</tbody>
</table>
Due to a total failure of the recording of Claire’s interview, all of the replies to the basic interview questions were reconstructed from very brief notes taken during the interview and the interviewer’s memory immediately post-interview. Due to this there is no transcript of Claire’s interview.

8.6.1 Claire’s Replies to the Basic Interview Questions

Claire (29 years old at the interview) was 14 at the time of her mother’s diagnosis and lived with her father and 15 year-old brother. Claire’s mother had breast cancer which Claire described as “aggressive”, and had had surgery to remove the actual cancerous growth and some lymph nodes before having radiotherapy.

In short, Claire thought the diagnosis had resulted in very few changes indeed at the time. Claire could not remember the diagnosis: resulting in anything changing at home; affecting her school work or attendance; affecting her relationship with her friends in any way; affecting her relationship with her father; resulting in any discussion of it at all with her father or her mother; resulting in her worrying about her mother, as Claire thought she was “blissfully unaware” of the seriousness of the situation at the time; resulting in her having less time to play sport; or changing her relationship with her brother, although her mother thought the experience brought her closer to him. Nor did Claire think that anything anyone did was either a help or a hindrance at the time, as she didn’t perceive anything much to be wrong.

While at the time the diagnosis hadn’t made her concerned about getting cancer, it had since as she had a number of close relatives who had been diagnosed with it. However, Claire did remember it impacting on her relationship with her mother, noticing at the time that her mother was treating her differently but not understanding why. It wasn’t until a year or two after the diagnosis that she learnt her mother interpreted Claire’s lack of being upset as a sign that Claire didn’t care about her.

Claire’s reply to being asked what advice she would give a 14 year-old girl who was facing a situation like the one she did was rather telling. She thought they should, “act on her feelings, [and] gain support for herself and family, but I acted on my feelings, that everyone was going to be okay, and that caused problems.” This last point is reflected in her responses to the WAY? Technique questions below.
Due to a lack of information on these questions as a result of recording failure, there is relatively little data from which to discern any themes in Claire’s replies. However, given Claire’s emphasis both on her belief the diagnosis changed her relationship with her mother, and that she was ignorant (“blissfully unaware”) about what was occurring, it is likely that these, and issues related to family generally, will be ideas reflected in her responses to the WAY? Technique questions.

8.6.2 Claire’s Replies to the WAY? Technique Questions

While the audiotape failed to record the interview, Claire’s responses to these questions were carefully recorded on paper and as such reasonably detailed information is available.

8.6.2.1 Root Question 1 (RQ1): “Who are you?”

Claire’s first response was “psychology student” (see table 8.6.1 in Appendix Q), something seen as important because she was writing a thesis and had been doing psychology so long that it was “part of her identity.” The sort of person who would say being a psychology student was not important was “someone with different interests and values, different personality traits or focus/outlook on the world.” Someone might have come to be like this due to “their upbringing” or because they have “less interest in people” than she did.

Her second response was “artist”, which was important because it gave her life “meaning”, as she had been involved in making art since she “was very young”, she made money from selling it, and because she lived with other artists. The sort of person who would say that being an “artist” wasn’t important would be someone with “different cultural interests”, a “less visual person”, “ignorant about the good things about art”, or “not good at art.” This might have come about due to not having any “practice at it”, or “didn’t feel good about it when they did it”, or were “pushed in a different direction by [their] parents.”

Claire’s third response was “29 years old”, something she did not see as important. The sort of person who would say that being 29 years old was important would be someone “who thought you should act your age and be doing certain things by age 29”, and thought this might have come about via “socialization.”
8.6.2.2 Root Question 2 (RQ2): “What sort of person are you?”

The first construct elicited was **Idealistic in a political/social justice sense – Ignorant, or has different values** (see Table 8.6.2 in Appendix Q). It was important for her to be idealistic because she got “emotional about such things” and because “it feels good to react to such things.” Someone might get to be ignorant or have different values due to them being “more interested in money”, believing in “popular ideas”, or because “they don’t question the status quo.” The sorts of experiences that might have led them to be like this were, “a lack of education”, “not caring about politics or social issues”, “being materialistic, believing that money equals value”, and “believing everything on TV.”

Being idealistic might be a disadvantage “when I feel angry because others don’t conform to my ideals”, and “when I get treated badly.” An advantage of being ignorant was it, “let’s you fit into society”, “you’re able to be unethical and not worry about it”, “you can advance your career”, “you’re less moved by others on ethical decisions”, and “it’s more realistic to not be so idealistic.”

The second construct was **Creative – Logical**, with creative being important due to it relating to her “chosen career” (artist), and it being an important part of her “self-concept.” Someone might get to be logical because they have “skills in different areas”, they are “more practical and grounded”, and because “they’re in the here and now rather than the abstract.”

Claire struggled to think of a situation where being creative might be a disadvantage before saying, “I use my imagination to escape from reality.” She thought being logical might be an advantage when you need to be “more reality focused”, and it meant you are “able to accomplish goals in a more realistic manner.” She explained that such people “have less troubles” and they are people with “less need to express themselves creatively or use their imagination.”

Claire’s third construct was **Intelligent – Less lucky because of genes**. While Claire initially said she was “ambivalent” when asked if being intelligent was important to her, she went on to say that being intelligent was important “because it’s important to be able to do what I’m doing at university. But, I don’t think that not being intelligent is a fault.” No follow-up questions were asked about the contrast pole. This was most likely due to the interviewer feeling the answer precluded any useful further explorations as genes are so fundamental.
Being intelligent might be a disadvantage when it alienates you from your fellow students and marks you out “as different”, both to yourself and to others as it did her. The contrast pole would be an advantage because it would enable someone “to relate to others in [their] realm on intelligence”, and allow them to “feel part of the popular culture.”

8.6.2.3 Root Question 3 (RQ3): “What sort of person do others say you are?”

(hers)

The first construct elicited from Claire on how she construed her mother seeing her was, *Intelligent – Stupid, simple, ignorant, a low life*. Her mother would think being intelligent was important due to her mother being “an intelligent snob” who “had an elitist view of the world” and “s[aw] herself as being more elite due to being intelligent”, and that being intelligent was good for “quality of life.” Her mother had come to see things this way due to having a “retarded sister” who was shown more attention than she (Claire’s mother) was. Her mother would say being stupid was bad because such people had “less opportunity for material gain” and thinks, “people have the same opportunities in life and if they don’t use them that’s their fault.”

The way in which Claire was questioned for her second and third responses to RQ3 suffered the same problem as described for Helen (8.1.2.3) and Eve (8.2.3.3) above, that when the elicited pole was *not* identified as important she was not then asked what was good about the contrast pole. It is likely that her response as to why the elicited pole (“creative” and “impractical”, see below) was not important is precisely the way in which she would say her mother would see the contrast pole as being important.

The second construct was *Creative – Practical/sensible*, with her mother not seeing creative as important due to most of her mother’s friends not being creative nor Claire’s father, “in an artistic sense.” Not surprisingly Claire thought her mother would see nothing bad about being practical/sensible and would say, “it’s just commonsense to be practical.”

Claire’s third construct was *Impractical – Practical/sensible*. Again, Claire did not think her mother would see the elicited pole (impractical) as important because it would be “nonsensical” to do so, because that’s “the way she is”, and her mother “sees it as important to achieve the things she sees as important.” Far from the contrast pole
being bad, Claire’s mother would see it positively as it allows you to “achieve things, get things done”, and the reason she would give for this is that, “it’s just common sense.”

Claire went along with all of mother’s views of her, “but I don’t see them all the same way she does”, and she did not think it important to do so. This was due to Claire realising, “we are different people with different values”, and in regards to what happened when they didn’t agree she said, we “agree to disagree.”

8.6.2.4 Question 5: “Three things that were important about the situation?”

Claire’s first answer was, “the cancer not being worse than it was” (see Table 8.6.4 in Appendix Q). This was important, “because it could have had a worse impact on my life.” She was “at an impressionable phase” of her life and “could have found it difficult to deal with”, adding that she felt “blissfully ignorant” about it at the time. An ignorant, optimistic or very young person would be the sort of person who would deny this was important, they would be ignorant if they didn’t know what percentage of people die from cancer, and they might be optimistic “through others’ optimism or [their] general orientation to life.”

Her second answer was, “that she didn’t have more cancer after the first lot was removed.” This was important because if her mother had gone on to have more cancer “reality would have hit me that she could die” and “it would have had a more emotional impact on me.” She thought “somebody who didn’t care or…was extra optimistic or ignorant” would be the sort of person who would deny its importance. This may have come about as they “didn’t love their mother” or were a “psychopath”, and they may have become like that due to a “traumatic experience as a young person, maybe at the hands of their mother.”

Claire’s third response was, “Mum having support around her in hospital.” This was important due to seeing her mother have “positive outcomes from it”, which included gaining a friend, forming “good relationships”, and being “jolly on the ward.” The sort of person who would deny this was important was “someone more aware of the physical realities of cancer” and “less guided by impressions.” Claire thought they might have come to be like this due to “other experience and knowledge of cancer” and “not being so young.”
Claire’s first reply was, “more sensitive to others’ trauma”, a difference she thought important because “it’s important to have good quality relationships. You get pleasure from them, and relationships with family are fairly permanent.” She described somebody who would say this wasn’t important as “somebody who doesn’t place such importance on relationships”, and this might have come about due to “ignorance, or generally focusing on other parts of their life they think are important.”

Her second response was, “I’m more aware about cancer”, a difference she thought important because she believed she was at “high risk” of getting cancer due to a number of relatives being diagnosed with it, and because if she knew about this risk then she would be able to protect herself from it. “Someone with a lot of faith in GPs, or at less risk of cancer, [with] no family history” was the sort of person she thought would say that this difference wasn’t important. They might have come be have this view due to having “had less experience with doctors in their work.”

Her last response was, “my anger with my mother”, a difference she saw as important because her mother’s opinions about her were “very important” to her. And, Claire felt because she was her mother she “should know me well, [but] she viewed me negatively.” Not surprisingly, Claire found this “difficult to reconcile.” The sort of person who would say this difference wasn’t important was “somebody who didn’t think about their relationship with their mother so much, or someone who was less aware of their anger.” Someone might have come to be like this “through not thinking about it so much” or being someone who was “just more philosophical in general”, and they might have that view because they placed “less importance on relationships in general.”

8.6.3 General Summary of Claire’s Responses

As set out in section 8.6.1, the limited information available from the initial interview showed that Claire could not remember the diagnosis changing her life much at all. This was due to her being “blissfully unaware” of the seriousness of the situation and thus not perceiving anything to be wrong, leading to her mother interpreting this as meaning Claire didn’t care about her. Given this information it was argued that the nature of Claire’s relationship with her mother, and relationships generally, along with
Claire being unaware of the potential impacts of the situation, would be ideas likely to be reflected in her responses to the WAY? Technique questions.

Claire’s replies to RQ1, “Who are you?”, were psychology student, artist, and 29 years old, with her identifying the first two as being important. In Claire’s explanation to her replies she made reference to upbringing, parents and socialization suggesting that these ideas were important to her in making sense of the world.

The three constructs elicited by RQ2, “What sort of person are you?”, were Idealistic in a political/social justice sense – Ignorant, or has different values, Creative – Logical, and Intelligent – Less lucky because of genes. Claire identified each of the elicited poles as being important to her, although she indicated she was ambivalent about “intelligent.” It may be that her initial “ambivalent” response was her attempting to impression manage; after all, few people like to be seen to be boasting. Perhaps she was also ambivalent because she is an idealist, and in an ideal world intelligence doesn’t matter. This interpretation is supported by the second part of her follow-up response, “but I don’t think that not being intelligent is a fault.” When read in conjunction with her replies to RQ3, these constructs suggest why she saw her relationship with her mother as strained.

RQ3, “What sort of person does your mother say you are?”, resulted in the constructs, Intelligent – Stupid, simple, ignorant, a low life, Creative – Practical/sensible, and Impractical – Practical/sensible, with Claire identifying intelligent as being the only elicited pole her mother would see as being important. However, while agreeing with her mother she was these three things, with intelligent and creative also being words she used to describe herself, it is noteworthy just how different the contrast poles are that Claire attributed to her mother for the intelligent and creative constructs as opposed to her own. Claire’s contrast poles, were “less lucky because of genes” and “logical”, versus “stupid, simple, ignorant, a low life” and “practical/sensible”, respectively. Claire’s contrast poles appeared to be less negatively evaluative than her mother’s, and in line with the elicited pole of Claire’s first response to RQ2, “idealistic in a political/social sense.” Claire’s constructs about her mother, and her elaborations of these, strongly suggests Claire saw her mother as being an intelligent, practical, sensible, and possibly snobby, person, quite different to how Claire saw herself. Even though Claire didn’t directly mention anything in her replies to RQ3 in regards to her relationship with her mother, the differences Claire perceived between them, strongly
suggests theirs was a relationship where significant disagreement over what is important in life is likely.

Claire’s replies to Question 5 on the important things about the situation were the cancer not having been worse, it not recurring, and the level of support her mother had in hospital. Her explanations for why her first and second replies were important reflect the ideas of her ignorance and youth at the time, with all three of her responses to being asked what sort of person would deny the importance of these revolving around youth, ignorance or (over) optimism. The ignorance aspect reflects Claire’s statement in the initial interview that she was “blissfully unaware” of the seriousness of the situation.

Claire’s replies to Question 6 regarding the three ways in which she was a different person now than before the diagnosis, were that she was more sensitive to others’ trauma, more aware about cancer, and her anger with her mother. These three replies reflect the two main issues raised in the initial interview, her ignorance of the situation and her relationship with her mother. In her first reply she said she was now more sensitive (less ignorant) to other people’s trauma and in her follow-up explanations made reference to the importance of relationships, and in her second reply she said how she was now more aware (less ignorant) about cancer. Claire’s third response, “my anger with my mother”, directly addressed the issue of her changed relationship with her mother raised in the initial interview questions, with her elaborations on why this was important providing concrete data on how this is problematic for her (i.e. “she should know me well, [but] she viewed me negatively”); data not provided via her responses to the BIQs.
### Table 8.6.6 Claire. WAY? Technique questions summary

#### Root Question 1. Who are you?

|   |  
|---|---|
| i) | Psychology student | (Someone with different interests and values. Different personality traits or focus/outlook on the world) |
| ii) | Artist | (Different cultural interests. Less visual person. Ignorant about the good things about art. Not good at art.) |
| iii) | 29 years old | Somebody who thought you should act your age and be doing certain things by age 29. |

**Exploration 2**

#### Root Question 2. What sort of person are you?

<table>
<thead>
<tr>
<th></th>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Idealistic in a political/social justice sense</td>
<td>Ignorant, or has different values</td>
</tr>
<tr>
<td>ii)</td>
<td>Creative</td>
<td>Logical</td>
</tr>
<tr>
<td>iii)</td>
<td>Intelligent</td>
<td>Less lucky because of genes</td>
</tr>
</tbody>
</table>
Table 8.6.6 cont. Claire. WAY? Technique questions summary

Root Question 3. **What sort of person do others think you are?**

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii)</td>
<td>Creative – Practical/sensible</td>
</tr>
<tr>
<td>iii)</td>
<td>Impractical – Practical/sensible.</td>
</tr>
</tbody>
</table>

Question 5. **Three things that were important about the situation**

<table>
<thead>
<tr>
<th>Exploration 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) The cancer not being worse than it was.</td>
</tr>
<tr>
<td>(Ignorant or optimistic or very young)</td>
</tr>
<tr>
<td>ii) That she didn’t have more cancer after the first lot was removed.</td>
</tr>
<tr>
<td>(Probably somebody who didn’t care. Or, somebody who was extra optimistic or ignorant.)</td>
</tr>
<tr>
<td>iii) Mum having support around her in hospital.</td>
</tr>
<tr>
<td>(Someone more aware of the physical realities of cancer. Someone less guided by impressions.)</td>
</tr>
</tbody>
</table>

Question 6. **Three ways in which you are a different person now than before the diagnosis.**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i) More sensitive to others trauma.</td>
</tr>
<tr>
<td>(Somebody who doesn’t place such importance on relationships.)</td>
</tr>
<tr>
<td>ii) I’m more aware about cancer.</td>
</tr>
<tr>
<td>(Someone with a lot of faith in GPs. Or, at less risk of cancer, no family history)</td>
</tr>
<tr>
<td>iii) My anger with my mother</td>
</tr>
<tr>
<td>(Somebody who didn’t think about their relationship with their mother so much. Or, someone who was less aware of their anger.)</td>
</tr>
</tbody>
</table>
8.7 Annette

8.7.1 Annette’s Replies to the Basic Interview Questions

Annette (21 years old at the interview) remembered being almost 16 and just having moved into a new house in a different part of town when she learnt of her mother’s breast cancer diagnosis. They (Annette’s mother, Annette and her sister and two brothers) had moved into another house because her parents had separated just a week before. A close family friend, who was also the family’s general practitioner, found the lump. “It was horrible, like it was even more so because…my parents had just separated and…so it was kind of a really big shock” (p. 357). They went on “to learn about what…cysts were and all those kinds of things”, and observe how their mother “got sick along the way and lost her hair…through the chemotherapy.” Because her mother “wasn’t eating”, “she basically just went down to being this…tiny little skeleton looking person, it was just amazing” (p. 358). Their friends “were always great” and their family was “really close and supportive of us…even my Dad like…it’s so surprising how close you actually get to people when things like that happen” (p. 357). Later in the interview Annette describes of the “best things” (p. 366) that came out of the situation as being how it brought her then separated, now divorced, parents together as friends.

Her mother found she was so sick from the treatment she “couldn’t handle being…by herself” (p. 358; without her husband and with four children) and Annette was unable to provide all the help required, “like drive everyone around,” so initially Annette’s siblings moved out to live with their father. However, being so ill, Annette’s mother found she couldn’t manage, so despite having only recently separated, her husband and children all moved back in with her and Annette. This resulted in Annette moving out of the house and living in “a granny flat one of my grandmother’s friends had.” Annette didn’t specifically say why this was necessary, but earlier she said “[I] really wasn’t talking to my Dad at the time.”

She was in year 10 when her mother was diagnosed and began the treatment that made her “really sick” (p. 358), a time when Annette had a lot of her important school exams. Due to this she didn’t attend school very much as she was “going back and forth with Mum all the time” to the hospital. Although Annette ended up passing

---

43 See Appendix R for the interview transcript to which the cited page numbers relate.
everything, with the school being very understanding and excusing her from “lot of things”, she didn’t actually think this had been good for her. This was because she “missed out” on things and actually wished she had repeated year 10, but went on to do year 11 which she completed with her mother continuing to receive treatment for much of this time.

Her friends were really good to her during this time and would do things like bring her homework to her from school when she couldn’t attend. As far as she was concerned, “they were really cool and I never had any problems with my friends, they were great” (p. 359).

While she had a “really close” (p. 357) relationship with her mother, likening her to “a best friend”, this was far from the case with her father. Her poor relationship with her father was due to them both being “so stubborn….like we’re very alike” (p. 359), and being “kind of distant” and that this preceded her mother’s diagnosis by some time. “Basically we weren’t talking, like I’ve only just talked to him recently” (p. 360). At one point, before the diagnosis, Annette moved out of the family home to live on her own, and implied this was due to her poor relationship with her father. As such, Annette did not think the diagnosis had changed her relationship with him.

As Annette had not been speaking with her father for some time before the diagnosis, there was no discussion of her mother’s illness with him. However, “Mum was good about it. I mean she sat us down and told us [about it]”, and kept Annette and her siblings informed “all the way through [about] exactly what was going on” (p. 357). While her mother had talked about the situation with her, “it was kind of hard for her to explain like how bad things would actually get” (p. 360), and so Annette was grateful to be able to speak with the family’s general practitioner and family friend who explained her mother’s condition in detail, something Annette found “really good.” Although “in a way I really didn’t want to know” about it, as it was “pretty hard” seeing her mother’s mastectomy scar and “really strange” to see her “get the little black dot tattoo” ahead of her radiotherapy. Annette didn’t just have one conversation with her mother about it though, it was something they discussed regularly, especially during the regular travelling to and from the hospital in the car that took at least an hour each way. On the whole Annette found talking about it to be useful.

As well as learning about cancer and its treatment from her mother and the general practitioner, she read “a lot of books while we were waiting at the hospital”, and talked
to the nurses. She found it “quite freaky” to learn “how many women actually have breast cancer and how young they can be.” The only professional person involved in the process that Annette didn’t find so helpful was the surgeon. This was because he “didn’t really explain himself…used medical terms…[and seemed like he] just want[ed] to get it over and done with…[and] he was…just blunt” (pp. 362-63).

Apart from her mother’s diagnosis Annette had had an aunt and a grandmother die from breast cancer. Not surprisingly this had made her wonder about her own susceptibility to the disease saying, “yeah it does really worry me a lot” (p. 361). This concern was strong enough for her, at only 21, to have already gone to have her breasts examined by her general practitioner. One of Annette’s friend’s mother, who was “like a big breast cancer rallier in this town” joked with Annette that she should, “go out and get a mastectomy now.” Despite seeing a preventative mastectomy as rather radical, she had thought about doing so, saying, “I don’t really have anything [any breasts] anyway so it’s like it doesn’t really worry me.”

In regards to if she worried about her mother Annette advised that this was something she did “a lot” at the time. She attributed the decline in her performance in English to the diagnosis as she, “just couldn’t concentrate at all…[on her] schoolwork.”

Those who helped her the most were her mother’s “close circle of friends” (p. 361) whom, indicating the closeness of the relationship, Annette and her siblings called “aunts.” They were so helpful due to them making “dinner every night…. [and] bring[ing] my Mum flowers and things all the time to try and distract her.” While she felt her family was also a “really good” support, due to her fraternal aunt’s diagnosis, and her fraternal grandmother’s death from cancer, her father’s side of the family did not really want to talk about the situation. Another group that helped her mother were those in the cancer support group she attended.

The other particularly helpful thing was “constantly” (p. 362) staying busy. She, “would never…sit at home and do nothing”, if she wasn’t at school she was either with her mother or “doing something for someone in [her] family” like attending her younger sister’s school for particular activities. While some of the things she took on she “really shouldn’t” have, as this meant she had to drop out of other things, she felt she had to be constantly doing something. Although she does not say so explicitly, the implication is that she needed to remain busy to reduce her anxiety about her mother.
Two things were less than helpful. The first was the shocked reaction displayed by some people when they saw her mother, who Annette described as “fading away”, for the first time since treatment began. They would say things like, “oh my god look at you Jane” (p. 362). While she could understand how it was “normal” for people to be shocked in such a circumstance, she would think, “oh you can’t say that kind of thing.” The fact that people “just can’t handle somebody being sick once…they get…more unwell” she found “really hard.” The other thing was the surgeon’s lack of communication skills discussed above.

When asked if there was anything else, like sport, that had changed in her life Annette reported how she was unable to complete an aspect of her schooling called TRAC. This was a type of work experience course that involved spending a day a week in four different types of work place. While she completed her first two placements she had to drop the course when it came time to do her fashion-designing placement as it would have required her parents to drive her there and it involved some extra expense on top of the travel costs. Thus she did biology classes instead, which she “really hated” (p. 363), but it was based at the school.

Later in the interview, when discussing her relationship with her siblings, she advised that her brothers’ sporting activities were affected by the diagnosis and separation as her father had to focus on work more which meant he didn’t have the time to transport them to the venues. Thus, they stopped playing basketball and football.

Of all her siblings, she was closest to her younger sister, “obviously I think it’s because we’re girls” (p. 364). While she was close to her brothers before the separation, and “really close” now, she didn’t get to see them as much as when they all lived together, having to rely mainly on phone contact (see above). Thus, it would appear the diagnosis resulted in changes in the amount of time Annette spent with her siblings even if it did not adversely impact the quality of the relationship she had with them, with her parents’ separation adding to this change rather than being the root cause of it.

Annette’s advice to others in the same situation as her was that they should “still do things that they like” doing, even though she acknowledged this is “kind of hard to do” and she “really didn’t” manage to do it, and they should try to be “involved” in the process. By this she meant they should do things like go to the hospital and observe the treatment process. Initially Annette “didn’t want to go to the hospital and didn’t want to see that side of it”, but once she did she realised, “it’s not that bad” (p. 385).
Summary of Annette’s Replies

In common with the other participants Annette reported how the diagnosis was “a really big shock”, but thought it all the more “horrible” because of the separation just a week before. Unlike the other participants Annette also commented on how much weight her mother lost. Compared to the other participants discussed in this chapter Annette’s daily life appears to have been significantly altered by the diagnosis. However, it is difficult to entirely separate the role of the diagnosis and the role her parents’ separation played in this change of circumstances as they co-occurred.

The main changes the diagnosis appears to have resulted in for Annette were: two changes in living arrangements; significant amounts of travel with her mother to and from hospital that, combined with her worry about her mother, resulted in less attendance and poorer performance at school; the inability, due to cost and travel constraints, to complete a work experience program coordinated by her school; an increased concern about her own vulnerability to cancer; and, less in-person contact with her siblings.

Annette found a number of things or people helpful, these were: her friends and family; her mother’s friends, especially their friend who was also the family’s general practitioner; reading books about cancer at the hospital; talking to the nursing staff; and staying busy. In regards to communication about the situation Annette reported that while she did not speak with her father about it, due to pre-existing relationship problems between them, her mother informed her and her siblings about it at the time of the diagnosis and updated them about it regularly. She also spoke with the family’s general practitioner (GP) about the diagnosis, something she found useful.

She found two things that were less than helpful. These were the surgeon’s attitude and his inability to explain himself, and people’s shocked attitude to her mother’s “skeletal” appearance due to the treatment. In contrast, one of the “best things” about the situation was how it brought her parents together as friends. In regards to what advice Annette would give other people in the same situation, she thought they should continue doing the things they liked to do, and be involved by attending the hospital and witnessing the treatment process as she found this informative.

In common with the analysis of Helen’s responses, and unlike most of the other participants, it is difficult to determine a theme within Annette’s responses as, like
Helen, Annette concentrated on reporting events as opposed to reflecting on what was important. However, one possible theme is the importance of communication as Annette mentioned it a number of times both in relation to when it was helpful (e.g. her mother and the GP informing her of the diagnosis and treatment, and talking to the nurses) and when it was less so (the surgeon’s failure to explain himself clearly).

8.7.2 Annette’s Replies to the WAY? Technique Questions

8.7.2.1 Root Question 1 (RQ1): “Who are you?”

Annette’s first response to RQ1 was “surfie” (p. 366/67; see table 8.7.1 in Appendix S), something she did not see as important. Her brothers would be the sort of people who would say being a surfie was important, as they loved the sea, sport and the actual surfing. This was due to them seeing themselves as surfies and identifying as being part of that culture, not being able to stand being away from the water, and taking it much more seriously than she did.

Her second response was “arty” (p. 366/68), something she thought was important due to not wanting to be seen as “a nerd” (p. 368), never having been “very good at maths or science”, and preferring to be painting or “making clothing” as this was her “favourite thing.” A serious person would be the sort who would deny the importance of being arty and they would be someone who would rather be earning money and would not understand why she likes the things she does.

Annette’s third reply was “a young girl” (p. 366/69), something that was important at the time because it made her “so much more determined to actually do what [she] wanted and...just go after it” (p. 369). This seemed to be due to having witnessed her mother putting off “all kinds of things.” If she had been even younger she wouldn’t “care as much now about [herself]” and wouldn’t have been able to “really understand... just how bad it [the situation] actually was” as, “it would have been so much more confusing.” She was “really glad it happened when it did.” The sort of person who would deny this was important would be someone who “wasn’t as close to their mother”, or didn’t have a close family, or were “driven in like a scholarly kind of way”, adding, “like school-wise you had to be at school.”
8.7.2.2 Root Question 2 (RQ2): “What sort of person are you?”

The first construct elicited was **Angry – Vague/detached, someone who denied it** (p. 370; see Table 8.7.2 in Appendix S). Being angry at the time was important because the situation “was just so unfair.” Someone might get to be vague/detached due to not wanting to know about the situation, and this may be due to “something bad” (p. 371) having happened in their lives. Being angry would be a disadvantage when you took it out on other people or it meant that you were not focused on what you needed to do. She, “really did take it out on people that had bad reactions to her [mother].” In contrast, an advantage of being vague/detached would be when it means you can, “just sit there and think about normal things.”

The second construct was **Stubborn and strong – People with shocked reactions, weak** (p. 370/373). Being stubborn and strong at the time was important because she, “wanted everything to work out fine” and “wanted her to get well” (p. 373). Later in the interview, in response to her first reply to RQ3 (Strong and stubborn), Annette says that being like this allowed her to take charge and tell her mother what to do. In this context this suggests she saw being stubborn as important due to it allowing her to direct her mother’s behaviour as a means to ensuring a good outcome. The contrast pole, people with shocked reaction, weak, was not further explored. Being the elicited pole would be a disadvantage when it would help to conform, and one example of this was her decision, against her father’s advice, not to go on to do her final year of school. Mistakenly, Annette was then asked when the elicited pole (stubborn), as opposed to the contrast pole, might be an advantage. She replied that it allowed you to learn more about what was happening and gave the example of how she pushed their GP to learn “the worst thing that can happen” which led to her finding out a lot of things that she “really didn’t want to know” (p. 374). By implication, this reply suggests Annette would view the contrast pole as being an advantage when you didn’t want to learn more about such a situation, and wouldn’t learn things you “really didn’t want to know.”

The third construct elicited was **Vague – Focused** (p. 370-71). Being vague was important at the time “in a way” (p. 372) because this was her way of coping with the situation. Someone might be focused due to needing to get things done and this might be due to them, like her father, having their own business and needing money. Being vague might be a disadvantage at school when it means you miss out on things that are “going on in other peoples lives…like birthdays” (p. 372), and an advantage of being focused was being able to get things done.
8.7.2.3 Root Question 3 (RQ3): "What sort of person do others say you are?"

(her mother)

The first construct elicited was *Strong and stubborn – Shallow, weak and self-absorbed* (see Table 8.7.3 in Appendix S). Her mother would think it was important to be strong and stubborn because, "it's always been good for her that I was [strong] because I just take charge" and tell her what to do. An experience that led her mother to see things this way was when Annette would encourage her to get out of bed and go outside when she had no wish to do so due to being so sick from the chemotherapy. This was something Annette did because she knew her mother would feel better for it. Her mother would think the bad thing about someone being shallow, weak and self-absorbed was that it showed you when someone who could not be relied on. The reason her mother would give for this view was how people she thought were her good friends turned out not to be, "they made her feel worse about herself, because they'd have such a horrible reaction" (p. 376) to her.

The second construct was *Angry – Not caring* (p. 374/376). Her mother would think it important that Annette was angry because, "if I hadn't gotten angry…it would have been odd and impersonal" (p. 376). Her mother would think it "would just be horrible" for someone to be the contrast pole, not caring, in this situation, because neither she nor Annette knew how bad the situation "actually was until it all started….and there was the possibility that she could die." Annette also added, "it would have been unusual if we hadn't reacted like that." The context of the interview suggests the "we" Annette is referring to is the family and her mother’s friends, and her mother had an expectation that this is how they would respond.

The third and final construct was, *Caring – Detached/cold* (p. 376-77). Being caring was important because, “if people didn’t care about you it would just make it so much worse.” While the contrast pole wasn’t followed up further, the implication from this response is that the bad thing about being detached/cold is it conveys that someone doesn't care. Annette went on to give her mother’s surgeon as an example of a detached and cold person explaining how he sounded like “he was talking about…a renovation or something”, with the implication being that he didn’t treat her as human.

In the third exploration (see Table 8.7.3 Exploration 3, in Appendix S) Annette agreed with all three ways in which she saw her mother as viewing her, and appeared to say it was not important to go along with her views. “I'm pretty strong willed, if she said
something I didn’t like I’d just say no, like ‘I don’t think so.’” She also said, “we are friends, and we’re very close and we talked about everything and…nothing was not discussed”, which suggests she saw the relationship as strong enough to withstand such disagreement. As to what happened when they did not agree, “actually we never really don’t agree”, the only “fight” they’d ever had was over her father and, “it was just more a silence thing and then we just got over it ‘cause we just couldn’t stand not talking.” Such a response suggests that Annette saw the relationship as a strong one characterised by good communication.

8.7.2.4 Question 5: “Three things that were important about the situation”

Annette’s first answer was, the CNC and their GP (p. 378; see Table 8.7.20.4 in Appendix S), which were important “because they could explain everything….and say what was going to happen.” This is turn meant that Annette knew what to do to help her mother, like what sort of food she could eat. The sort of person who would deny this was important was, “someone who didn’t really want to get involved…didn’t really want to know” (p. 379). Such a person might have come to this view in order to protect themselves, and that past bad experiences might be what led them to want to do so.

Her second answer was, “Mum’s friends and my friends” (p. 378), something she saw as important because of the support they provided via being there to discuss everything with and drive them places. Someone who would deny that friends were important would be “someone who wants to be by themselves” (p. 380), and they would be like this due to “their personality” as being on your own allows you to think about things so that the situation becomes clearer. As to what might lead them to think this Annette again brought up the idea of personality, saying it was due to them being a “quieter person” or an introverted person.

Her third and final answer was, “my family” (p. 378), which was important because of the support they provided, they “pulled together” (p. 379) and were “constantly visiting.” An only child would be the sort of person who would deny the importance of family, with Annette appearing to be at a loss to further explain what might have led them to that view, “I don’t know because I’ve always had such a close kind of family” (p. 381). This reply was largely a restatement of information provided in section 8.7.1.
8.7.2.5 Question 6: “Three ways in which you are different now than before the diagnosis”

Annette’s first reply was, “I can understand the true value of people that are actually honest” (p. 381). This was an important difference because it led her to have people around her who were “of real worth”, and changed her from being a “surfie kind of person [who] was pretty superficial”, a change she saw as being a good one. Someone who “wanted to stay in that superficial kind of world” would be the sort of person who would deny this difference was important, a view she thought might have come about, “if they’d ignored what was going on and….if they’d had that clinical kind of view” (p. 383).

Her second reply was that she had a better understanding of cancer and “how people feel” (p. 382), something she saw as important due to somebody being sick being “such a different thing” compared to “divorce or anything.” The sort of person who would deny this difference was important would be “someone who didn’t want to face up to the facts that maybe [it] could happen to them” (p. 383). When pressed further on how someone might have come to be like this Annette struggled to come up with an explanation saying, “I don’t know, like I really couldn’t think that way….maybe….they….were in denial” (p. 384).

Annette’s third and final reply was that she now knew it could happen to her (p. 382), which was important as she felt this awareness meant she was able to do something to protect herself. The sort of people who would deny this difference was important would be those who “just want to be in the moment” (p. 384). They might have come to be like this because they don’t want to see themselves as vulnerable and “don’t want to think about it, let alone be it [have cancer].”

8.7.3 General Summary of Annette’s Responses

As argued in section 8.7.1, the overall impression gained from Annette was not only that the diagnosis came as a great shock, something she shared with all the other participants, but that her daily life was significantly altered; a difference from the other participants. However, one complicating factor in determining the extent to which it was the diagnosis that was the cause of such alteration was her parents’ recent separation, which resulted in at least one change in living arrangements which would not otherwise have occurred. Apart from living arrangements, the main changes it appeared to have
resulted in were significant amounts of travel with her mother to and from hospital, a significant amount of worry about her mother, less attendance and poorer performance at school, increased concern about her vulnerability to cancer, and less in-person contact with her siblings. Annette found both her friends and her mother’s friends to be helpful, as well as reading books about cancer, and two things that were not helpful were the surgeon’s attitude and the shocked attitude some people had to her mother’s emaciated appearance. She thought one of the good things about the situation was how it had brought her parents together as friends. It was argued it was difficult to determine a theme in Annette’s replies as she concentrated on reporting events, as opposed to explaining what these meant to her. However one possible theme was the importance of communication.

Annette’s replies to RQ1, “Who are you?” were “surfie”, “arty”, and a “young girl”, with her identifying the latter two as important. From a methodological perspective the interesting thing about these responses is that Annette did not specifically discuss them as being aspects of herself in her responses to the basic interview questions; it appears to have taken the structure of the WAY? Technique to reveal their existence and significance.

The three constructs elicited by RQ2, “What sort of person are you?” were, angry – vague/detached, someone who denied it, stubborn and strong – people with shocked reactions, weak, and vague – focused. It was suggested the second of these constructs, where she reported how being stubborn played an important role in obtaining information, reflected the nascent theme of the importance of communication identified in the basic interview questions. Similarly to RQ1 this question appears to have resulted in significant new information both about how Annette saw herself, and the situation, compared to that gained from the BIQs.

RQ3, “What sort of person does your mother say you are?”, resulted in the three constructs, strong and stubborn – shallow, weak and self-absorbed, angry – not caring, and caring – detached/cold, with Annette agreeing with her mother’s view of her. Annette’s responses indicated she felt she was both able to construe her mother’s construction of her and that she felt she knew how this construction came about, suggesting a high degree of sociality and the ability to engage in a successful role relationship. Her statement in the third exploration (Table 8.7.3) about how they can’t stand not talking, and how the surgeon was a poor
communicator, reflect the possible theme of the importance of communication suggested in section 8.7.1.

Annette’s replies to the fifth question, “Name three things that were important about the situation with your mother?” were, the CNC and the GP, “Mum’s friends and my friends”, and “my family.” It was suggested the theme of the importance of communication was reflected in the first and second replies. In the first Annette reported finding the information the CNC and GP provided as being helpful, and in the second, “friends” reply, she reported they were there to discuss everything with. The information provided in the third was argued to be largely a restatement of that provided in her replies to the BIQs.

Annette’s replies to Question 6, “Three ways in which you are different now than before the diagnosis?”, were “I can understand the true value of people that are truly honest”, she had a better understanding of cancer and “how people feel”, and she now knew she too could develop cancer. The first reply, while providing new information, can be seen to be an example of Annette’s high level of sociality, an area already covered in RQ3. The first part of the second reply is a restatement of information provided in 8.7.1 regarding how she learnt a lot about cancer, with the second part again being a reflection of her level of sociality. While the third reply introduced some new information it is largely a restatement of the issue as discussed in section 8.7.1 about her concerns regarding getting cancer herself.
Table 8.7.6  Annette. WAY? Technique questions summary

Root Question 1. **Who are you?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>“Surfie”*</td>
<td>(“My brothers”)</td>
</tr>
<tr>
<td>ii</td>
<td>“Arty”</td>
<td>(Good at sport and maths/very serious)</td>
</tr>
<tr>
<td>iii</td>
<td>“Young girl”</td>
<td>not asked</td>
</tr>
</tbody>
</table>

Root Question 2. **What sort of person are you?**

<table>
<thead>
<tr>
<th></th>
<th><strong>Initial response</strong></th>
<th><strong>Contrast pole</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Angry</td>
<td>Vague/detached. Someone who denied it.</td>
</tr>
<tr>
<td>ii</td>
<td>Stubborn and strong</td>
<td>People with shocked reactions.</td>
</tr>
<tr>
<td>iii</td>
<td>Vague</td>
<td>Like my Dad, focused</td>
</tr>
</tbody>
</table>
Table 8.7.6 cont.  Annette. WAY? Technique questions summary

Root Question 3.  What sort of person do others think you are?

<table>
<thead>
<tr>
<th>Initial response</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Strong/stubborn</td>
<td>Shallow/weak</td>
</tr>
<tr>
<td>ii) Angry</td>
<td>Not caring</td>
</tr>
<tr>
<td>iii) Caring</td>
<td>Detached/cold</td>
</tr>
</tbody>
</table>

Question 5.  Three things that were important about the situation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Our GP and the CNC</td>
<td>(Someone who didn’t want to get involved, didn’t really want to know)</td>
</tr>
<tr>
<td>ii) Mum’s friends and my friends</td>
<td>(Someone who wants to be by themselves)</td>
</tr>
<tr>
<td>iii) My family</td>
<td>(Introverts, an only child)</td>
</tr>
</tbody>
</table>

Question 6.  Three ways in which you are a different person now than before the diagnosis.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i) I can understand the true value of people that are actually honest</td>
<td>(Someone who wanted to stay in a superficial world)</td>
</tr>
<tr>
<td>ii) A better understanding of the process of cancer and how people feel</td>
<td>(Someone who doesn’t want to face up to the fact that it can happen to them.)</td>
</tr>
<tr>
<td>iii) I’m aware that it could happen to me</td>
<td>(People who don’t want to face it/want to be in the moment)</td>
</tr>
</tbody>
</table>
8.8 Discussion

The results presented in this chapter will be discussed in three parts. Firstly, the information provided by the participants to the basic interview questions will be broadly examined, this will then be followed by an examination of their responses to the five WAY? Technique questions, before the usefulness and validity of the WAY? Technique as a method, and the issues surrounding its application, is discussed. The chapter continues with a discussion of the studies strengths and limitations before concluding with a general summary.

8.8.1 Participants’ Responses to the Basic Interview Questions

Overall, as in the previous study, participants’ responses to the basic interview questions (BIQs) indicated that the diagnosis resulted in changes and interruptions to some activities for all participants. However, it did not result in fundamental changes to most participants’ day-to-day activities over the whole course of their parent’s treatment. It seems fairly clear that this was the case for five of the seven participants, these being Mal, Cindy, Eve, Barry and Helen, with Claire and Annette, for different reasons, being the exceptions.

Despite their parents having different types of cancer with different treatment regimes, both the four siblings, Mal, Cindy, Eve and Barry (father with a chest tumour), and Helen (mother with breast cancer) indicated that, despite some disruptions and changes, life after the diagnosis went on much as it had before. As in the previous study, what is surprising is not that some aspects of their lives, like being distracted from their homework or needing to do more housework, were disrupted for a time as this is only to be expected, but that they appeared not to be particularly concerned by most changes. One reason why these five were relatively untroubled may be because they had supports other than the ill parent. They each had their sibling/s, a well parent, and family both nuclear and extended (something they all commented on), to turn to for support both materially and emotionally. Another reason may be that they were able to construe many of the changes to their lives as temporary, and as such not threatening. For example, Helen (8.1) had been kept informed by her mother about her treatment (see below for further discussion of the importance of this), and saw her mother improve, giving Helen the confidence to predict that her everyday life would, at some point in the foreseeable future, return to normal. Eve (8.2) also indicated that she
expected her father to get over his illness as he “always” had before. Being construed as temporary, these changes were most likely reduced to merely fear inducing, as opposed to threatening (see 3.1.6). As previously mentioned (see 3.1.10) the process of validation, in this case the validation of the process of their construing (e.g. ‘mum said she would improve and she did’), “is very centrally an interpersonal one” (Walker & Winter, 2005, p. 26) as the child must rely on the parent or other significant person to provide the data. This idea will be explored at greater length below.

For these five participants the fact that most aspects of their life (e.g. school, place of residence) remained stable, or at least largely unchanged, and thus relatively predictable, may have provided them with the confidence to be able to predict things to do with the cancer diagnosis. The generalisation of this ability to anticipate their world might not be present if many aspects of their life altered substantially at the same time. To some extent we can probably all identify with the notion of being overwhelmed by too much change at any one time and, where possible, we seek to limit changes to what we consider a manageable number. In PCT terms we might think of them as having a superordinate construct to do with their ability to anticipate life. As discussed previously (5.5), people have general expectations (or anticipations) about what life events will occur and when (Neugarten & Neugarten, 1996) and, presumably, their ability to predict these. Of the seven participants Annette (8.7.1) was the exception in regards to having the stability that would assist her confidence in anticipating other areas of her life. Annette’s mother was diagnosed with breast cancer just one week after she had separated from Annette’s father, and moved Annette and her three siblings into a new house. Soon after treatment began her mother found that she could not manage to do everything that needed doing for the four children and so Annette’s siblings went back to live with their father. However, despite this reduction in her responsibilities, and because she was so ill, she still couldn’t manage so her husband and children all moved back in with her. This then resulted in Annette moving out because she “wasn’t talking” to her father “at the time.” Along with, and perhaps due to all this, money was short and this resulted in Annette being unable to pursue some of the courses at school she had planned to do. Thus, not only was Annette trying to understand what cancer was and anticipate its outcome, she also had to anticipate and construe life in three different living arrangements in quick succession, while also dealing with considerable conflict with her father and changes at school. Such a situation could be seen within Neugarten’s (1979) framework as “off time”, and within PCT as likely to be very anxiety-producing (to be discussed further at 8.8.2).
One change that did appear to trouble three of the four siblings (Eve, Cindy and Mal) was their father being unable to go surfing with them for a period due to his damaged lungs, something they all missed. Eve found it “kind of weird…when he wasn’t there” (8.2.1), with Cindy reporting they stopped going for a while “because it just wasn’t the same” (8.4.1) without him. While Barry (8.3.1) was also a beach goer he did not report missing his father’s presence. The fact the three siblings all interpreted this event as significant enough to report is not theoretically surprising, and can be accounted for via PCT’s *commonality* corollary (see Table 3.1 and section 5.5). Given the commonality’s assumptions it makes sense that those who grew up together in the same house with the same parents would construe their world in similar ways (Scheer, 2003).

PCT’s sociality corollary (see 3.1.10) may point to the reason why their father’s absences from surfing concerned them. All four siblings gave the impression that they had a good relationship with their father, and were capable of construing his constructions of the world. For example, at one point Cindy (8.4.1) reported that her father’s situation had made her think about what such a diagnosis would mean to her if she got cancer at 40. It made her, “think about everything that you do, how you live your life and, how…that makes you set goals more”, and felt it had had this effect on her father. Their level of sociality was demonstrated more broadly by them helping around the home more and understanding that this would “make life easier” (Barry 8.3.1) for their parents; something that implies an ability to construe others’ construing. Overall the siblings gave the impression of their father being both a keen surfer and a very social person (Cindy referred to him as being a “very active very sporty” man). This being the case one might expect them to be troubled about their father’s absence from the surf as they understood how much he would miss both the actual surfing and being with them. However, their level of sociality could result in the opposite interpretation, that while their father thought surfing important, he wouldn’t think it more important than his health; something they could understanding as his priority at the time. This is one possible explanation for why Barry, despite describing himself as a “surfer” in RQ1 (see 8.8.2.1 below), did not report missing his father. Perhaps the fact he was also the oldest of the siblings also contributed to this slightly differing view for, as mentioned previously (see 5.5), people are not born with the ability to construe others’ construing but develop it as they age (Green, 2005).

---

44 Which is interesting for, as we saw in 8.3.2.2, and shall explore further below in 8.8.2.1, in RQ2 Barry identified himself as a “surfer”.
However, as the siblings’ responses indicate, despite sharing so much common experience, they did not construe all events in the same manner, with Barry not reporting missing his father’s presence at the beach; a fact accounted for by the individuality corollary. Commonality and individuality can also be seen in how the siblings reported many of the same aspects of their father’s illness and treatment, but also varied in their accounts of its exact nature. For example, Barry understood that his father’s lungs had been damaged as a direct result of the radiotherapy to the tumour, whereas Eve and Cindy’s understanding was that the damage occurred due to a rare interaction between the chemotherapy and radiotherapy.

The participant who had a quite different experience to all the others was Claire. Claire could not recall the diagnosis resulting in any change to her daily activities at all, including any discussion of it, with this due to her being “blissfully unaware” of the seriousness of the situation. However, for Claire and her mother sociality appears to have been an issue. Claire’s lack of awareness of the situation meant she didn’t perceive any changes (and so wasn’t concerned by the diagnosis) except that her mother appeared to come to treat her differently, something Claire didn’t understand at the time. A year or two after the diagnosis Claire learnt that her mother, despite not having informed Claire about the seriousness of the diagnosis, had interpreted Claire’s lack of reaction as meaning she didn’t care about her. Thus, it would seem that their ability to construe each other’s construing was impaired and that this incapacity to construe how each interpreted the other’s actions led to each feeling invalidated. Of course, such responses to the BIQs provide only rather indirect evidence of their level of sociality in regards to their mother or father, while the WAY? Technique gets at this issue more directly and will be explored further below (see 8.8.2) both in relation to Claire’s ability to complete ECs and her replies to the WAY? Technique questions.

More interesting than these disruptions and difficulties in everyday life, occurrences one might well expect in many instances of parental illness, is the fact some had come to reconstrue some aspect/s of their lives and most reported benefits from the situation. Why might adolescents, exposed to what appears to be a negative situation, not only reconstrue aspects of their lives but come to construe some changes as positive, and how might PCT account for this?

Eve, Barry, Mal and Annette all reported that their parents’ diagnosis had made them realise they too could get cancer, with Barry and Mal suggesting it had resulted in them re-evaluating what was important. As Mal (8.5) said, “you think…like what’s the point of
complaining about things [e.g. ‘not having much money’]…when you’ve got other people, you just see it in like a totally different aspect.” It appears the diagnosis led them to reconstrue cancer so it was now something to which they were potentially vulnerable, as compared to being something that only other, possibly much older, people suffered. The diagnosis also appears to have been the catalyst for Barry and Mal to make changes in their construct system, whereby those constructs to do with the importance of their relationships with people were made superordinate to those to do with objects and other events.

It is interesting to note that being asked about the situation seemed to prompt Eve (see 8.2.1) to think about the situation from her current (more experienced/older) perspective. Eve’s interview transcript reads much more like someone thinking out loud about something for the first time than a formal, rehearsed, reply. Perhaps the BIQs did what Ravenette hoped his questions would do, prompt an inner search. In integrating what she experienced several years ago with what she now knows about cancer and its treatment Eve has, from a PCT perspective, incorporated those elements (events or experiences) once seen as independent into a more comprehensive construct about cancer. In doing so Eve has completed an Experience Cycle (Section 3.1.8, also discussed further below) and, to quote Kelly, (1977) this has allowed her to “transcend the obvious” because “to represent an event by means of a construct is to go beyond what is known” (p. 4) and allow for the anticipation of events and in “fresh hopes never before envisioned” (p. 9).

All four siblings reported that the diagnosis brought them closer to one or all members of their nuclear family. Even Helen (8.1.1), who initially said nothing good had come of the situation, later reported that the diagnosis had “probably” brought her and her sister “a bit closer.” Claire was the only participant who did not report anything positive. What accounts for their reporting of such a positive change?

It would appear that at least two things are going on here. The first is, as discussed above, they are reordering their construct system so they now “see” how important their relationships with their siblings are when compared to objects and other events. This is an example of Kelly’s constructive alternativism in action (see 3.1.3). Participants could have chosen to interpret the events to which they were exposed in a different manner but chose to interpret one consequence of the diagnosis in a positive way. As Kelly (1955) pointed out, people do not have “to be completely hemmed in by circumstances” (p. 15), nor be a victim of biography. And secondly (and relatedly), they
are finding evidence (validation) for their own construing about the situation by comparison with the construing processes of their sibling/s. This may be understood via the use of PCT’s commonality and sociality corollaries.

While no two people are ever likely to have identical construct systems PCT allows for the possibility that they may have similar construction processes. That is, they may have a way of construing “experience which is similar to that employed by another” (Kelly, 1955, p. 90), in this case their sibling. This commonality in construing, combined with a sufficient understanding of their sibling’s construction processes (sociality; something one might reasonably assume given their sharing of the same events and parents), both facilitates communication and validates their construing process. As Duck (1973) has said, it is strongly validating “to find one’s constructs shared” (p. 26). The notion of the validation of their process of construing is the key point here and reminds us of the way in which construing is fundamentally socially constructed. The greater the sharing of construing with others, in this case siblings, the more these constructs will seem to be accurate and justified (Duck, 1973). This then is likely to be construed, and reported to others, as a further “closeness” to their sibling.

Arguably, and similarly to the previous study, the most striking aspect of these interviews has to do with anxiety. In particular that most of the participants, despite how society now conceptualises children as inherently vulnerable and “unlikely to be able to cope with adverse circumstances” (Furedi, 2006, p. 7), displayed very little anxiety and could be seen to have successfully completed Experience Cycles (EC), and thus “coped” well.

However, in contrast to the previous study, not all participants seemed to be able to complete ECs, or at least not in a timely manner. The reader will recall from sections 3.1.8 and 5.5 that optimal functioning (or “coping”) within PCT was seen as the successful completion of ECs. Of the seven participants, the four siblings Mal, Cindy, Eve, and Barry, as well as Helen, seemed to be able to complete ECs, while Claire and Annette, for different reasons, could not. As the way in which people successfully complete ECs has already been dealt with at length in Chapter 5, only Annette and Claire will be discussed at length here as they provide examples of how and where the EC can go wrong.

As argued in section 5.5 the provision of adequate information is crucial in allowing for anticipation to occur, thus reducing the level of anxiety, and allowing for ECs to be
begun. Helen (8.1) put this rather concisely: “Well I got scared at first ‘cause, I didn’t know what was going to happen.” Such a lack of the ability to anticipate means you are unable, “to hear recurrent themes in the onrushing sound and fury of life” (Kelly, 1955, p. 486), and hence ECs cannot begin. While the four siblings and Helen all appear to have been provided with considerable details about the cancer and its treatment and had at least some ongoing communication about the issue with their parent/s, leading to them being able to commence, and go on to complete, ECs, Annette and Helen appear to have had rather different experiences.

As mentioned above, the multiple changes to Annette’s life in such a short period probably left her generally less able to anticipate. That is, she recognised that her constructs to do with her multiple living arrangements and parents’ separation were insufficient to allow her to understand and anticipate the events with which she was confronted. As we have seen, within PCT such an inability to construe is the essence of anxiety. How cancer is treated is one area in which it is, arguably, more straightforward to gain the information necessary to extend the range of convenience of one’s construct system than how family life might unfold in the context of parental separation and multiple residences.

It appears Annette was able to obtain adequate information about the cancer diagnosis via her mother, their GP, books and nursing staff to begin the EC. However, her report of the surgeon’s (unhelpful) attitude suggests this was not always straightforward. As we have seen, the ability to initially anticipate events is not enough on its own to be able to complete ECs. Annette’s account of her relationship with her mother suggests that she was, as one might expect a child to be, heavily invested in her predictions about her mother, and she certainly seems to have actively encountered the events surrounding her mother’s treatment (e.g. seeking information, travelling with her to the hospital). The phase of the EC where Annette seems to have been unable to pass through was confirmation and/or disconfirmation (see section 3.1.7 and 5.5). Her mother’s long period of treatment (more than 12 months) and her “emaciated” form would likely have been construed by Annette as providing neither validation not invalidation regarding her anticipations of her mother’s recovery, leaving her with nonvalidation and thus unable to complete ECs. While this interpretation might at first glance appear at odds with how the four siblings, who also had a parent with ongoing physical limitations, interpreted their situation this is not the case if one recalls one of PCT’s basic principles, constructive alternativism (CA). At its most basic CA is the assumption that we are all capable of viewing events in different ways and, as Duck
has reminded us, in PCT “an experience” is someone’s construction as opposed to “a set of events” (personal communication, August 21, 2004). Theoretically then, there is no reason to assume that any two adolescents, especially from different families, would have the same construction of events even if those could be argued to be “objectively” the same.

Being unable to anticipate life generally, due to the break up of her parents’ marriage, it may be that how Annette’s relationship with both her mother and her siblings was altered is the key to understanding how the process of her construing was undermined. Annette and her mother were “really close” and she likened her relationship with her mother to a type of “best friend” (8.7.1). Such a description implies they had the sort of relationship where most things could be discussed and it would seem a reasonable assumption that her mother, being ill, was unable to provide the validation for Annette’s construing she might have in many other circumstances (e.g. Annette’s father having cancer). It is of course also the case, despite how her mother might portray the situation, that Annette was confronted with the reality of her mother’s weight loss and ongoing treatment. That is, her mother was not in a position to validate Annette’s process of construing, leading to nonvalidation.

A similar factor may be in play in regards to Annette’s relationship with her siblings. Again she described her relationship with them as very close, but saw less of them due to her change in residence. The lessening of this contact would have led to less opportunity for the validation of her processes of construing to occur. Such validation might be something as simple as them concurring with her when she asks something to the effect of, “she will be alright won’t she?” That is, they (her mother and siblings) validated Annette’s processes of construing even when they could not provide evidence for the anticipations outcome. For example, saying she is correct to anticipate her mother’s return to health despite her remaining emaciated, a further reminder of the social nature of construing.

Such absence of validation, or active invalidation, could perhaps be best described as nonvalidation as the anticipation is being neither strengthened nor weakened (see 3.1.7 for a discussion of this). However, such an evaluation of events is up to the individual concerned, and Annette’s interview responses do not make it clear how she construed the situation. Regardless of which way Annette construed events, either would leave her without the foundation that Kelly (1970) saw validation, more than invalidation, providing which allows the person “free to set afoot adventuresome
explorations nearby" (p. 18). It is this invalidation, and/or lack of data (nonvalidation), that meant Annette was unable to complete ECs and achieve optimal functioning.

It also appears her anticipations about how other people would treat her mother were subject to both validation and invalidation. Despite finding her mother’s “close circle of friends” (her “aunts”; 8.7.1) and some members of her family very helpful, Annette appeared dismayed at the reaction of some people to her mother’s (emaciated) appearance. Upon seeing her they would say things like, “oh my god look at you Jane.” Such a response was something she found “very hard” to accept despite acknowledging that such a reaction might be “normal.” In reaction Annette found herself thinking, “oh you can’t say that kind of thing.” It is not difficult to see how such diverse reactions, from people Annette might reasonably have thought would be unequivocally supportive, would be anxiety-producing. It is also the case that reactions such as these are also not ones easily construed as anything other than invalidating of one’s anticipations of improvement in one’s mother’s health. This is Kellyan sociality. In as much as Annette is able to construe the construction processes of those family and friends that responded to her mother’s appearance with such shock, one could understand one of her interpretations of such a reaction being something along the lines of, “they are reacting this way because she looks so ill because she is going to die.” Such an interpretation would amount to the invalidation of the anticipation of her mother regaining her health.

Sociality, invalidation and the ability to anticipate, may well assist us to understand how Claire, as well as Annette, found it problematic to complete ECs. As discussed above, Claire’s experience appears to have been quite different from the other participants. She reported not being able to recall her mother’s diagnosis and treatment resulting in any changes at all, not even any discussion of the topic. However, more than a year after the diagnosis she learnt her mother had interpreted her lack of emotion as meaning she didn’t care about her.

Claire wasn’t anxious initially precisely because the information she had meant her constructions had the range of convenience necessary to encompass what she construed as her circumstances (admittedly 15 years previously), and thus were sufficient to anticipate events. That is, in Claire’s construction her world had barely changed and as such she felt able to anticipate life.
However, it appears the lack of information provided to Claire about the diagnosis generally, and about how her mother construed events in particular, led to Claire’s failure to actively encounter the situation; she remained “blissfully unaware”, carrying on regardless. And, as was to become apparent later, her constructs were not adequate to anticipate events, especially how her mother would interpret her actions.

As is almost always the case when one’s constructions are insufficient, even when you don’t know it, their inadequacy eventually catches up with you. This eventually led to serious invalidation of Claire’s anticipation that the cancer was not a serious threat to her mother, as conveyed by her mother’s reaction to her. It is easy to understand that for Claire her mother’s reaction (that she thought Claire didn’t care about her) was both invalidating of her construing of her mother’s health (what the cancer meant for this) and, perhaps more significantly, of how Claire saw herself and her relationship with her mother. At this point it is worth reminding ourselves that our construing about any event (our “constructs”) are not separate from each other but are part of an interconnected network where changes in one part can have significant implications in another. This being the case it is perhaps not difficult to imagine that Claire found such information not only invalidating, but threatening. While insufficient information is present in her responses to the BIQs to clearly argue that what Claire did experience was Kellyan threat, the WAY? Technique questions provide data consistent with this interpretation. Her responses to question 6 (see 8.6.2.5) were that she was someone who placed considerable importance on relationships, was angry with her mother due to her mother viewing her negatively and, in question 5 (see 8.6.2.4), suggested that she cared about and loved her mother.

It is not difficult to understand how having such arguably core constructs about oneself invalidated, by no less a figure in your life than the mother you love and care for, is deeply threatening. While suddenly construing one’s processes as being inadequate to anticipate events is anxiety producing, and likely to impede one’s ability to complete ECs, construing one’s processes to do with understanding one’s mother as being completely inadequate is likely to be invalidating at a much more comprehensive level.

In summary, Annette’s and Claire’s experience can be construed as providing good examples of the ways the EC can be disrupted. Within the EC: both Annette and Claire, who were unable to obtain sufficient information for different reasons and in quite different areas, had trouble anticipating events; Claire, due to the false impression given to her that she had sufficient information, failed to actively encounter events; and
both then had their anticipations either invalidated or subject to nonvalidation. This inability left both, admittedly through no fault of their own, feeling anxious, with Claire also feeling threatened due to construing her mother’s comments as potentially invalidating her core constructs. It was noted that the successful completion of ECs is as dependent on the validation of the process of people’s construing as it is on any outcome data. Such process validation is largely a result of our interactions with other people, and thus sociality, as defined in PCT, can be seen to be a much more significant contribution to the completion of ECs than it is generally given credit for in the literature (Walker & Winter, 2005).

As set out in section 7.2, one of the aims of this thesis was to examine the usefulness of the WAY? Technique, with one way of establishing its validity being to ascertain if the key ideas, or themes elicited from participants via the semi-structured interview would also be captured by it. It is to participants’ responses to the WAY? Technique questions, and whether they reflect these themes, that we now turn.

8.8.2 Participants’ Responses to the Who Are You? (WAY?) Technique Questions

As each participant’s replies to the WAY? Technique questions have already been detailed, and given space constraints, not every response from every participant will be discussed. Instead, some responses from some participants to all questions will be examined to show how the results of the Technique aided our understanding of how participants interpreted their situation.

As discussed in the general summary section for each participant, the WAY? Technique did appear to yield further information over and above that gained by the BIQs. The reader will recall from the examination of the WAY? Technique in Chapter 6, that Ravenette (1999) developed each of his three root questions in an attempt to understand people’s construction of themselves and their world. The first (RQ1) aimed at eliciting, with children often rather concrete, self elements (e.g. ‘tall’), the second (RQ2) at personality characteristics, and the third (RQ3) at the ability to construe the construction processes of others (sociality). Each of these WAY? Technique questions, along with the additional questions devised by the author, are explored below.
8.8.2.1 Root Question 1 (RQ1) “Who are you?”

As discussed previously (see section 6.2.1) Ravenette’s (1999) RQ1 does not set out to elicit constructs, although they may result from subsequent explorations, but rather to elicit self elements. As discussed in section 6.1, in developing his approach Ravenette found children’s replies to this question to be quite concrete and categorical. A question eliciting such responses is likely to be non-threatening and this may well be the reason why he went on to use it as his first question. Perhaps because the participants in the present study were significantly older than the population Ravenette was working with, their responses were less likely to be concrete elements (e.g. “tall”) and more likely to be abstract and complex elements like roles (e.g. “student”, “checkout chick”).

Generally participants’ responses to RQ1, or at least their responses to the explorations if not the actual initial replies, added significant information about how they saw themselves over and above that gained via the BIQs. A number of participants’ replies to RQ1 will now be provided as examples of how it appears to have elicited extra information and added to our understanding of how participants construed themselves and their world.

Eve’s (8.2.2.1) three replies were “single”, “student” and “checkout chick” with the latter two identified as important. While such responses from a 16 year-old girl, especially the first two, may be unsurprising, they did provide extra information, especially via the explorations. These explorations elicited that being a student was a core aspect of her identity, she thought school “boring” but the social part “great”, and suggested she would have trouble understanding how anyone could think being a student was not important, as “everybody … need[s] either education or training.” While these replies to the follow-up questions for “student” are perhaps somewhat predictable in contemporary society, her responses to the second exploration, “checkout chick”, are arguably much less so. To this author, “Sour-faced people” (see Table 8.2.1) is not an easily predictable reply, nor is her follow-up answer that such people may have come to be like this due to family. While Eve identified being “single” as not important, and saw someone who had broken up with a partner as the sort of person who would say it was important, it arguably still tells us something about her “given the appropriate circumstances” (T. Ravenette, personal communication, August 30, 2002).
Mal’s replies (8.5.2.1; Table 8.5.1, App. P) were “a kid”, “male” and “an outdoors person”, with the first and third identified as important. While “male” was not identified as important, Mal’s replies to the first exploration provided information not even hinted at in the BIQs. Namely, that “older” males (blokes in their “40s” no less!), who had in their “mind the male female stereotype”, would be the sort of people who would say being “male” was important. While Mal’s first response, about how being “a kid” at the time was important, was not something directly commented on in the BIQs, his reason for its importance, that “it was an eye opening experience” and “changed [his] whole outlook on life”, was. It is in his replies to the second exploration where the new, and most interesting, information is reported. The sort of person who would deny its importance would be someone who thought a child shouldn’t have to go through such an experience due to them not being experienced enough “in life to be able to cope” with such a situation. Not only is such information additional to that gained in the BIQs, but it offers greater understanding of what underpins the answer and, importantly, suggests further hypotheses or questions like, “so you feel you were able to cope with this situation despite being ‘a kid’?” Given how Mal reported, in his replies to the BIQs, he was someone who worked in the garden and mowed lawns and went surfing everyday, his third response, “an outdoors person”, could be seen as rather unsurprising and predictable. However, the Technique’s first exploration resulted in the extra, and important, information that surfing was where he had time to work things out and was important in helping him cope with the diagnosis. The second exploration identified that the sort of person who would deny the importance of being “an outdoors person” was, again not surprisingly, “an indoors person.” The interesting aspect of the reply was that he also suggested they would be “fat and lazy.” More interesting and informative still is his view that they may have come to be like this due to not having “an open mind about different things”, and having “their own opinion and know[ing] that’s right, and everyone else is wrong.” Again, such information points to what further questions it might be profitable to ask, and how the Technique, more so than a traditional semi-structured interview, facilitates access to information that allows for a greater understanding of how the person sees their world.

Annette’s first reply (8.7.2.1; Table 8.7.1 App. S), “surfie”, provides an interesting and informative example of how people can describe themselves as being quite involved in a particular role, with other people presumably also seeing them this way, but not identifying it as something important to them. Annette thought her brothers were the type of people who would see being a surfie as important as they “loved the sea”, sport
and the “actual surfing” (riding surfboards as opposed to just going for a “surf”, meaning a swim). She saw this as due to them seeing themselves as part of the culture (of surfboard riding) and not being able to stand being away from the water. As for some replies for the other participants, this aspect of Annette was not raised in her replies to the BIQs. It is informative to compare Annette to Barry who used an almost identical term to describe himself, “surfer.” However, in contrast to Annette, he saw this as an important aspect of himself as it was “a way of life.” Furthermore, the sort of person who would deny the importance of being a surfer would be “someone that doesn’t have a passion…[or] something that they do that they really love.” He seemed to have some difficulty in seeing how someone might not have a passion as he thought “everyone” had “a passion for something.” Such a comparison reminds us that just because two people use the same, or very similar, term to describe themselves it does not mean they both give it equal weight (importance), nor have the same implications for their sense of self.

Overall the information gained from RQ1 can be interpreted as having led to a significantly greater understanding of how participants viewed themselves and their world than was obtained via the traditional semi-structured approach used at the beginning of each interview. This information also facilitated the formulation of further questions/hypotheses.

8.8.2.2 Root Question 2 (RQ2) “What sort of person are you?”

As discussed in section 6.2.2, Ravenette’s (1999) RQ2, in contrast to RQ1, does elicit constructs and is aimed at eliciting and exploring personality characteristics. The third exploration involves the use of the first two parts (A & B) of Tschudi’s ABC model, and is one of the main ways in which RQ2 is different from RQ1 and RQ3. Ravenette didn’t use the third part (‘C’) as he was not attempting (in his “one-off” interviews) to change such important constructs, as this would likely be construed as very threatening, but rather introduce the client to the notion of their constructions having advantages and disadvantages. Such an approach not only opens up the possibility of the person reconstruing but also provides further information from which the investigator may pose further hypotheses. In a similar manner to RQ1, participants’ answers to RQ2 and its explorations added significant information over that gained via the BIQs. The replies provided by a number of participants to this root question will now be examined to illustrate this.
Helen’s (8.1.2.2) three constructs were, talkative – quiet, sociable – quiet, annoying – quiet, somebody with something on their mind. Only “annoying” was seen as important, with her being ambivalent about the importance of being “sociable.” In regards to being talkative Helen struggled to say why she didn’t think it important, but speculated it was to do with not feeling comfortable talking around some people. It is interesting to note that with the exception of Claire, Helen had the shortest interview; lending some support to her idea. Having “lost somebody” was how she thought someone may have come to be “quiet.” Helen appeared reluctant to provide a contrast to this elicited pole, or to “sociable”, just as she had been for her second response to RQ1 (“Fit…”). Her reluctance seemed to be about not wanting to be seen as being in any way critical of others. It is worth quoting her full response to the first exploration (the contrast pole; “How would you describe someone not talkative?”): “they could be the same as anybody else, they just don’t like talking they could still be sociable or quiet…I’ve got a couple of friends that are quiet and I get along well with them.” Again, the tone in such a reply is one of a cautious reluctance to be seen as critical, a tone that occurs across all three RQs.

Despite the errors made in the application of the Technique, especially in the third exploration (the ABC technique), it still yielded significant information over and above that obtained in the BIQs. For example, in Exploration 3 of the construct sociable – quiet, Helen was mistakenly asked for an advantage of being the elicited pole (“sociable”) instead of a disadvantage, to which she replied: “you can meet new people...[and] have better relationships if you see people more often.” While it would have been informative to know what Helen saw as its disadvantages the question still generated information that allowed the interviewer to gain a greater understanding of what being “sociable” meant to her. It also suggests she views being “quiet” as making it more difficult to meet people, see them often and have quality relationships with them. In a context where more than one interview would be conducted such information could form the basis of further questions which, given her apparent concern with not being critical of others, might profitably focus on the importance of her relationships and how she conducts them.

Two of Cindy’s (8.4.2.2) RQ2 constructs of particular interest are, loyal – untrustworthy and loving – dark/empty, with her identifying both elicited poles as important. It is difficult to imagine the average person defining the opposite of loving as anything like “dark/empty.” Such a contrast pole is hardly antonym-like. As such it is an especially
good example and reminder that people’s constructs do not necessarily follow any grammatical or standard logical rules, and are indeed very personal. In the context of her answers to the BIQs (see 8.4.1), where her close relationship with her father, and general family orientation comes through, the fact Cindy saw herself as loyal and loving could be said to be unsurprising. However, she did not specifically report that she saw herself like this in the BIQs, it took the structure of RQ2 to elicit it.

Other than learning she saw herself this way, the most informative aspect of these constructs is the contrast pole and what it implies for Cindy’s possible actions. Her loyal – untrustworthy construct, while no doubt rather useful for avoiding “dodgy” and “suspicious” people on trains (Ex. 3 c. & d.), does suggest that if she construed a situation as not allowing her to act in a loyal manner she would likely construe herself as untrustworthy. To have to reconstrue herself in this way could be no more than uncomfortable, through to fear-invoking, to even deeply threatening. In order to have any understanding of how Cindy might construe such a shift we need to know how superordinate the construct is, and its range of convenience. While the present study does not allow us to answer this question with any certainty, the Technique did result in some information that assists us to hypothesise that this construct is both relatively superordinate and has a fairly wide range of convenience.

The first piece of information is the simple fact that Cindy identified being loyal as important, suggesting it is not an aspect of herself to be taken lightly. She also informed us, via her third response to RQ3, that her father sees her as loyal and would describe someone who wasn’t loyal (contrast pole) as a sad person who wouldn’t give you the time of day. The third, and arguably strongest, piece of evidence comes from RQ3’s Exploration 3 where Cindy reports how she and her father, “are on the same wave-length” and how he saw her was “very important” to her. Thus, via the Technique, we have learnt that Cindy sees herself as loyal with this being an important aspect of herself, that her father also sees her as loyal and has a dim view of people who are not, and how Cindy is perceived by her father is very important to her. Such a level of importance implies it is a relatively superordinate construct. Also, given that in none of the explorations of these RQ2 or RQ3 constructs was there was any indication they applied to only a certain group of people, but rather to all people, it would appear that loyal – untrustworthy has a wide range of convenience. Given its apparent superordinancy and wide range of convenience one might well hypothesise Cindy would construe any invalidation of this construct as highly threatening and likely guilt-
inducing. Similar arguments could be made for loving – dark/empty. In the current context such rich information allows for numerous hypotheses about when Cindy might construe events, and her own actions, as, for example, threatening or likely to result in guilt.

Similarly to RQ1, RQ2 can be interpreted as having led to a considerably greater understanding of how participants viewed themselves and their world than obtained with the BIQs. However, unlike RQ1, RQ2 is explicitly designed to elicit bi-polar constructs, and this aspect of the question led to significantly more information of greater depth than gained from RQ1. As a result a greater level of understanding was gained about how participants interpreted their world and the number and specificity of hypotheses was increased.

8.8.2.3 Root Question 3 (RQ3) “What sort of person do others say you are?”

As discussed in 6.2.3, Ravenette’s (1999) RQ3 also elicits constructs as it directly asks for a contrast to participants’ initial replies (elicited poles). It is Ravenette’s way of getting participants to elaborate their view of how they believe others see them, and whether they believe they are able to construe others’ construction processes. As such, it is his way of investigating Kellyan sociality. Ravenette (1999) saw such an approach as important “because when individuals misconstrue each other there are likely to be failures in communication leading to massive misunderstandings and, in turn, covert, if not overt, hostility” (p. 197).

As mentioned in 8.8.1, Claire seems to have been the only participant who had significant problems of sociality in the relationship with their ill parent (her mother), with this only hinted at by Claire in her responses to the BIQs but elaborated in her RQ3 replies. Claire’s three constructs were, intelligent – stupid, simple, ignorant, a low life, creative – practical/sensible, impractical – practical/sensible (see Table 8.6.3, App Q). “Intelligent” was the only response Claire thought her mother would see as important. Interestingly, in Exploration 3 (Ex. 3) Claire reported that she agreed with all three ways she construed her mother as viewing her even though Claire did not agree with her view of what was important. That is, while Claire thought she was indeed creative and impractical she evaluated them differently. Claire’s responses to RQ2 assist in understanding this different evaluation of what these constructs meant, as opposed to
what she saw as her mother’s understanding of them. In RQ2 she reported seeing herself as intelligent and creative, and identified them as important ways for her to be. However, the contrast poles of “less lucky because of genes” and “logical”, respectively, and their further elaborations indicate how Claire used them differently from her mother. Such different uses, and evaluations of their importance, suggest a basis for their strained relationship.

For example, while Claire saw herself as creative, and saw her mother as also viewing her this way, her RQ2 contrast was “logical”, whereas she saw her mother’s in RQ3 as being “practical/sensible.” While these terms could be construed as quite interchangeable this is not the case here. This is not just a semantic difference but rather Claire’s way of indicating that she construes the meaning, and implications, of the word differently to her mother. Evidence for this comes from Claire’s elaborations of each contrast in Exploration 2. In RQ2 Claire elaborates “logical” as suggesting skills in different areas, practicality and being in the here and now, with the overall impression gained being that Claire is not evaluating this pole in a negative manner. However, in comparison the elaborations of the RQ3 contrast to creative, “practical/sensible”, appear to be quite negatively evaluative. For instance, Claire construes her mother as thinking being “practical/sensible” is just commonsense and that she can empathize with people who are not creative. This suggests Claire thinks her mother sees her as lacking in commonsense and can’t empathize with her own daughter. Combined with the fact Claire didn’t think it important to go along with her mother’s views, as she realised they were different people with different values, and that when they didn’t agree they agreed to disagree (Ex. 3), it suggests entrenched positions and a level of hostility on both sides, especially Claire’s. Support for the idea that Claire is somewhat hostile to her mother is contained within her third reply to Question 6 (see 8.6.2.5, and App. Q), “my anger with my mother.” Claire explains that this was due to her having difficulty reconciling that her mother, whose opinions Claire valued and whom Claire thought should know her well, viewed her negatively. It is not difficult to understand why Claire might try to “cook the books” (be hostile) in a (failed) attempt to see her mother as having a positive view of her. If Claire is correct about her mother then they have different superordinate, or even core, constructs about what is important in the world. Even if Claire is not correct, these constructions about her mother will form the basis of her interactions with, and anticipations of, her.
Of course such interpretations may be entirely incorrect. However, as argued above for RQ2 (8.8.2.2), that such questions or hypotheses are able to be made speaks to the usefulness of the technique in general, and RQ3 in particular, in generating hypotheses and as an approach to eliciting from people how they construe their interpersonal world.

Perhaps the best comparison to Claire is Annette. As discussed in 8.8.1, Annette also experienced difficulty in completing ECs, but did not experience conflict with her ill mother. In contrast to Claire, Annette (App. S; Table 8.7.3) saw her mother as construing all three of her elicited poles as being important (Ex. 3; versus only one for Claire) and reported that they “never really” disagreed. Annette’s responses to RQ3 reinforce the overall impression gained from Annette via the earlier questions, that she had a good relationship with her mother and felt validated that her mother saw her largely as she saw herself (RQ2: angry; stubborn and strong; vague) and, importantly, that her mother saw these aspects (stubborn/strong; angry; caring) of Annette as being important. To go back to an idea raised in section 8.8.1 above, it appears Annette’s, as opposed to Claire’s, processes of construing herself were validated by construing her mother’s view of her as being similar to her view of herself. Of course Annette may be incorrect in her construing of her mother’s view, but her confidence in her ability to do so allows her to engage in a role relationship with her. Evidence she is correct about this comes from her report that she and her mother “never really” disagree about things; suggesting they do indeed construe each other’s construing.

Again, like RQ1 and RQ2, RQ3 can be construed as having led to both a broader and deeper understanding of the participant than was gained by the BIQs, in this case how they construed others’ view of themselves. Similarly to RQ2, RQ3 elicited constructs and this, combined with the further explorations of these, resulted in considerably more detail of greater depth than would likely be possible without it. Such an abundance of information allows for the generation of many further hypotheses, one measure by which any technique might be judged useful.

As argued in section 7.2.1, the extent to which the RQs could be seen to reflect the themes identified in participants’ replies to the BIQs could be used as a type of validity check on the WAY? Technique. Of the seven participants, the replies of five (Eve, Barry Cindy, Mal, Annette) to the three RQs reflected all (3 of 3, or 1 of 1 for Annette) or the majority (2 of 3) of the themes identified for each. Of the remaining two (Helen
and Claire) both had only one theme, with neither having this theme reflected in their responses to the RQs (see Table 8.8.1). It is of note that Helen and Claire had the shortest interviews, suggesting that for those participants who are not forthcoming in interviews further questions might be required to draw out information relating to these themes (the issue of themes will be discussed further below in 8.8.3). The remaining two questions (Questions 5 and 6) were modelled on the WAY? Technique format and designed to elaborate specific aspects of their situation. It is to these remaining questions that we now turn.

8.8.2.4 Question 5: “Now I would like you to name three things that are/were important about the situation with your mother/father.”

Unlike the three Root Questions, questions five and six were developed by the author and based on the structure of RQ1. The rationale was that if the RQ structure was useful in facilitating how people saw themselves in a single interview then using more narrowly targeted questions might yield further useful, and more specific, data about the topic of interest. The main way in which Question five (Q5) is different to RQ1 and Question six (Q6) is that instead of just asking for three things, it asks for three things that were important about the situation. This of course means there is no need for the exploration asking if the issue identified is important. Also, as both Q5 and Q6 follow the format of RQ1, as opposed to RQ2 or RQ3, they do not elicit constructs. Due to space constraints only Helen’s responses will be drawn on to illustrate this questions usefulness or limitations.

The first and second of Helen’s replies (see 8.1.2.4 and Table 8.1.4) reflect the only theme identified in the BIQs for Helen, that of worry about her mother, a theme not covered by any of the RQs. The first of these was, “to spend time with her [mother]”, which was important due to them not knowing “how long she had.” The second was, “to help out more”, which was important, “so she didn’t worry about things.” For both replies not “really” knowing or being close to their parents was the sort of person who would deny the importance of these responses. Such responses provide information that addresses the issue of her worry about her mother not present in her BIQ replies and strongly suggests they are close, something only previously implied. While the importance of family to Helen (her third response) was to some extent addressed in her identifying herself in RQ1 as someone who liked to spend time with family, Question 5 identified this explicitly. It also generated other potentially useful information. For
example her response to being asked how come family was important, “they’ve…always been important and at the time they were even more important.” Such data provide the basis for further questions about precisely what aspect of family had been important to her and just how family were more important “at the time.”

Like the three RQs this question did seem to result in information over and above that gained via the BIQs. Replies also appeared to address the theme/s identified in the BIQs that were not discussed in some participants’ replies to one or more of the RQs (especially Helen, Barry, Cindy, Mal and Claire). Moreover, it also resulted in data not elicited by the RQs (see Table 8.8.1).

Table 8.8.2 provides data on which of the three responses to Q5 (and Q6) added substantial information to what was learnt from the three RQs by participant. As can be seen, all three responses added new data to that gained from the RQs for all participants except Helen. While it was suggested above (8.8.2.3) that interview length might be related to the ability of the RQs to draw out all relevant themes, there does not appear to be a relationship between number of Q5 replies that provided new information and interview length. As Table 8.8.2 demonstrates, Claire, who had the shortest interview, also provided three responses that added new information to what was gained via the RQs.

8.8.2.5 Question 6: “Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

As discussed above, questions five and six were based on the structure of RQ1. However, Question six (Q6), as opposed Q5, remains true to the original RQ1 format as it simply asks for three responses, not for three things that were important about the situation as Q5 does. Similarly to previous sections only some replies from some participants will be examined.

Of the seven participants it was only Eve’s and Helen’s replies to Q6 which resulted in less than three responses that could be seen to add substantially to the information gained from the RQs (see Table 8.8.2). Eve’s first two responses, “more outgoing” and “more understanding”, were largely covered by her responses to RQ2, where she identified herself as “outgoing” and “understanding.” However, despite the ostensible
overlap in the content of these replies some further information is still gained from the question. This is due to the way in which it is worded. While RQ2 resulted in us learning that Eve saw herself in these ways, nowhere in her follow-up replies to each response did she indicate she had become *more* outgoing or *more* understanding. Her other reply, "more grown up, as in attitudes" was entirely new, not being covered in either her BIQ or RQ replies. Eve identified all three ways in which she was different as being important and clearly saw each as a way in which she was a better person. Indeed, in her "more grown up" reply she explicitly states this (see Table 8.2.5). The finding that "negative" circumstances such as these can result in positive changes in people’s lives is not unknown in the parental cancer literature (see section 3.2, and Leedham & Meyerowitz, 1999), nor in other areas that might commonly be seen to be so "negative" as to preclude the experiencer from perceiving any benefit at all, like child sexual abuse (e.g. McMillen, Zuravin, & Rideout, 1995).

Two of Helen’s three responses, “easier to put up with” and “more understanding and willing to listen”, added further data over that gained from either her BIQ or RQ responses. Similarly to Eve, the response from Helen that does largely appear to be covered in her RQs, “more family orientated”, adds the aspect that it is one way in which she has changed, not just simply is.
Table 8.8.1.  RQ and Q5 & 6 responses reflecting the themes identified in the BIQs.

<table>
<thead>
<tr>
<th>BIQ theme</th>
<th>RQ1</th>
<th>RQ2</th>
<th>RQ3</th>
<th>Q5</th>
<th>Q6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen (S)</td>
<td></td>
<td></td>
<td></td>
<td>i. ii.</td>
<td></td>
</tr>
<tr>
<td>Worry regarding her mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eve (L)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family &amp; relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other’s happiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barry (L)</td>
<td></td>
<td></td>
<td></td>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>Father’s positive attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sport as an outlet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cindy (L)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family (/parents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mal (L)</td>
<td></td>
<td></td>
<td></td>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>Father’s positive attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claire (S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annette (L)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

i. ii. or iii. = covered in this response in this RQ or Q. "." = not covered; (S) = short interview (less than 4500 words); (L) = long interview (greater than 7300 words; range = < 4000 to 12 640).

Like the previous questions Q6 appears to have resulted in information over and above that gained via the RQs and BIQs. Similarly to Q5, the extent to which Q6 resulted in new information does not seem to be related to interview length (see Table 8.8.2). In contrast to Q5, Q6 does not seem to reflect those themes identified in participants’ responses to the BIQs that were not covered by their responses to the RQs (the two exceptions being Cindy and Claire; see Table 8.8.1). This is both a strength, and a weakness. It is a strength as it is not resulting in repeated data but a weakness as, if it
was used in conjunction with the three RQs but without the BIQs and Q5, it does not identify themes that might be key to understanding how participants’ see their world.

### Table 8.8.2. Number of Q5 or 6 replies that add substantially to what was learnt from the three RQs

<table>
<thead>
<tr>
<th>Participant</th>
<th>Interview length</th>
<th>Question 5</th>
<th>Question 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen (S)</td>
<td>4 381</td>
<td>i. ii.</td>
<td>ii. iii.</td>
</tr>
<tr>
<td>Eve (L)</td>
<td>11 850</td>
<td>i. ii. iii.</td>
<td>i.</td>
</tr>
<tr>
<td>Barry (L)</td>
<td>9 178</td>
<td>i. ii. iii.</td>
<td>i. ii. iii.</td>
</tr>
<tr>
<td>Cindy (L)</td>
<td>9 385</td>
<td>i. ii. iii.</td>
<td>i. ii. iii.</td>
</tr>
<tr>
<td>Mal (L)</td>
<td>7 301</td>
<td>i. ii. iii.</td>
<td>i. ii. iii.</td>
</tr>
<tr>
<td>Claire (S)</td>
<td>*</td>
<td>i. ii. iii.</td>
<td>i. ii. iii.</td>
</tr>
<tr>
<td>Annette (L)</td>
<td>12 640</td>
<td>i. ii. iii.</td>
<td>i. ii. iii.</td>
</tr>
</tbody>
</table>

* = No interview transcript available for a word count, but this interview was the briefest of all seven conducted. i. ii. or iii. = covered in this response; (S) = short interview (less than 4500 words); (L) = long interview (greater than 7300 words; range = < 4000 to 12 640).

### 8.8.3 The Usefulness and Validity of the WAY? Technique as a Method

In the previous section it was suggested that the WAY? Technique questions (RQs 1, 2 and 3), and by implication Question 5 and 6, not only (potentially) provide us with extra information via the initial response, over and above that provided by the BIQs, but also via their subsequent structure (the explorations). This structure both guides the interviewer and assists the interviewee to identify and articulate what is important to them without allowing the investigator to impose a content agenda (Cabaroglu & Denicolo, 2008). In defending more structured phenomenological approaches, Butt (2007) has argued that such a structure is a real strength as in his experience, “people need help reaching for what things mean to them” (p. 13). The explorations then provide the means to get at what underlies each response. As was discussed earlier in this chapter, (8.8.2.1) and in 6.2.1, RQ1 is structured in such a manner that it does not
elicit constructs and it was suggested that the fact RQ2 and RQ3 do elicit them resulted in an even broader and deeper understanding of participants’ replies than permitted by RQ1.

That the RQs resulted in new information, and information of greater depth, over that gained by the BIQs testifies to the WAY? Technique’s usefulness as a one-off method for getting at the issues people consider important. Further evidence of the Technique’s usefulness can be seen in the extent to which it was fertile in the generation of new hypotheses. As was argued in 7.2.1 and 8.8.2.3, the extent to which the RQs resulted in information that reflected the themes identified in the BIQs could also be seen as a type of validity check for the WAY? Technique and is an example of what has been termed triangulation, the use of multiple methods to explore “intellectual puzzles in a rounded and multi-faceted way” (Mason, 2002, p. 190).

While the semi-structured interview approach was successful in eliciting information from participants, it can be construed as not having been as successful as the WAY? Technique in facilitating an understanding of how and why participants came to their particular constructions of the situation. This is not to say the Technique itself did not result in further information, it did, but it also allowed the interviewer some access to the process by which participants came to these constructions. Another way in which the Technique was useful was how it demonstrated that people’s constructs, and the implications these have for their network, are personal and not subject to the rules of logic or grammar, something that is not apparent in participants’ responses to the BIQs.

Due to the WAY? Technique consisting of three questions it is tempting to view them as quite separate. However, they actually form part of a whole with responses to each RQ (at least potentially) informing the responses to the other RQs and contributing to the picture of how the person construes their world. Perhaps the key example of this is how participants’ responses to RQ3 and RQ2, read together, provide the data needed to gain an understanding of people over and above what would be gained if each were taken in isolation. Claire’s responses to RQ2 and 3 are a good example of this (see 8.8.1 and 8.8.2.3).

The Technique not only facilitates our understanding of how people construe themselves and their situation but, as we have seen via RQ3, also provides us with access to their constructions of their relationship to and with others. As we have seen
in 6.1, Ravenette (1999) saw a person’s sense of self as being highly relevant to the realm of interpersonal relations “because when individuals misconstrue each other there are likely to be failures in communication leading to massive misunderstandings and, in turn, covert, if not overt, hostility” (p. 197). While it is the case that traditional interviews can also be useful in this regard the Technique seems to have facilitated responses that allow the interviewer to gain a deeper understanding of participants' relationships in a more efficient manner.

8.8.4 Issues in the Application of the WAY? Technique Method

While Ravenette (1999) sets out the WAY? Technique questions quite clearly, and much as displayed in Table 6.1, none of his publications (nor any other authors) set out how the responses to each RQ could be displayed in tabular form. This thesis has provided one solution to this issue as displayed in the tables in this chapter. As RQ1 does not elicit constructs the tables for RQ1 (and Q5 and 6) responses were set out in portrait format with questions and answers set out sequentially down the page. However, as RQ2 and RQ3 do elicit constructs they were set out in landscape format in order that the explorations and elaborations (responses) that flow from, and underlie, each pole can be clearly identified. In part this format was developed to assist the author conduct the, then unfamiliar, WAY? Technique interviews and was then seen as a potentially useful way to display the responses.

While the results as displayed in the tables in this chapter, and presented in the literature more broadly, often make it appear as if participants give precise one word, or short sentence, replies that are clear this was not the case in this research. Such a lack of exactness is perhaps to be expected with an interview technique that is asking people to think about things in a particular way for the first time in a one-off interview.

As mentioned above, one of the reasons for the development of the table format was as a guide for the interviewer. This was required, as was pointed out earlier in the chapter (e.g. 8.1.2.1), due a number of errors having been made in the application of the Technique. In part this was due to Ravenette’s less than precise instructions (see 6.2.3) and due to interviewer inexperience. For the novice user especially, such a template is useful as a tool to try and keep the interviewee from sidetracking the interviewer into not asking, or getting an answer for, all the Technique’s questions. As mentioned earlier in the chapter (8.1.2.1) Ravenette (1999) was aware that people “do
not always answer the question that is put [to them]”, and suggested that when this occurs “it is necessary to...gently point out their error, [and] return to the original question” (p. 216). The tables used in this study are useful tools for pointing the interviewee, and interviewer, in the right direction.

However, any benefit of slavishly following the technique’s format, perhaps by cutting them off abruptly, must be weighed against interrupting the flow of the interview, and potentially damaging rapport with the interviewee. If someone really wants to make a statement about a particular issue it is very difficult, and often not advisable, to attempt to stop them. Knowing when to let the interviewee continue to make their point, and when to redirect them, is something that can only be learnt through practice, and is dependent on the circumstances particular to that interview.

While the structure of the Technique can, and did, initially appear rather odd to interviewees they all quickly became accustomed to it, correctly anticipating the follow-up questions after only a couple of trials. As suggested in 6.2.2, one reason Ravenette (1996, 1999) may have decided to use his monadic contrast elicitation method over the more established triadic and dyadic methods was because it is simpler (see 3.1.4.1). The manner in which participants responded in the current study certainty supports the idea. This is not to say that the Technique doesn’t place some demands on people. Not the least of these is the 45-60 minutes the, in this case five, questions took to administer. Although none of the participants indicated that was an issue for them.

One aspect of the Technique that did appear to be problematic, at least for some participants, was the use of the word ‘bad’ in RQ3. It may be that Ravenette (1999) used the good – bad construct as he often worked with children for whom the construct is common (Butler & Green, 1998), and are known to think in such simplistic terms. However, for at least three of the adolescents recruited the use of such simplistic words, especially in regards to significant others, appears to have resulted in some resistance (see Helen 8.1.2.3, Eve 8.2.2.3, and Mal 8.5.2.3). For those with a good relationship with such an important person as one’s mother or father this is perhaps not surprising. The admission, particularly to a researcher (stranger), that their parent views an aspect of other people as “bad” risks portraying their parent negatively, something that may be quite threatening. Apart from this it is of course the case that adolescents and adults, as opposed to children, understand that life is considerably more complex, and ‘greyer’, than being simply good or bad.
8.8.5 Strengths and Limitations of This Research

In comparison to the first study this one had a number of strengths. These were the use of a theoretically driven approach, Ravenette’s (1999) WAY? Technique, which elicited participants’ constructs and the recruitment of both male and female adolescents. Apart from its retrospective nature arguably its limitations were the same as those of the first study, in that it consisted of small numbers of participants and that the data were not independent as four participants were siblings. Other than repeating the idea that, depending on the aims of the research, these latter two issues are not necessarily limitations at all, they will not be discussed at any length here as they were addressed in section 5.6.

As discussed in Chapter Six, Ravenette’s WAY? Technique is firmly grounded in PCT, especially the fundamental postulate, constructive alternativism, the bi-polar nature of construing, and the sociality, individuality and commonality corollaries. It is an approach in keeping with the philosophy of phenomenology as it allows the participant an active voice (see Chpt 4) but also elicits constructs and uses laddering and pyramiding. As demonstrated in this chapter the Technique can be construed as having been useful in assisting participants to report what things mean to them, and as such resulted in information of greater depth than that gained via the traditional semi-structured interviewing approach used (the BIQs); a real contribution to a phenomenological toolkit that some (e.g. Butt, 2007) have suggested is too reliant on the traditional approach (sections 7.2.1 and 8.8.3). Such rich information on how participants saw themselves and others allowed for a greater understanding of how they came to interpret events as they did and for the formulation of a wide array of hypotheses, one measure of the usefulness of any theory.

As discussed in section 5.6 one of the limitations of the last study was that all participants were male. This study attempted to rectify this by recruiting both genders. As argued PCT does not posit a difference between the sexes in regards to their psychological processes but this does not mean the content of their construing does not differ. An examination of the results reported above can be understood as demonstrating that what PCT posits as being people’s processes, like the EC, apply to girls as much as boys to the extent that they allow us to understand how both came to construe the situation as they did.
As mentioned above (and discussed in 5.6) the recruitment of 4 siblings can be argued to actually be a strength in this type of research as, like in the first study, it allows for an examination of issues/questions that would not otherwise be possible. With a PCT framework these are namely the role of commonality, individuality and sociality.

One limitation of the current study not shared with the first is the retrospective nature of both the semi-structured interview and the WAY? Technique. While, as discussed in section 2.2.3, retrospective research approaches have their drawbacks (e.g. the problems of memory, the inability to establish causality) they are arguably more than appropriate depending on the focus of the research. If the focus is on how people (in this case adolescents with a parent with cancer) have come to interpret their situation as they now do, as opposed an attempt to establish the “reality” of what occurred, then a retrospective design such as the one used can be seen as more than appropriate. This is not to say that the research design used here could not be strengthened to assist us to come to an even deeper understanding of the topic, it could. However, what future research designs, including those incorporating the WAY? Technique, could be employed to further such an understanding is a topic that will be covered in the next chapter.

Two further criticisms could be made of this research that relate to the use of the WAY? Technique. The first is that only one party (the adolescent) in the parent-adolescent relationship was interviewed when its originator often used the Technique with both children and their teacher. While it is the case that such an approach would almost certainly have yielded valuable information the reason both parties were not interviewed was that the focus of convenience of the thesis was adolescents’ perceptions, not parents’. The second is that participants were only interviewed once with the Technique. While it is true that Ravenette (1999) developed the Technique as a one-off approach, this was due to his particular professional constraints, constraints to which researchers are not usually subject. The decision to only conduct a single interview was largely taken due to the amount of information gained via the five questions over the interview (more than 200 pages of interview transcripts) and the extra demand that follow-up interviews would have placed on participants.
8.9 Summary

This study set out to investigate the experiences of adolescents with a parent with cancer using both a traditional semi-structured interview and an approach based on personal construct theory, Ravenette’s WAY? Technique. This Technique was chosen for its apparent ability, established in a clinical context (Ravenette, 1999), to get at the core issues of troubled children and adolescents in a more efficient manner than can be achieved via traditional interviews.

The results of the semi-structured interviews (the BIQs) indicated that while the diagnosis did result in unwelcome changes in all participants’ lives it did not result in fundamental changes to most participants’ daily activities over the course of treatment. What was surprising was, not that there were some disruptions and changes, but that most participants appeared to be not particularly concerned by them. One reason for this was the amount of support most were provided by family, with the other being that they were able to construe these changes in their lives as temporary and thus not threatening.

The lack of fundamental changes in most participants’ lives meant they were able to construe their lives as relatively predictable and this provided them with the confidence to be able to construe themselves as able to anticipate both life more generally and issues to do with cancer in particular. Annette, who experienced many substantial changes in her life from just before her mother was diagnosed, due to her parents’ divorce and her relationship with her father, is an example of someone who lacked the “anchorage” (stability) required to give her the confidence to “set afoot adventuresome explorations nearby” (Kelly, 1970, p. 18). Such a situation is in accord with PCT’s notion of anxiety.

PCT’s individuality, commonality and sociality corollaries were useful in assisting our understanding of participants’ experiences. The sociality corollary was particularly useful in accounting for how relationships may become strained. The exploration of Claire’s relationship with her mother suggested that the difficulties in their relationship could be understood as a result of their inability to construe the other’s construing, with this leading to each feeling invalidated by the other.
Participants’ came to reconstrue some events or changes as having had benefits or been positive, events or changes that many observers might think could only be interpreted as negative. Of the seven participants Claire was the only one who did not report anything positive from the diagnosis. The most common benefit reported was that of being brought closer together as a family. That people report a range of benefits from adverse circumstances such as parental cancer was documented in Chapter Two (2.1.5). PCT’s commonality and sociality corollaries assist us to understand how such reconstruals can occur and both point to the fundamentally social nature of construing. Such reconstruing is an example of Kelly’s constructive alternativism.

The most striking aspect of the interviews was how little anxiety most participants seemed to display and how most seemed able to complete Experience Cycles (ECs) and thus “cope” with their circumstances. Annette and Claire were the two exceptions. While Annette’s mother’s diagnosis resulted in some changes to Annette’s life her parents’ divorce could be seen to have resulted in a greater number. It was argued, in line with PCT’s view of anxiety, that she was anxious due to her inability to understand and anticipate such events.

While the cancer diagnosis was also a source of anxiety it was less problematic than it might have been due to her greater ability to obtain information about its various aspects and thus anticipate its outcome. However, while Annette was able to anticipate and thus begin ECs, as she was in possession of considerable information about her mother’s cancer and treatment, the phase of the EC that Annette was unable to complete was that of confirmation and/or disconfirmation. One reason for this was that her anticipations regarding her mother’s recovery were not subject to either validating or invalidating evidence due to her mother’s long period of treatment and ongoing emaciation. That is, despite treatment she could neither construe her mother’s condition as improving or worsening, and was thus left in the state of nonvalidation (see 3.1.7).

In contrast to Annette, Claire’s first problem with the EC occurred at the encounter phase. Claire was not anxious as she believed her constructs were more than adequate to anticipate events. However, as was later to become apparent to her, she was mistaken. This lack of information resulted in her failure to actively encounter the situation, a failure of sociality, threat, anxiety and a failure to complete ECs.
The WAY? Technique questions it was argued that they all appeared to yield information over and above that gained from the BIQs and all facilitated the formulation of further hypotheses. RQ1 was not designed to elicit constructs but rather self elements and these, along with their further exploration, were found to add to our understanding of how participants construed themselves and their world.

RQ2 elicited personality characteristics and, in contrast to RQ1, was designed to elicit constructs, and it utilised the first two parts of Tschudi’s ABC model to elicit the advantages and disadvantages of people’s construing. It was these aspects that led to significantly more information, of greater depth, being gained over what was obtained from RQ1.

Ravenette’s RQ3 was designed to get people to elaborate their view of how they believe others see them and if they are able to construe others’ construction processes. That is, it sets out to investigate Kellyan sociality. Similarly to RQ2, RQ3 also elicits constructs and also resulted in a broader and deeper understanding of participants than RQ1, which did not.

Unlike the three root questions, questions five and six were developed by the author and based on the format of RQ1. Like RQ1 both resulted in information over and above that gained from the BIQs, and that gained from the three RQs.

Between one and three themes could be determined in participants’ replies to the BIQs and for most participants these themes were reflected in their replies to the three RQs. Such a repetition of themes is an indication of the validity of the WAY? Technique. Almost all those themes not covered by the three RQs were reflected in participants’ replies to question five, with the single exception (Claire) covered by question six.

Overall the structure of the WAY? Technique was useful for a number of reasons. One was that it provided both a guide for the interviewer and assistance for the interviewee to articulate what was important to them, a structure and benefit some authors (e.g. Butt, 2007) have suggested as lacking in the phenomenological literature where there is an almost “overwhelming reliance on the semi-structured interview” (p.13). Another reason, mentioned above, is that it resulted in new information over that gained by the BIQs, and importantly, it generated many new hypotheses, something widely regarded as one criterion of a good theory. Compared to the BIQs the WAY? Technique had two
particular advantages. The first was the general way in which the Technique resulted in a deeper understanding of what underpinned participants’ responses, and the second was how RQ3 facilitated a greater understanding of participants’ relationships, that is, their level of sociality.

One area Ravenette did not address in his publications on the Technique was how results should be displayed. This thesis has provided one possible solution to this issue via the use of tables set out in portrait format for RQ1, and Qs 5 and 6, landscape for RQs 2 and 3. It was noted however that while such tables can make it appear as though people give precise answers, this is often not the case. The format used in the tables was also used as a template to conduct the interviews, an approach that was found to be useful to assist the interviewer to not become sidetracked.

While the Technique was useful, three potentially problematic issues in its design were noted. The first was that it does initially appear to interviewees to be a rather odd way of questioning although they quickly get used to it. The second is the length of time it takes to administer if all five questions are used, some 45 to 60 minutes. This is a potential problem for participants, parents, ethics committees, researchers and research students with severe time constraints, and for clinicians in certain circumstances. The third problematic area cited was Ravenette’s use of the word bad in his instructions. It was noted that this probably stemmed from his use of the Technique with children but that use of this word appeared to be threatening to some participants when with used in relation to their significant others.

The final part of this chapter examined the strengths and limitations of the study. Its main strength was cited as the use of a theoretically driven interview approach, Ravenette’s WAY? Technique and how it, in keeping with the principles of phenomenology, allowed the participant an active voice, and elicited constructs which resulted in a deeper understanding than could be obtained by the use of a traditional interview.

While the study’s two main weaknesses were cited as the recruitment of siblings and its retrospective design, it was suggested that the first could be considered a strength and the second, if not actually a strength, then at least entirely appropriate. The use of four siblings was considered a strength in that it allowed for the investigation of a number of questions that would not otherwise be possible, with its retrospective design
considered quite appropriate as the study's focus was how participants' interpreted their experience as they did at the time of the interview. Ways in which future research could be employed to further our knowledge of this population will make up one section of the next chapter.
CHAPTER NINE: GENERAL DISCUSSION

This chapter is divided into seven sections. The first will examine what lessons can be taken from the general research on the topic of adolescents with a parent with cancer and how a PCT approach assisted us to integrate and understand this rather disparate literature. Next the extent to which PCT’s notions of anticipation and sociality assisted us to understand how participants’ lives came to be disrupted is explored, before Kelly’s idea of constructive alternativism is used to examine how they came to re-construe life. The extent to which PCT’s Experience Cycle was useful in understanding how participants coped with the experience is then explored in relation to the broader philosophical concern with ethical conduct before a number of issues around PCT and interviewing are discussed. As these topics have already been examined they will not be dealt with at length with the reader referred back to the relevant sections for further detail. It is then suggested that the contributions of this thesis to the area include a new format for displaying qualitative data in figure form as shown in Chapter Five, and a new table format for displaying participants’ responses to the WAY? Technique as displayed in Chapter Eight. The chapter concludes with some ideas for further research.

9.1 The Literature and PCT

As discussed in Chapter One the general literature on adolescent development has tended to characterise this period as one full of problems, the “storm and stress” view, with the assumption that they are unlikely to be able to cope. A focus on problems still appears to continue in spite of the more recent view that inherent and ongoing difficulties are not characteristic of the majority (Steinberg & Morris, 2001), a view that might be termed “the adjustment hypothesis” (Petersen, 1988). Furedi (2006) was cited as arguing that, as part of society’s obsession with risk and how it is to be avoided, children are now conceptualised as inherently vulnerable and “therefore unlikely to be able to cope with adverse circumstances” (p. 7) with these experiences leaving them “scarred for life” (p. 92). McMillen, Zuravin and Rideout’s (1995) research was cited as providing evidence that even some of those who have been victims of childhood sexual abuse, an event that many would think could never result in the victim believing that it had resulted in anything other than harm, are able to report “some benefit” (p. 1037) from the experience. Harter (2004) was cited as noting this tendency within society generally and even within the culture of the helping professions. In relation to the
research conducted in this field Harter suggested that the focus has been on people’s difficulties or “pathology” as opposed to their strengths and how these have helped them cope.

Such a focus on people’s difficulties or “pathology” is consistent with the impression gained from the examination in Chapter Two (2.2) of the general literature on parental cancer. However, it was argued the quantitative research indicated that while some adolescents had difficulties this was not the case for all, with the majority showing good adjustment across various measures. While the results were similar for the qualitative literature it was suggested it also indicated that many adolescents actually interpreted the experience as resulting in positive changes. Thus, despite the general assumption in the literature that adolescents cannot cope with such events, it was argued the research on the topic can be read as showing they can and do cope with the event of parental cancer.

In Chapter Three (3.2) a selection of the studies cited in Chapter Two were interpreted within a PCT framework. It was argued that it is due to PCT’s high level of theoretical abstraction (Mair, 1970) that it is able to offer a unifying framework for the disparate literature on the topic and account for seemingly unrelated, or even contradictory, findings and assist us to understand how adolescents came to act as they did.

More specifically it was suggested that PCT was able to account for the exceptions, for example why only some participants’ in a given study reported being fearful, due to PCT being a constructivist theory where an experience is seen as a personal appraisal as opposed to a set of events. Such personal appraisals are an example of one of Kelly’s basic principles, constructive alternativism (3.1.3; see 9.3 for further discussion).

As discussed in 3.2 the lack of a unifying theory in psychology is an established concern that dates back to the early decades of the founding of the discipline (e.g. Vygotsky, 1934/1986) and one that remains a concern of contemporary psychological theorists (e.g. Smythe, 2005). As such the demonstration in this thesis of PCT’s ability to provide such a unifying framework, at least for the literature reviewed, can be viewed as an important contribution to the area.
9.2 Level of Disruption to Life

In both studies all participants’ day-to-day lives could be interpreted as having been somewhat disrupted. However, for all but two from the second study, the disruption was concentrated in the first three to six months post diagnosis and did not result in fundamental changes to their lives. It was argued that the different experiences of these two participants could be understood as a result of either a lack of stability in family life due to some extent to pre-existing factors, or a fundamental misunderstanding between the participant and their ill parent, which left both anxious as they were unable to anticipate important aspects of their lives.

These two exceptions were Claire and Annette. Unlike the other participants Annette’s world, mainly via her multiple changes in her place of residence, altered rapidly and substantially from just before her mother was diagnosed. It was argued that the fact that most aspects of the other participants’ lives remained stable and relatively predictable enabled them to feel confident enough to not only predict things to do with cancer but to anticipate life more broadly. That is, their constructs to do with their ability to be able to anticipate life were validated and thus generalised. Such a finding is in accord with authors such as Neugarten (1979; 1996) (3.2) who has argued that people have general expectations, or anticipations, about what events will occur in their lives and when. These events are anticipated to occur at certain times with people judging if they are “on” or “off” time in relation to these. There is a parallel here between how Neugarten (1979) discusses her “set of anticipations” (p. 888) as relating to general expectations about when events will occur (e.g. getting married as something they will do sometime) with Butt’s (2004) use of the term anticipation, as opposed to prediction. Butt appears to be using the term anticipation in a manner similar to Neugarten to suggest that people actually live their anticipations, their construing, and put these to the test in everyday life. For as we have seen, “construing is something we do...[not] cognitive entities we have” (emphasis added; Butt, 2008, p. 60). That is, we live (‘do’) our anticipating in everyday life as opposed to making narrow and formal cognitive predictions in the narrow rational cognitive manner of the formal scientist testing a hypothesis.

Annette’s inability to anticipate how such a major area of her life would unfold, combined with the ongoing uncertainty around her mother’s health, an event she would certainly have viewed as “off time” in Neugarten’s parlance, was argued to be anxiety-
producing as she was unable “to hear recurrent themes in the onrushing sound and fury of life” (Kelly, 1955, p. 486). This invalidation may well have resulted in a lack of confidence in her ability to construe herself as someone able to anticipate life more generally.

In contrast to Annette, Claire’s day-to-day life was not initially interrupted at all with her being unaware of the seriousness of the situation. It was suggested that Claire’s lack of awareness of the situation appeared to have been interpreted by her mother as meaning that her daughter did not care about her, resulting in her treating Claire differently. Thus, Claire’s life was disrupted, not by changes in routine due to any direct physical effects of cancer or its treatment, but by a failure of sociality between herself and her mother. Claire did not understand this dynamic at the time, only coming to construe it this way more than a year after diagnosis.

Perhaps sociality is one of Kelly’s most important ideas. Kelly (1970) thought so, seeing “the implications of this corollary a[s] probably the most far reaching of any” (p. 22). The idea of being able to imagine the other is one not only explored in academic psychology, but also in philosophy, and in contemporary times perhaps most notably by the philosopher John Ralston Saul. Saul (2004) sets out six qualities for his new Humanism, with the two most relevant to the present discussion being ethics and imagination. He has argued that to be ethical involves asking the question, “How should I live, given the context of the larger good?” By the “larger good” he means “the public good” with this “assum[ing] the existence of the other” (p. 68). He goes on to add, in a manner reminiscent of Kelly, that most people are quite capable of asking themselves ethical questions and that, “once asked they demand not so much replies as continual, sustained questioning.”

There is an obvious parallel here between both Kelly’s the person-as-scientist metaphor and his Experience Cycle in their hypothesis testing and cyclical natures (see 3.1.7 and 3.1.8 respectively). For Saul ethics is about constantly making choices, as “both spectators and participants” (p. 84), within the ongoing and unstoppable movement of life in which we can never be certain how things will turn out.

Imagination, Saul (2004) argued, is even more inclusive than ethics, with it being what “enables us to conceive of the other” (p. 117), and that it, “has the ability to draw together humans – all of us – who are separated by our limited perceptions of reality” (p. 127). He makes a point of saying that imagination is not restricted to “a few superior

45 Epting and Paris (2006) make a very similar point.
people” but rather belongs to all and warns that any attempt to marginalise it “is an attempt at dehumanisation” (p. 128). Such sentiments bring to mind Hinkle (1970) citing Kelly as saying, “yes, I guess I do think of PCT as an implicit ethical system; just imagine a world in which we understood one another as people!” (p. 107). Thus, to use Saul’s terms, Claire’s mother, as the parent and adult, could be said to have not acted ethically due to her failure to see her daughter as a person and imagine the impact of her behaviour on Claire. Of course it also appears to be the case that Claire failed to see her mother as a person in her own right who would be very concerned about her own health. However as Claire was only 14 at the time we can understand how her ability to construe the construction of others was insufficient to understand her mother’s constructions of the situation.

In what could be viewed as a (unintentional) shot across the bows of PCT’s, and constructivism’s concern with understanding, Saul has argued that it is not enough on its own to lead to ethical conduct, as it does not necessarily result in action, or at least the correct action. He suggests that the reason for inaction, one familiar to PCT theorists and practitioners, is that most people “prefer mental comfort”, a sort of predictable stability (“even if it is only an illusion”), over the uncertainty inherent in life. However, Saul (2004) has suggested that to take ethics seriously “means living with uncertainty” even putting it “at the centre of our lives” (p. 84; perhaps Saul’s equivalent to PCT’s ‘holding one’s constructs tentatively’) 47. This acceptance of uncertainty is necessary as it allows us to act for the common good while acknowledging that we can never be certain we have reached the optimal outcome.

As a community Saul (2004) has suggested that this contradiction – people’s desire for certainty and our need of uncertainty – can be at least partially resolved by “the very stability of democratic society” via its ability “to embrace large elements of permanent instability” (p. 84), with the basis of this stability being the idea that legitimacy lies with the citizenry “and that ethics is an expression of responsible individualism” (p. 85). Interestingly Warren (1998) has argued that PCT has an “egalitarian outlook” (p. 145) that makes it consistent with the nature of democracy. Warren uses the word egalitarian to refer to both the view that all people should regard others as having equal

46 There are strong parallels here with the recent work by Mair (2010) on the importance of imagination in understanding people.

47 While Saul (2004) does not mention philosophical pragmatism (as opposed to pragmatism in the cynical sense of the word) his view of Humanism appears to be very much in accord with its overall message. Butt (2008) has suggested that Richard Rorty, who was strongly influenced by Dewey, “claims that pragmatism replaces certainty and knowledge with hope” (140).
worth and rights as themselves and that others be treated in a manner that respects this. Such ideas can be seen to be at the heart of PCT’s notion of sociality, which, combined with understanding and action, can be interpreted as providing a theoretical basis for ethical conduct. Given how some authors (e.g. Epting & Paris, 2006) have argued that much of PCT is consistent with the principles of Humanism, it is perhaps of little surprise that many parallels can be construed between it and the writings of a Humanist philosopher such as Saul.

9.3 Re-Construing Life

As discussed in both Chapter Five (5.5.2) and Chapter Eight (8.8.1) some participants from both studies came to re-construe some aspect/s of their lives and most reported benefits from the situation. In the first study the diagnosis appeared to result in Ken subtly reconstruing both the importance of his everyday problems in comparison to his mother’s health, and the nature of mortality. In the second study all participants except Claire reported benefits from the diagnosis, with the most common being that it brought their family closer together.

It was noted that such constructions, or re-constructions, of benefits from events that many observers might interpret as only being able to be viewed as negative, is consistent with the research literature documented in section 2.1.5. This showed that adolescents reported a range of ways in which their lives were subtly changed and that they construed many of these changes as beneficial. It was suggested that the reconstructions of participants could be seen as examples of PCT’s constructive alternativism in action. Constructive alternativism also helps us understand why such “objective” things like disease characteristics, and any disability relating to this, do not appear to be related to coping (see section 2.5).

None of this should be taken as implying that these adolescents, or people generally, are free to construe the world in any way they want (3.1.1 and 3.1.3), but rather “the attitude [people] take towards events, along with the action this entails, is subject to personal construction” (Butt, 2008, p. 126). There are many different ways of construing the same event. It is not a question of which is the correct way but if that way is useful. Kelly asked us to try on PCT to see if it was useful, if it had practical application. While, as we have seen in section 3.1.1 and elsewhere, PCT has been informed by Dewey’s pragmatism, perhaps people generally could be seen as being
pragmatic. Certainly the participants recruited to the current studies appear to have taken the pragmatic approach and chosen to construe events in a way that was useful.

9.4 Coping and the Experience Cycle

The extent to which participants were able to cope with the experience was examined at length through the use of Kelly’s Experience Cycle (EC). It was argued that those who coped the best with their parent’s diagnosis were able to progress through the EC’s five stages of anticipation, investment, encounter, confirmation and/or disconfirmation, and constructive revision. Those who coped less well were unable to complete one or more of these stages, most notably encounter, or confirmation (validation) and/or disconfirmation (invalidation; see 3.1.7 and 3.1.8).

Due to the nature of a cancer diagnosis participants in both studies found it very difficult to have their main prediction, that being if their parent would survive, validated or invalidated. It was suggested that this lack of evidence one way or the other could be said to result in nonvalidation (Walker, 2002; Walker, Oades, Caputi, Stevens, & Crittenden, 2000). However, via being in possession of good information about the nature of treatment and having stable family lives and good support within them, most were able to complete ECs to do with most other aspects of life and so could be said to have coped well in an overall sense. As was suggested in section 5.5.3 Kelly (1970) was of the view that confirmation (validation) was perhaps more likely to lead to reconstruing than disconfirmation as, “a confirmation gives one an anchorage” in some aspect of life which leaves the person “free to set afoot adventuresome explorations nearby” (p. 18). In other words, some validation of construing provides the person with a level of confidence that they are able to anticipate their world more broadly. That is, success in anticipating certain events generalises.

In the second study Claire was one participant who was not able to progress to the encounter stage due to not having been provided with sufficient information to do so. Unlike the other participants, Claire appears not to have had good support from her family, particularly her ill mother. Thus, she was unable to complete ECs and as such could be said to have not coped well with the situation.
Many similarities can be construed here between how these adolescents coped with the experience and how adults do so. Epting (1988) has pointed to how PCT treats children as people, as being complete people in their own right, rather than being in a transitional phase of the truly complete adult. From the discussion of PCT’s notion of the EC provided above (Chapters 5 and 8) it can be seen that children (or adolescents at least) are more alike than different to adults in the processes they use to anticipate and cope with life. Where they mainly differ is in the amount of experience they have in life generally (they are relatively content poor) and in dealing with complex issues like cancer in particular. As the reader would likely appreciate, an adult lacking experience in dealing with the situation of having a parent with cancer would also have trouble completing EC’s regarding this event if they lacked sufficient information. In regards to the issue of people’s processes Hoskins (2002) has argued that, “how people come to know is as important as what they know” and that “what is particularly significant about the new paradigm (including… qualitative research, and constructivism) is their contributions to knowing processes” (p. 230). Given the debate about whether or not PCT is a developmental theory (see 3.1.10; Fransella, 1995; Jablonski & Lester, 2008; Ravenette, 1999; Walker, 2003, 2009) another of this thesis’s contributions could be seen as the provision of further evidence that PCT, via its focus on people’s processes, does have something to contribute to the developmental literature.

As discussed above there is an expectation in the literature, and society more generally, that children are not able to cope with adverse events (e.g. Furedi, 2006) and that negative experiences result in them being “scarred for life” (p. 92). However, as we have seen via Kelly’s constructive alternativism (3.1.3 and 9.3), an experience is a personal construction, not a set of events and, as has been demonstrated above (5.5.3 and 8.8.1), adolescents were mostly able to complete ECs and this involved them having to reconstrue, or place a (new) interpretation upon, events. While it seems they were changed for life by their experiences there seems little evidence, either in the current studies or the wider literature, that they must be “scarred for life.”

Furedi’s (2006), sociological, argument is about more than just how children are conceptualised as inherently vulnerable and “therefore unlikely to be able to cope with adverse circumstances” (p. 7). It is about a wider sense in which society is obsessed with risk and how it must be avoided, and how such a view has serious, and negative, moral/ethical implications. In PCT terms the avoidance of all risk can only have negative implications for children as this must result in them failing to even begin ECs
and so cannot become truly experienced in these areas. Such parental, and societal, expectations are also highly likely to be noticed by the child. Indeed one of the participants from the second study, Eve (8.2.1), reported that some of her teachers treated her differently when they learnt of her father’s diagnosis, saying things like, “Hi how are you going, how’s everything going’…like they…expect you to be not coping.”

The sub-title of Furedi’s book, Risk-taking and the morality of low expectation, is a good indication of his thesis. As detailed above (9.2), ethical conduct involves treating others as people and acting on this. Furedi argues that for both children and adults (that is, humans), “pathologis[ing] risk-taking has the effect of undermining the spirit of exploration and experimentation” (p. xx). Such qualities are precisely those that have allowed us to overcome our historical challenges and are the qualities necessary to “ensure that we can deal with the big problems of our time.” Not only are exploration and experimentation, and the acceptance of at least some risk, necessary to bring about improvements in our world, they are fundamental for the formation of the romantic and intimate relationships sought by almost all people. Clearly then in Furedi’s view it is not ethical, or moral, to have low expectations of people, particularly children, as this impedes their ability to engage with life, especially with other people. Such sociological ideas (Furedi even uses the words “experimentation” and “exploration”) have obvious parallels with those of Saul’s philosophical Humanism and Kelly’s psychology of personal constructs.

9.5 Personal Construct Theory and Interviewing

In this thesis it has been argued that Ravenette’s (1999) WAY? Technique resulted in both more information, and information of greater depth, than the traditional semi-structured interview used in the first study, or the first part of the second study, and that this was due to its use of laddering and pyramiding and/or its use to elicit constructs. While authors such as Ravenette (1999) have argued that standard interview questions have their place in the gathering of isolated facts if one needs to know something in particular (like how many days of school were missed due to a diagnosis), if we wish to understand what events actually mean to people we must go beyond them. In order to go beyond these accumulated fragments (Kelly’s “accumulative fragmentalism”) we must “dive beneath the waves” (Ravennette, 1999, p. 161), that is go beyond the obvious, to what things mean to people and to the processes of how these meanings came about. However, as we have seen, “people need help reaching for what things
mean to them” (Butt, 2007, p. 13) and the structure of Ravenette’s technique appears to promote the inner search required to do this (6.1 and 7.2.1). This is not to say that the WAY? Technique did not gather information, even some of the same information gathered by the traditional approach in the second study, but rather that it facilitated access to the greater context and depth required to allow us to come to an understanding of the importance, or lack thereof, of these facts to the person. In facilitating the person’s search for what things mean to them they are assisted in their capacity to construct an alternative meaning for these facts. In a sense what is occurring via the use of the WAY? Technique is speech being used as part of the process of becoming aware, something that other authors have commented on the importance of (e.g. Vygotsky, 1934/1986). As we have seen (6.1) Ravenette (2000) saw the elicitation of bi-polar constructs, via the instruction “opposite”, as “open[ing] up buried knowings [and] alternative understandings” and that doing so was useful, “far beyond their use in construct elicitation” (p. 40).

As was argued above (9.4), within the constructivist paradigm “how people come to know is as important as what they know” (Hoskins, 2002, p. 230). As such Ravenette’s PCT based approach is an important tool, in a field dominated by the traditional semi-structured interview approach (Butt, 2007), in the exploration of people’s knowing processes. As mentioned in 3.1.4.1 others have also developed PCT based techniques to help people reach for meaning and examine peoples’ processes (e.g. “snake interviews”, see Cabaroglu & Denicolo, 2008) and it is perhaps in this area where PCT has the most to offer the broader constructivist project.

9.6 Contributions and Limitations of this Thesis

As discussed in 8.8.5 one limitation of the second study was its reliance on retrospective data, but then all data – no matter its method of collection – has its limitations. As discussed, what is important is that the method used is appropriate to the focus of the research. While some readers might see the exclusive use of qualitative data and its, necessarily, selective use of that data as problematic, one of its major strengths, at least in the form of an academic thesis such as this, is that the reader can check the adequacy of the data selected, and its interpretation, using the transcripts provided in Volume 2.

48 Constructive alternativism was Kelly’s contrast to accumulative fragmentalism, see Kelly (1964/1969), Fransella (1983) and McWilliams (2004) on this issue.
The limitations of the two studies that make up this thesis notwithstanding (see 5.6 and 8.8.5 for discussion of these), it can be seen to have made a significant contribution to the literature both theoretically and methodologically. As set out in sections 3.2 and 9.1 one theoretical contribution was how PCT was demonstrated to be a very useful unifying framework to assist us to understand a literature that might otherwise appear to be full of contradictory findings. The use of Kelly’s Experience Cycle (5.5.3, 8.8.1 and 9.4), which provided evidence that adolescents’ processes are very similar to those of adults, is a contribution to the debate about whether or not PCT can be usefully viewed as being a developmental theory.

This thesis has made two methodological contributions to the literature. The first is a new format for displaying change over time with qualitative data in figure form as shown in sections 5.1 to 5.4 with the ‘zones of influence’ figures. The second contribution is how Ravenette’s WAY? Technique interview schedule has been set out in a practical tabular format (8.1 to 8.7) that is in keeping with its underlying theory. Such a format is useful as both a guide for its administration by the novice user and as a way for the resulting data to be displayed for ease of interpretation by the reader.

9.7 Ideas for Further Research

While the present research has answered some questions about the topic and the utility of Ravenette’s approach, the WAY? Technique could benefit from further research both into its usefulness compared to the traditional semi-structured interview, to other qualitative methods, and between different wordings for the WAY? Technique’s instructions. A number of possible research designs for investigating these issues are detailed below.

One possible research design would involve first conducting a traditional semi-structured interview of adolescents with a parent with cancer before data were analysed to identify themes. These themes could then be the basis for predictions about what adolescents would report experiencing, both positive and negative, over the course of the parents treatment (say 12 months). A second interview, blind to the results of the first, could be then conducted using the WAY? Technique to ascertain if it identified the same, or other, themes, with these data also used to make predictions about what they would report experiencing over the next twelve months. The extent to which each approach was fertile in the generation of hypotheses and how these were
borne out by the subsequent data would provide evidence as to which method was the
most efficient, useful and resulted in the greater understanding of the participants' 
actions and experiences. It would also be interesting to use the WAY? Technique
longitudinally in an attempt to establish if and how participant’s replies to the RQs, and
any themes identified within these, changed over any given period.

A further possible research design would involve using the WAY? Technique with both
adolescents and one or both of their parents. Such an approach was taken by
Ravenette (1999) who often used the Technique with both the child and their teacher in
his one-off “constructive interventions.” While use of the WAY? Technique with just
adolescents in the second study proved useful in eliciting information to help our
understanding of how they construed their world and to construct further hypotheses,
use of the Technique with both parties would likely yield additional information. In
section 3.2 it was argued that PCT’s Sociality Corollary was able to assist us
understand why adolescent girls would have higher anxiety/depression scores than
boys. Via this corollary, it was suggested that the answer lay in the idea of role
relationships specifically, in this case, in girls having stronger role relationships with
their mother than boys had with either parent. Use of Ravenette’s Technique,
especially the third root question, “What sort of person does [your son/daughter] say
you are?” with one or both parents and the adolescent would elicit more information on
the issue of sociality and allow for the investigation of role relationships with greater
confidence than when only one party is interviewed.

Another option for research into the Technique’s usefulness would be to not only use
the traditional semi-structured interviewing approach but to incorporate a third
qualitative data elicitation approach like Ravenette’s (1999) “a drawing and its
opposite”, or Cabaroglu and Denicolo’s (2008) “snake interviews.” Such triangulation of
methods (Mason, 2002) would assist in ascertaining if both or either method were more
useful at understanding people’s construction of the world than the traditional
approach.

The wording of the Technique is another area that could be profitably examined. As
discussed above (8.8.4) Ravenette’s use of the word “bad” in RQ3 appeared to be
problematic for some participants. Use of a different word or words in this question,
with different age groups, would assist us to clarify at what age the word “bad” is
problematic and if differently worded instructions result in different answers.
An area other than adolescents with a parent with cancer that might be profitably explored using the WAY? Technique would be how psychologists, and other helping professionals, see themselves. Given how Ravenette (1999) has detailed how he successfully used the Technique to assist school teachers to examine their reactions to “difficult” children, and then come to an alternative understanding of events, it shows promise as a tool to assist helping professionals understand their reactions, especially to clients they find problematic. Such a use of the approach would of course be in keeping with the reflexive nature of PCT. The notion of reflexivity, as applied to the current author, is a subject taken up in the next, and final, chapter *Autobiography of a thesis.*
CHAPTER TEN: AUTOBIOGRAPHY OF A THESIS

This chapter was suggested by my supervisor and is modelled on one written by one of Kelly’s better-known students, Dennis Hinkle49. At Kelly’s suggestion Hinkle wrote a chapter in his 1965 thesis entitled, “A brief autobiography of the present research”, in which he documented his struggle with his thesis and wrote about Personal Construct Theory (PCT) being self-reflexive (Hinkle, 1965; 2009).

10.1 Origins of this Thesis

The idea for the topic for this thesis came about when I was employed as a research assistant on a project looking at various aspects of decision-making in women with cancer. I had long been interested the area of adolescent development, having conducted two research projects in the area for previous degrees, and began perusing the literature for a way in which these two areas could be combined. The obvious area was adolescents with cancer. However, not only was the topic of children with a parent with cancer a much less researched area, with many more adolescents involved, but it was also an area where the participants were, at least prior to diagnosis, non-pathological. This last point was the clincher, as I had for many years thought there was a disproportionate emphasis in psychology on researching disordered individuals as opposed to those individuals functioning in “disordered” situations.

I also wanted to investigate a real-world issue, something that ordinary people – perhaps in extraordinary circumstances – both struggled with and saw as a significant issue in both their own and others’ lives. This of course required a methodology capable of capturing the unique processes of people’s changing understandings of a situation, and a theory which not only allowed me to make sense of their understandings but did not attempt to reduce people to “innate drives” etc. In short, I needed a theory that was ideographic and nomothetic, capable of making sense of both people’s own unique meanings and actions and able to place these in a wider, human, context. From my undergraduate education in sociology I understood this issue in terms of “agency” and

49 Evidence for the extent to which Hinkle is well known amongst the PCP community comes from Walker and Winter (2007). They surveyed 15 PCP authors and found that Hinkle’s (1965) doctoral dissertation “exploring how and why people change…figured the most extensively” (p. 456) in their “list of five post-1955 developments in theory, method, application” (p. 455).
“structure”, two ideas that have never been successfully integrated into what sociologists call a “grand theory.” Of course any such theory would also have to be in general accord with how I already theorised about my world, and that was rather constructivist although I didn’t see myself in these terms before setting off on my journey. After leaving the research position I went on to work as a psychologist with a mental health team. Slowly but surely this changed the way I construed the project. The cancer aspect grew to be less meaningful to me, and for a while I felt the whole thing was pointless, “What am I doing this for? I’m not in cancer research anymore, where can this possibly get me?” However, even as the issue of cancer lost its meaning, the issue of meaning itself became important. My everyday work with clients reminded me that the construing of the world around us is a very personal thing indeed, with people’s constructs being very important for informing action.

During this time I became much more interested in PCT than the topic, which began to lose its appeal after a few years (a common experience for post-grad students I believe). The theory on the other hand seemed to continually refresh itself, almost seeming to inveigle me into looking at things from its unique perspective. I also came to share with Hinkle (1965) the concern that, “the dissertation experience should be concerned with much more than its own completion” (p. 68). That is, the research must be meaningful to me. It had to be both useful in the narrow sense of making sense of the present topic, and in the broader sense of allowing me to make theoretical sense of the wider psychological world, and significantly, that the process of doing so was most important.

My first interest in theory as being generally useful (as opposed to using it to explain a particular topic or domain) came from my exposure to sociology. Personal Construct Theory is (arguably) as close as psychology comes to having a “grand” theory. To put it in the language of those writing in PCT, it is a theory written at a high level of abstraction and is thus able to be applied to all aspects of psychological and social life. This is both its appeal, you get to use it to contemplate matters more usually associated with philosophy (so you don’t get bored!), and its problem as it can be rather difficult, at least initially, to get a handle on. There are however many practical implications which follow from PCT, including those specific tools and instruments that practitioners like so much.
From the practitioner role I moved into management and PCT became even more important. I found the idea of people (staff) construing their own realities to be very useful, even if it was sometimes a great struggle for me to construe their construing!

In the latter stages of the degree I moved from the management position into a standalone project management and bureaucratic role that was, and remains, largely about the communication of a novel and complex human services project. This entailed a further, if more subtle, shift in my thinking about PCT. The role resulted in a broadening of the range of convenience of my constructs to do with communication and the applicability of PCT to it. I remember well Tom Ravenette, the educational psychologist, saying to me: “Michael, there is nothing like a common language to get in the way of good communication.” He was of course referring to the idea that just because two people use the same words to describe the same event it does not follow they construe the words, or event, in a similar manner. In working on the communication of this project this has become more and more apparent, with some individuals and/or agencies insisting a certain way of viewing or doing things is inadequate, misleading or even “offensive” and others strongly disagreeing and insisting the view or action is adequate or correct.

Thus, I suspect my broad appreciation of the applicability of PCT to the psychological and social world is very much a result of my four very different jobs over the course of my enrollment in this degree: research assistant; psychologist; manager; project officer. While it is possible that PCT would have just as broad a range of convenience for me if I had had the same job throughout my enrolment, I doubt it, because each has pressed me to re-construe my world in ways I could not have imagined. And every time PCT has risen to the challenge of assisting me construe the topic of interest.

10.2 The Personal Impact of PCT

This idea of a theory reaching into every corner of one’s way of experiencing life and, slowly but surely, transforming someone to such an extent that the person in essence is inseparable from, or almost becomes, the theory, is something simply not understood by anyone who has not immersed themselves in one. I know that before I was halfway through this degree I did not appreciate the idea; I thought theory was something abstract you applied to a particular problem or issue (for a particular reason, like getting a degree) and then moved on to “life.”
This inveigling of theory into every aspect one’s construction of the world is something Tom Ravenette himself would, I am sure, have agreed with. Indeed on the one, rather extended, time I met Tom he demonstrated just how he was the embodiment of constructive alternativism. On the first night at a conference we were attending Tom, myself and a few others went to a local club for dinner. Upon leaving the club Tom tripped over a gutter and fell flat on his nose. It was clearly broken and did it bleed!! So, off to the hospital we went. Now I suspect that most of us under similar circumstances would be rather cranky by this point to say the least. Not Tom. For the next three and a half hours I was given an intensive tutorial on PCP (as he insisted on referring to the theory), broken nose or no broken nose. No matter what happened over those hours, no matter how long he was made to wait he found a way to construe people’s actions, and indeed the entire experience, in positive and constructive ways, bringing a smile to all those who came into contact with him.

I am not the only person to have had my view of the world altered due to exposure to PCT, or to have felt in “discovering” PCT that I had “come home.” Spencer McWilliams (1996) writes at some length about his journey to PCT and how it changed his approach to the world, both personally and professionally. He also identified strongly with Kelly’s emphasis on a good psychological theory being reflexive.

10.3 Reflexivity

Speaking of reflexivity, Kelly’s Experience Cycle (EC) certainly seems to be applicable to my research journey on both a large and small scale. The large scale being that of the entire process of the thesis, and the small scale being, for example, the writing of a single chapter. As we have seen the five phases of the EC are: Anticipation; Investment; Encounter; Confirmation and/or Disconfirmation; and, Constructive Revision. The writing of a single chapter for your supervisor is perhaps a useful example. In the Anticipation phase you form a tentative prediction that you will be able to write it, or not. Then, in the Investment phase you actually commit yourself to the prediction. The Encounter phase sees you actually writing it. The Confirmation and Disconfirmation phase is when you get it back from your supervisor (although you may feel you are in this phase when you think it working, or not). The Constructive Revision phase sees you digesting the feedback received from your supervisor and making changes.

50 I don’t think David Winter or David Savage would mind me naming them here.
My experience in applying the EC to myself has been quite instructive of my thesis writing behaviour. Some time after having come to grips with the EC I realized my failure to progress the thesis could be understood as a result of my having problems with the EC’s 2nd and 3rd phases, Investment and Encounter, respectively.

As mentioned above (10.1), my move from the research position to the practitioner role left me feeling that the degree was rather pointless. With the benefit of the EC framework I would now say I lacked sufficient investment in my “experiment” at that point to continue the cycle. Only when I came to see the relevance of PCT in helping me interpret the world was I able to progress to the Encounter phase. However, here I also found myself getting stuck on many occasions. Why? Because writing is anxiety producing. It is anxiety producing because you cannot know if you will “get it right”, either in your own or others’ eyes. Thus, due to the fact that one of the possible outcomes of an encounter is disconfirmation it is, at least temporarily, safer to NOT write anything and just to continue to speculate about just exactly what you WILL write when you get around to it. This was not something I overcame after the first chapter, but rather something that plagued me for the whole thesis, although the successful completion of cycles did come about somewhat more easily.

Don Watson (2003), in the best book I’ve ever read on the topic of writing and how important good writing is (Death Sentence: The decay of public language), talks about how writing is scary. He argues it is scary because to do it well requires great commitment (Investment?), and because at the end of the day someone else gets to see your mistakes, or at least the fact that you have not achieved perfection.

In discussing the process of good writing Watson (2003) hints at a process that has some similarities to the experience cycle:

> Writing contains mysteries which only exertion can uncover…. We will not write as well as we can, however, if we make a meal of our deficiencies. We must not be intimidated, but find some agreeable place between awareness of our limitations and submission to them. (pp. 178-9)

This is Watson’s way of saying that the process of actually writing down your thoughts makes you construe them clearly and while such a process will not result in perfection, the risk is worth taking.
References


Bridging the personal and social in constructivist psychology (pp. 115-135). New York: Pace University Press.


CONTENTS

Appendix A  Study 1: Institutional ethics approval letters  1
Appendix B  Study 1: Informed consent documents  3
Appendix C  Interviews with Ken  9
Appendix D  Interviews with Simon  62
Appendix E  Interviews with Andrew  96
Appendix F  Interviews with Trevor  126
Appendix G  Study 2: Institutional ethics approval  159
Appendix H  Study 2: Informed consent documents  161
Appendix I  Interview with Helen  167
Appendix J  Interview with Eve  189
Appendix K  Interview with Barry  221
Appendix L  WAY? tables – Barry  249
Appendix M  Interview with Cindy  261
Appendix N  WAY? tables – Cindy  288
Appendix O  Interview with Mal  302
Appendix P  WAY? tables – Mal  324
Appendix Q  WAY? tables – Claire  340
Appendix R  Interview with Annette  353
Appendix S  WAY? tables – Annette  382
In reply please quote: SD:KM HE98/043

Further information: Karen McRae PH:214457

21 July 1998

Mr M. Henman
Medical Psychology Unit,
Level 10, Building 82
Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050

Dear Mr Henman,

Thank you for your response to the Ethics Committee’s requirements for your Human Research Ethics application HE98/043 “When a parent has cancer: What are the experiences and support needs of Australian teenagers?”.

Your response and amendments meet with the requirements of the Committee and your application is now formally approved.

Yours Sincerely,

Karen McRae
Secretary to the
Human Research Ethics Committee
30 January 1998

Mr M Henman
Medical Psychology Unit
Level 10, Building 82
Royal Prince Alfred Hospital

Dear Mr Henman,

Re: Protocol No X97-0321 - "When a parent has cancer: What are the experiences and support needs of Australian teenagers?"

The Executive of the Ethics Review Committee, at its meeting of 29 January 1998, considered your correspondence of 18 December 1997 concerning the above protocol, and recommended approval to proceed.

Yours sincerely,

Lesley Townsend
Secretary
Ethics Review Committee
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

PARTICIPANT CONSENT FORM

I, ........................................................................................................... [name] of ........................................................................................................... [address] have read and understood the Information for Participants on the abovenamed research study and have discussed the study with ........................................................................................................... I am aware of the procedures involved in the study, including any inconvenience, risk, discomfort or side effect, and their implications. I freely choose to participate in this study and understand that I can withdraw at any time. I also understand that the research study is strictly confidential. I hereby agree to participate in this research.

NAME: ...........................................................................................................

SIGNATURE: ...........................................................................................................

DATE: ...........................................................................................................

NAME OF WITNESS: ...........................................................................................................

SIGNATURE OF WITNESS: ...........................................................................................................
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

INFORMATION FOR PARTICIPANTS

You are invited to take part in a research study entitled “When a parent has cancer: What are the experiences and support needs of Australian teenagers”. The objective is to discover just what your experiences have been as a teenager who has a parent with cancer, and what support you think you need during this time. The study is being conducted by Mr M. Henman, Research Assistant, and Dr P. Butow, Executive Director, both of the Medical Psychology Unit, University of Sydney; Dr P. Heaven, Senior Lecturer, University of Wollongong; and Professor Martin Tattersall, Professor of Cancer Medicine, University of Sydney.

If you agree to participate in this study, you will be interviewed four times over a 12 month period. The first time will be in few days or weeks from now, then 3 months after the first interview, then 6 months after the first interview, then 12 months after the first interview. Each interview is expected to last for between 1 and 2 hours and will be recorded on audio cassette. You will be asked about how having a parent with cancer has affected various aspects of your life, including: how you get along with your family; how you feel about your parent’s being ill; whether it has affected your friendships and how you get along with your brother and sisters; whether it has stopped you doing things that you would normally do; and what have people done for you that has been helpful or unhelpful since your parent became unwell.

It is possible that while discussing these issues you become upset. However, you can stop the interview at any time, and counselling will be arranged, if required.
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

INFORMATION FOR PARTICIPANTS - Continued

While we expect that this research will further our knowledge about this important topic, and may help teenagers and parents in the future, it may not be of direct benefit to you.

Participation in this study is entirely voluntary: you are in no way obliged to participate and - if you do participate - you can withdraw at any time. Whatever your decision, please be assured that it will not affect your parent’s medical treatment or his/her relationship with medical staff.

When you read this information, Michael Henman will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Dr P. Butow, Executive Director, Medical Psychology Unit, on (02) 9515 6580. This information sheet is for you to keep.

This study has been approved by the Ethics Review Committee (RPAH Zone) of the Central Sydney Area Health Service. Any person with concerns or complaints about the conduct of a research study can contact the Secretary of the Ethics Review Committee (RPAH Zone) on (02) 9515 6766.
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

PARENTAL CONSENT FORM

I, ........................................................................................................ [name] of ........................................................................................................ [address] have read and understood the Information for Parents on the abovenamed research study and have discussed the study with ........................................................................................................

I am aware of the procedures involved in the study, including any inconvenience, risk, discomfort or side effect, and their implications.

I freely choose to allow my child ........................................................................................................ [name] aged .......... years to participate in this study and understand that I can withdraw him/her at any time.

I also understand that the research study is strictly confidential.

I hereby agree to allow my child to participate in this research.

NAME: ........................................................................................................

SIGNATURE: ........................................................................................................

DATE: ........................................................................................................

NAME OF WITNESS: ........................................................................................................

SIGNATURE OF WITNESS: ........................................................................................................

Version 17/12/97
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

INFORMATION FOR PARENTS

Your child is invited to take part in a research study entitled “When a parent has cancer: What are the experiences and support needs of Australian teenagers”. The objective is to discover just what your child’s experiences have been as a teenager who has a parent with cancer, and what support he/she thinks he/she needs during this time. The study is being conducted by Mr M. Henman, Research Assistant, and Dr P. Butow, Executive Director, both of the Medical Psychology Unit, University of Sydney; Dr P. Heaven, Senior Lecturer, University of Wollongong; and Professor Martin Tattersall, Professor of Cancer Medicine, University of Sydney.

If you agree to let your child participate in this study, they will be interviewed four times over a 12 month period. The first time will be in few days or weeks from now, then 3 months after the first interview, then 6 months after the first interview, then 12 months after the first interview. Each interview is expected to last for between 1 and 2 hours and will be recorded on audio cassette. Your child will be asked about how having a parent with cancer has affected various aspects of his/her life, including: how he/she gets along with the family; how he/she feels about having an ill parent; whether it has affected his/her friendships and how he/she gets along with his/her brother and sisters; whether it has stopped him/her doing things that he/she would normally do; and what have people done for him/her that has been helpful or unhelpful since you became unwell.

It is possible that while discussing these issues he/she may become upset. However, he/she can stop the interview at any time, and counselling will be arranged, if required.
When a Parent Has Cancer: What are the Experiences and Support Needs of Australian Teenagers?

INFORMATION FOR PARENTS - Continued

While we expect that this research will further our knowledge about this important topic, and may help teenagers and parents in the future, it may not be of direct benefit to you or your child.

Participation in this study is entirely voluntary: you or your child are in no way obliged to participate and - if you and your child do participate - you can withdraw at any time. Whatever your decision, please be assured that it will not affect either your or your child's medical treatment or your or your child's relationship with medical staff.

When you read this information, Michael Henman will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Dr P. Butow, Executive Director, Medical Psychology Unit, on (02) 9515 6580. This information sheet is for you to keep.

This study has been approved by the Ethics Review Committee (RPAH Zone) of the Central Sydney Area Health Service. Any person with concerns or complaints about the conduct of a research study can contact the Secretary of the Ethics Review Committee (RPAH Zone) on (02) 9515 6766.
APPENDIX C: Interviews with ‘Ken’

First interview with Ken (his mother has metastatic breast cancer)
M = Michael; K = Ken

M I guess I’m interested in your story so speak about umm like when you found out about your mother having cancer, and what’s sort of happened since.

K Yeah

M Do you want to start from that point?

K Alright. Umm, I guess Mum sort of she had cancer a long time ago, and we all knew that and sort of thought nothing more of it. And then, it was prob’ly, prob’ly about six months ago now I think, and she just sort of went into get a mole type thing checked out and that turned out to be cancer, and umm, and then sort of had more tests and they found the cancer was actually further down and like on her bones and that sort of thing, and then went through the umm courses of just going to doctors and found out she needed to have ray treatment and chemotherapy

M Umm huh

K so she’s just having them, she’s like yeah I think she’s only got one more chemotherapy to go now,

M Right.

K And then, umm she gets a break for a while from it. Yeah umm, she’s had a few tests since then and it’s umm shown that like, they’re having a good effect like they’ve slowed down the growth and the ray treatment sort of umm removed some it so it’s looking it looks pretty good. Our Nana’s also just like all last year had a similar type situation so it wasn’t like a big new thing for me,

M Right

K that’s ‘cause she had to go through with ray treatment and chemotherapy and all that so, I’ve sort of been exposed to it before this I guess you could say.

M Umm. Is that your mother’s mother?

K Yeah. That’s about it.

M Umm huh. What umm, do you talk with your mother about it?
K Yeah we umm, we sort of talk, about it like just how the treatment makes her feel and stuff because she sort of gets sick for a few days and is pretty open about what she goes through and all the side-effects that she gets from the chemotherapy and that sort of thing. Umm yeah.

M Do you think since your mother was diagnosed with it again, that it's changed your relationship with your mother at all?

K Oh, I guess only only sort of in the broad aspect that ya umm, you know you might sort of think some little problems you have and that they aren't as really important, as they once were and, that it just makes you look at the big picture I guess a bit more. You sort of realise that, umm everyone's not going to be around for forever and that sort of thing so you just, umm yeah it hasn't really affected anything too much.

M Umm huh.

K Yeah.

M Do you talk with your Dad about it at all?

K Oh, not not really sort of we sort of just everyone talks, umm, like everyone talks about it in front of everyone else.

M Umm huh.

K Yeah like we don't sort of have any like deep discussions about it, it's just sort of along the throughout the course just any little thing we talk it so,

M Umm

K I guess it's been sort of good that way.

M Umm. You've got a umm younger brother?

K Yeah.

M It that just the one?

K Yeap yeah.

M Does that does umm does he get involved in that? By the sound of it.

K Yeah, umm he sort of, he like he's like we don't exclude him from any conversations I don't know to what extent he understands what's going on, I'm pretty sure, 'cause like he umm like me he umm sort of, knew everything that went on with Nana like she actually, lost all her hair when she had chemotherapy and so he sort of knew all about that and, umm he just sort of
seemed to take it on board and, it doesn’t seem like it affected him at all much.

M  How old’s he?
K  Ahh, ten.
M  Right.
K  Eleven.
M  Right
K  yeah.
M  (I pull out my question list at this point).
M  You said that you didn’t feel as though it had changed really, how you talked to your mother, only you sort of said in the broader, aspect, like you said in the broader aspect it had changed maybe a bit about your own problems, put them in perspective a bit,

K  Yeah.
M  but do you think you spend more time with her now, or less time? Or?

K  Ohh, umm it’s sort of hard to say ‘cause I mean, you can’t really sort of I guess just like growing up sort of, I’ve just like noticed it ‘cause I’m getting older umm it’s changed for that reason as well but umm, like you can’t I can’t really say that oh if we didn’t know about over the last six months it would be any different now.

M  So you don’t notice any big changes?
K  No not really umm, don’t notice any big changes.

M  Your father mentioned that you go and pick your mother up sometimes, is that something you did before before this started happening again or is that I mean I guess your 17 so you would have only just had a licence

K  Yeah
M  recently so that you might have been doing that anyway.

K  Yeah, that’s that’s also umm not not really anything to do with the the cancer that’s just sort of a a way I can get the car during the day

M  Right
K  ‘cause I drop her at work and then I can use it during the day so,
M  She sort of says you can have it but if you have then I can’t get home so you go pick her up
K  Yeah, exactly. Like that.
M  Right. So if you weren’t 17 she’d still be driving in and driving back
K  Yeah, and most often days she does, it’s just in holidays and sometimes like that
M  Right. ‘Cause it’s school holidays now.
K  Yeah.
M  OK. So has it do you think talking of school do you think it’s changed anything at school, like do people do people know?
K  Yeah, I I’ve told my good friends about it,
M  Umm huh
K  and we sort of they just sort of, like umm I I spose as soon as everyone hears the word cancer they go oh my gosh, umm is it really bad and like you know it’s sort of, you you don’t really want to say it’s like it’s not like it’s good,
M  No
K  but it’s not sort of hugely, life threatening I guess,
M  Umm
K  at this point in time anyway.
M  Umm.
K  We don’t sort of have huge discussions about it but it just comes up every now and then, sort of, know about it.
M  Do they do they say ask you after it every now and then because of that do you think?
K  Yeah yeah like our close friends always sort of say how’s your, mum going and just sort of umm yeah they’re always umm, ask how she is.
M  Umm. And it hasn’t, like when so it was like six months ago when you found out?
K  I think so, umm yeah it would have been ‘cause it was sort of last winter,
M  Umm huh. So
K  Like about last August I think.
M  Right so you were at school at the time?
K  Yeah
M  Umm huh, is that that a particular day when you sort of found out can you remember?
K  Umm, ohh I can I can
M  I mean I’m not after a date I just wondered
K  Yeah
M  if perhaps you came home and you remember being told something.
K  Yeah we’ll we sort of like, knew that like today she’s gone off to get this little thing looked at, and then, the it was decided it needs to be loped of and then they send it away and you find out and then, they need to do more tests and I think I can remember like, mum saying it’s sort of cancer and that and I was sort of like a bit shocked at the time,
M  Umm
K  Yeah. But I think it also umm like makes it sort of, doesn’t seem to, ahh, doesn’t seem to chronic because sort of like in the months following it you hardly notice much change, just the, umm just sort of the side-effects from the treatment and that you start having.
M  Umm. Have you noticed those yourself?
K  Yeah oh well like mum sort like of gets sick for a couple of days after the umm chemotherapy and like when she had the, ahh radiation thing it’s like really bad sunburns on your skin,
M  Umm.
K  Yeah.
M  So when you found out you were going to you were in year 11
K  Yeah
M  half way through year 11.
K  Yeah
M  Do your think it had any impact on your schooling or school work,

K  Umm

M  did you miss any days?

K  No I didn’t miss any days of school for that reason. I think, no not really.

M  Umm huh. You said that you umm you talk about it a bit you have talked about it a little bit with your friends and they ask after your mother

K  Yeah

M  you don’t think it’s changed the way in which you interact you know talk with your friends about things, hasn’t changed anything with them?

K  Not really I don’t think.

M  Umm huh.

K  Umm, like ‘cause I’ve sort of like umm got two like types of friends like we’ve got friends that are my age that are sort of the like the family type friends so they’re like obviously are sort of a lot more umm that they want to know what mums how mum’s feeling and that then school friends that just sort of I guess they might think not to, bring it up heaps ‘cause it might be a touchy subject or something like that.

M  Umm.

K  But yeah they I don’t think it’s done anything there.

M  Umm. You said an interesting, made an interesting comment before about, how you said you thought it maybe put things in a broader, sort of context

K  Yeah

M  made you think about your own, worries in perspective I guess

K  Mmm.

M  What sort of things do you mean? Can you give me an example?

K  Umm, oh, I guess sort of, if you had just some little problem involved with school that you normally might come home and expect everyone to be sympathetic about and drop everything and come and help you out and you just realise it’s not not really worth worrying about.

M  Mmm
K: And umm, yeah and sort of like, I spose umm, there's like as your younger when your sort of in your younger early teens, you might sort of, you might not like to tell ya parents everything, like you know if your going out to the parties and that sort of

M: Umm

K: that sort of stuff like that you might censor some information about certain whatevers, but now you just sort of, you like learn to tell 'em everything that goes on and that sort of thing.

M: Mmm mmm. Yeah. Has it made you think about your own invulnerability of getting cancer, is that something that's crossed your mind at all? Since it was your mother's mother and then your mother.

K: Yeah, umm, yeah it has I guess, but then it's just like there's really not much you can do,

M: No

K: umm, the yeah so, it's just sort of made you I guess just, errr enjoy life until you have any reason not to I guess.

M: Umm. This is a question I mean about, umm I was going to ask a question about whether it effected sort of leisure and sporting activities but I guess to some extent it hasn't because of your age, because you've got the car and stuff. Is that right?

K: Yeah, umm I can't really think, like ohh I guess yeah ohh to link something with sport sort of umm, sometimes like Mum and I like Mums joined the gym near her work and we sometimes would go down there. And like and just during Mum's treatment and stuff she often like doesn't feel like doing that like, I don't that's no doesn't worry me that I'm missing out on doing sport, doing that, but that's just like one of the little things that has changed a bit I guess.

M: Right so you used to go with her regularly and now it's not

K: Ohh just sort of like every now and then once a fortnight or something Mum 'cause like Mum would go and I would sometimes go with her and then and just, yeah she sometimes doesn't feel like she's not up for going, (mumble)

M: Umm. Is there anyone else that you've talked to about the situation other than, you know with your family and your friends? Is there any particular person or friend of the family you talk to or?

K: No, not really, I can't think of one.
M: Umm huh. What do you think has been the most sort of useful helpful thing that’s been done or you’ve done umm, since your mother got the diagnosis again? Like what is the most helpful thing, that’s happened? I didn’t put that very well. I mean like you mentioned talking with your family before.

K: Ohh right, so has any advantages of what’s sort of happened.

M: Well no I guess I wasn’t quite saying that I was wondering like sometimes people feel as though they need support themselves, in these things and I was just wondering whether.

K: Has any good come out of it, is.

M: Well, (nervous laugh) yeah I guess I’m not putting that very clearly, I guess like you mentioned that you talked sort of.

K: Yeah, well yeah and I spose you could say sort of.

M: Is that helpful? Is that.

K: That’s good yeah that’s a good thing, and umm and that’s like I was saying before I don’t know maybe it’s just as your getting older to you that probably naturally happens anyway. But umm but that’s one thing I’ve just sort of noticed over the like last two years I guess, you could definitely make that as a big, positive change.

M: Mmm mmm. But yeah, but that was something you think would have happened anyway, do you think?

K: Yeah I think umm.

M: Just because your getting older perhaps.

K: Yeah, like I mean like if you look at the extreme scale when your and adult and your parents are still adults you just somewhere in there it’s going to change and I’m not sure if this maybe triggered that to happen earlier, or what, but yeah.

M: But it’s something you find helpful to talk about it?

K: Yeah.

M: Yeah umm huh. I have asked quite a few questions about things that my experience tells me are important like you know talking with your family.

K: Umm.

M: and friends and umm sport and school and stuff are there any things that, that you’d like to mention about the experience that we haven’t touched on anything that you thinks at all important?
K Umm

M Or different?

K I think it's just a good thing that, right from the start umm everyone's sort of involved with it and, like all during the treatments and stuff everything that sort of happens and all the types of umm, like the conditions of health that Mum goes through, it's good that (mumble) as every day by day sort of hear about them so nothing everything just sort of progresses and moves along,

M Umm huh

K umm I guess I'm not sure if I'm sure it would be a lot worse if sort of there was a family or something that had something like this and they, they didn't weren't sort of open about what happened, umm, yeah and also one thing that I've sort of done that umm that puts things I think helps you deal with things is going into the hospital with Mum when she had chemotherapy,

M That's where I saw you the first time.

K Yeah 'cause your sort of in a room where there's like ten other people in the same situation, and you just realise there's like lots of other people like that some of them are old some like, there was a kid in there younger than me having chemotherapy the other day so you just sort of, umm you know your not the only people going through this there's lots of people doing that, yeah.

M Mmm, mmm. No that's a good point I hadn't thought about that one.

K Mmm.

M Do you think it's made any difference in terms of umm, going away anywhere, that's something that just occurred to me, like holidays and things with the family?

K Umm. Well we went to the. Err, not really only to the point where it's sort of obviously Mum has to while she's having the treatment, umm, she can't sort of has to be back for the three week time when that's supposed to be on,

M Umm huh

K but apart from that you could I can't see why, it's just umm obviously if it was a very physical type thing,

M Mmm

K and sort of might not be fit enough. But when when we first found out about it Mum and Dad were actually supposed to be going to the snow, and they were sort of away at the snow, and umm like while the results were being processed and so Mum sort of, rang and found out like what it was and so
they sort of cut their holiday short to just come back here and get straight into the, umm what has to happen next.

M       Mmm

K       More tests and that.

M       Umm. I can’t think of anything else.

K       Umm.

M       To ask, unless you’ve got anything else that you think would be interesting for me to for me to know?

K       No, I don’t think so like umm, like, umm, like I was saying how you sort of go back and have your little check ups to see what the cancer’s doing and it showed that it slowed down and that Mum actually like beforehand sort of umm had a really sore hip, and ‘cause that’s where like there’s a chunk of cancer growing on the bone or something and that got umm, that was done like radiation her hip and so and now like her hips fine so, it’s just sort of something you can look at and say well that’s, something that’s working, ‘cause before she was sort of like limping around and a bit sore there and now it’s like pretty good.

M       Right. So you find that I guess that, I guess if was in your position that would make me feel sort of you know

K       Comforting.

M       yeah, comforting,

K       Umm

M       you can actually see something that’s in progress.

K       (mumble)

M       Ok. Alright. What can you see umm, changing over the next three months?

K       Well, umm in sort of, two or three weeks time Mum goes in for her last chemo

M       Umm huh

K       and then umm and then basically nothing happens for like that’s it for a while and so, like so then she’ll just come of and we’ll of course have a bit of a celebration because she’s finished all that

M       Umm
K: chemo, and umm then she can just lead a normal life and go and have umm like the check-up sort of two months after that maybe to see if anything is happening and or if she starts feeling bad again, so all going well like after that you just live a normal life and

M: Umm huh

K: yeah.

M: Alright. If, what do you think would be the difference if any, between your mother having cancer and let's say you mother having had a heart attack? I mean it's very unusual for women your mother's age to have a heart attack

K: Yeah

M: but sometimes men do do you think you'd feel any differently about things?

K: Umm oh, I think sort of ones like if obviously when someone falls over having a heart attack it's very traumatic at the time. But then in a in a way it's probably sort of I don't know I think, like just me 'cause I have heard of people having heart attacks and sort of, they have like their heart attack and then three days later their home and they've just got a bit of a varied diet but then it's back on with their normal life but cancer seems like a more long-term type illness. That's a bit harder to get rid of and fix up than a heart attack type, thing so, yeah I guess the cancers a bit worse or, something like that.

M: Umm. Alright. Well that's it for the nosy questions I can't think of anything else in particular to ask you. Umm, I'll come back and umm we'll make a rough date when I come back in three months

K: Umm

M: would that be alright?

K: Umm

M: I'll be interested to hear, how it went.

K: What's happened.

M: Over that time.

K: Yeah.

M: Thanks very much.

K: No problem.
Second interview with Ken

M The last time we spoke I got you to tell me about sort of how you found out
K Mmm
M about your Mum’s cancer and sort of generally what had happened
then and I asked you questions about your friends and communication with
your Mum and Dad and all that sort of stuff and umm that’s a transcript of
what you said here
K Right
M and just being going through and looking at what issues I can follow up.
K yeap.
M Perhaps it might be best if you tell me know sort of what’s happened in
the last about three months since I saw you with your Mum.
K Alright. Umm Mum finished all her treatment, and then sort of umm
after that was finished waited a while and umm recently went back to her had
a few tests done and umm that showed up an improvement, so that that was
an umm little celebration type call, and we were all sort of pleased because it
showed improvement and mm basically after that yeah, sort of nothings
happened like she’s finished her treatment and had a test that showed an
improvement. So we’ve just sort of gone back to a pretty normal life, and
waiting for another few months when she has another load of tests.
M Right.
K So it’s been good.
M You mentioned in here from the last time that you’d probably go out
and have some sort of celebration or something
K Yeah
M Did that happened then?
K Yeah yeap we all cracked out the champagne
M Oh good, yeah. In terms of talking with your friends and stuff about it
you said at one point that umm I asked you about it and you said at one point,
what did I say, “you don’t think it’s changed the way you interact or talk with
your friends about things” and you didn’t think it really had, but then you did
say that, there were sort of two lots of friends, like there were your friends and
there were family friends
K   Yeah

M   and that umm, and that school friends, “just sort of I guess they might not bring it up heaps because it might be a touchy subject” or something like that.

K   Mmm

M   Umm have they talked about it since?

K   Ohh not too much I think sort of, I've told a few close school friends at umm sort of indicated to them that like there's been good reports so basically sort of doesn't get really mentioned anymore. And umm and I've noticed a bit of a difference with our family friends that sort of used to like every always be saying, “Oh how's your Mum?” and everything like that, and now that we've sort of had a few good reports they sort of don't like say that too much like they've heard that she's done well so that sort of umm, they don't sort of specifically emphasise that side of things, just general “hellos” and all that sort of thing.

M   Right, right. So it doesn't OK, so you mean that things are a bit more normal in that regard?

K   Yeah.

M   Right, so they're not saying how's your Mum

K   Yeah

M   sort of really sort of specific

K   had a bit of good news so it's gone back to sort of pretty well normal.

M   Right. OK. So you've told a couple of your close friends at school, but that has anyone else brought it up themselves in the last couple of months?

K   Oh not really sort of like, as far as family friends go they sort of knew as, 'cause their parents and anything like that knew, and then a couple family friends sort of I mean just my close friends from school umm heard like things were going well so that's sort of good with them and, things like don't need to bring that up.

M   One of the things you mentioned was, I asked you, you mentioned something about your mother having cancer putting things in a broader context, you said “you guess it sort of had if you had some little problem involved with school that normally might come home and expect everyone to be sympathetic about and drop everything and come and help you out you just realised it's not really worth worrying about.
Has anything, has that sort of occurred to you since then?

Yeah, umm, I think ahh I’ve just taken a whole new outlook and things like that have just sort of changed slightly where umm all your little problems like it’s sure they’re still problems but you look at it in a broad aspect and weigh it up and, still talk to it about it and but you just definitely don’t think it’s the end of the world like you used to or anything like that.

Mmm. Can you give me a specific example of something where that you sort of thought like that about?

Ahh, I used just something to do with school. Ahh like, was it umm just like a test coming up, something small like that that you sort of thought was like like it’s still important and that sort of thing but you realise it’s not that great a deal. If you don’t do well or whatever.

Mmm, mmm. So what about talking about it generally, I mean you were saying before that you thought that to be able to talk about it was a good thing,

that you’d talked about it quite a lot

With my parents?

Yeah

Yeah

had that been have you talked to them much about it since?

Oh

Or have there been any instances that you remember?

I think sort of the whole umm reason that we were talking about it so much while it was happening back then, made it all the more better when she did get good news. ‘Cause it made like such more of an impact. Whereas if you didn’t really know, the good news wouldn’t really mean much ‘cause we didn’t know what was wrong. But we were well aware of what was sort of going on so when we had the good news it that like the test results show that it was sort of slowing down and stopping and that sort of thing like it had more of a meaning for us all.

Mmm, mmm. Do you mean that by talking about it you’d learnt the bad things that could happen
M: so that by getting the good news you could see because they were so different, is that the sort of thing you mean?

K: Yeah basically like because we knew sort of what was happening before when the good news happened we sort of knew how good it really was rather than it’s just news.

M: Mmm. You had a context for it.

K: Mmm.

M: OK. One of the things you mentioned was that sometimes, umm you used to go with your Mother to the gym and that you know when she was on treatment sometimes she couldn’t go and you couldn’t go with her has that issue arisen or resolved itself since?

K: Well yeah Mum’s just, now that you mention it, it makes me remember, (mumble) in the past couple of weeks Mum’s started to get back into goin’ to the gym and stuff like that so its I suppose that’s a positive that you can reflect upon. Knowing that while that was all happening she wasn’t too keen for that now she’s starting to get back into it, so that’s good.

M: Yeah, yeah. One of the things you mentioned was that (pause), You said about sort of talking with your parents and you said that umm yeah that talking to them was good thing and that, like you were saying before that maybe just because your getting older, that probably happens anyway naturally,

K: Mmm.

M: “but I’ve just sort of noticed over the last two years I guess you could definitely mark that as a big positive change”.

K: Yeah

M: Is that, something that’s been continuing? Is that

K: Yeah

M: talking with them being open

K: Yeah being more open about all sorts of things like, is was basically not too much that you hold back from telling them these days.

M: Mmm

K: It’s pretty good.
M  Mmm

K  That’s sort of basically continued on the same type of scale hasn’t really changed you just realise that you, still you so,

M  Mmm. Mmm

K  continue doing that sort of thing.

M  Mmm.

K  I thing that’s something that sort of, even if your parents don’t get sick or something it’s a good thing to do and it’s just that that little thing sort of caused you to do it so, when they start getting better or whatever you still do it, it’s just been triggered by that possibly a year or two earlier than you might normally have done it.

M  Mmm. Again on the sort of communication issue, ah, you said that, you were sure it would be a lot worse if there was family that umm had something this and they weren’t sort of open about it, ahh “yeah and also one thing that I’ve sort of done umm put things, helps you deal with things is going to the hospital with Mum when had chemotherapy”

K  Mmm

M  Did you go back to at all to the hospital with your Mother?

K  Oh I sort of like went back a couple times so I sort of I think basically that just put in perspective that there’s lots of other people out there with these sort of umm problem, and Mum’s like in all the same boat as those people and so seeing as she’s stopped doing that like basically there was just sort of, well probably five or seven weeks or so that basically did nothing and then went and had a doctors report an’ thankfully that was positive umm report and so that just sort of made you feel special ‘cause you knew that sort of like there’s all these people out there going through this sort of thing and your getting a good report which is a very good thing.

M  Mmm, mmm. You said that that helped ya sort of deal with things and that just made me write a note in the margin here about whether you thought there were any specific things that had sort of helped you deal with things anything specific?

K  Umm ohh,

M  I’m not saying there should be I just wondered.

K  Yeah I think umm, it just sort of to realise that your not like the only ones that are suffering this tragedy that there’s people out there also doing it like you are so you sort of don’t umm it’s not so great a catastrophe as you sort of first thought, ‘cause it’s not like it’s only ever happened to you there’s
people that deal with it every day of their lives so you’re just you’re another one of them. And umm some yeah you deal with it the best you can, just benefit or whatever from it.

M Before you went to the where I saw you down at chemotherapy down at RPA, umm before you’d been there the first time, did you have any visions ideas about what it would be like?

K The chemotherapy?

M Yeah the chemotherapy and the sort of surroundings that your Mother was in?

K Ohh not really I sort of didn’t really quite understand what the whole process was like, going off to chemotherapy I, it’s a familiar term for sort of every person but I don’t think the majority of people realise that you just go and sit on a chair and get chemicals injected into you for a couple of hours yeah I didn’t basically sort of hadn’t I don’t think I’ given it too much thought I just knew it was sort of something that these people go and do. But umm just going there and realising that you just basically sit on a chair and they, whack a needle in your arm and pump you full of chemicals for a couple of hours.

M Mmm. Do you remember thinking, you actually saw you Mother sitting in the chair getting the

K Mmm.

M Do you remember thinking when you first saw it you remember thinking oh this is not as bad as I thought it would be, or this is worse than I though it would be or?

K Umm, I think I probably, when you look at all of it, think I might have thought this is not quite as bad as I thought it would be, just because, like when I walked in there everyone was sort of everyone I looked at was like not not like look too distressed and we walked into the room and there’s nice nurses and you sit down in a comfy chair and sure getting a needle stuck into you is bad and stuff but once that happens you just sit back and read a magazine and, watch the drip drip into ya so

M Mmm mmm

K I basically I think I thought sort of was a bit surprised that it wasn’t quite as bad as I thought it would be.

M Mmm. Umm yeah I mean you mentioned before and you’ve just said again about how it made you think about you know there were other people going through it your not the only one,
M and it just made me umm wonder if you knew other kids that had whose parents had cancer?

K Ahh, ohh sure sort of when we talked about it at school like there’s, nearly every second person you talk to has a bit of a

M Some story?

K story that they come up with and, umm, so like when you sort of say stuff like that and a few other people speak up you sort of realise, and umm a big thing on that, that I sort of might mention I don’t know if it’s the right time

M That’s OK.

K or but umm another good sort of family friend that’s been in Mum and Dad’s circle of friends has just been diagnosed with cancer and umm, sort of she was like just in all Mum and Dad’s friends like when they went away after New Years Eve she was one of the ones who was (mumble) and she suddenly been diagnosed with cancer in sort of the bowell the liver, it’s right through her so it’s looking like, quite a bad case for her. And so you sort of like suddenly go oh gosh well aren’t we very lucky that umm, that my Mother’s case isn’t as bad as hers.

M Mmm

K And so Mum’s sort of been seeing her ‘cause out of the friends Mum’s the only one that’s sort of had something quite closely related the only one that can sort of relate with her about stuff she’s going through.

M Mmm, mmm.

K And yeah you just have to think oh you just say to yourself oh like you saw her about a year ago and she seemed fine and now she’s suddenly like, the doctors like looking at her and going ooh she’s lucky she’ll do this and that but so you sort of say ooh gosh we’re pretty lucky then aren’t we.

M Mmm yeah. So at at school going back to what you were saying before, that there was general sorts oh people saying oh yeah you know I know

K Mmm

M this person and that person, but there wasn’t anyone in particular that you discussed things with like whose parent had had

K No not really not at my school.

M OK. It’s just occurred to me I wondered do are you ever told much at school over the years have you ever been told much about cancer and serious illness or things?
K: Not really like umm, say my high school for example, from year seven ’til, I think it’s about year nine, the subject that that would be discussed in would be discussed in would be PD Health, and umm about the closest they sort get to that is like saying oh heart disease is a major killer in Australia everyone’s gotta have a good diet and sort of melanoma, and I mean skin cancer is another one, so everyone should stay out of the sun but that’s about as far as they go.

M: Yeap.

K: Yeah so you don’t really sort of touch on any of the all the other types.

M: It might be mentioned as one of the killers.

K: Mmm

M: but it’s not talked about in depth

K: no, not really.

M: OK. I asked you about umm going away as a family and stuff before and you said that it didn’t really it didn’t seem like it really affected anything although you said that when your Mother and Father out they were at the snow and they had to come back early

K: yeah

M: or something. And that umm obviously your Mother had to be back, umm here like every three weeks for the treatment,

K: Mmm

M: and I just wondered whether umm anything had changed in that regard? Since then

K: Ohh, oh I think as far as like up to now goes I could probably say it’s there’s been a bit of a change for the positive in (mumble) because Mum doesn’t have that commitment for every three weeks that sort of now that winters coming back on Mum and Dad and (mumble) planned another ski trip and she doesn’t have this thing going on and,

M: Mmm, mmm.

K: and so that’s been a bit of a positive.

M: Mmm. Have you been away at all together since I spoke to you last?

K: Ahh I don’t think so not since

M: It’s only about three months.
K Yeah I don't not, not sort of on a proper holiday, travelled a little with some friends or relatives, but not on a big holiday.

M Mmm huh. Well I guess treatment is over as you say and umm and they said that it had been very beneficial and that's what you'd sort of said before that you'd noticed umm like she had a sore hip

K Mmm

M and then she'd had radiation and

K Yeap

M that umm now her hip was fine

K Mmm

M that sort of stuff. Umm, so after I saw you last time it was about two or three weeks later when she had her last her last treatment

K Yeah

M so how's she feeling now from what you can see?

K Quite good, like I said she sort of, I think was it this morning or the morning after she started going off to the gym before work and stuff like that and that just makes you notice that she's on the improvement doing physical more type physical activities.

M Mmm. Yeah when I asked you before about when was the next chemo and stuff you said “oh chemo and then she can just lead a normal life”

K Mmm

M “and ah like have check ups sort of two months after that to see if anything’s happening”

K Yeah

M and that sort of thing. And have you I don’t know if you said the word normal before but I think you might have

K Mmm

M about how life is, so that's you have a feeling that then?

K Oh definitely, like umm before just sort of because of our normal daily routine like every now and then it would suddenly be, “oh Mum's off early because she’s got to go off to chemo before work” and so you'd say, “oh
gawd", but now it’s like everything’s just normal off to work each day and that sort of thing and umm so there’s not that little alteration to the routine that occurs regularly. It just like just sort of makes you sort of feel a bit more normal.

M Mmm, your father mentioned to me before that umm your Mother’s got to go to London

K Yeah.

M or something soonish and he was debating whether he was going to go.

K He doesn’t think he will ‘cause it’s you know a 24-hour flight and he’ll only be there for a few days.

M Is that something that she wouldn’t have been able to do before or?

K Oh definitely, yeah umm yeah I guess it makes you feel quite quite like your Mum’s doing quite well if she can just sort of chuff off to London for a week or so without having to worry about those sort of things, so yeah because she’s just not committed to going into a certain place for chemotherapy once a week that ya get a lot more independent.

M Mmm. OK. One of the things I asked you before umm was about whether it had had you think about your vulnerability to cancer and stuff, I don’t know whether I can find it now but you basically sort of said, oh well you had a bit but you know you sort of gotta get on with life and do things because there’s not much you can do about it

K Yeah

M Have you thought about that sort of thing since?

K Well ahh I suppose you could say I had I guess like I don’t probably like no relevance or anything like that but, just a little example that reminds me I was sort of like, oh I dunno a couple of months ago I like suddenly got this mole on my back, and so it got me thinking oh my god

M Was it your Mother who had a mole tested?

K yeah, yeah so I sort of like started thinking oh gosh, and like going oh right I better go and get this checked out and, for whatever reason I think after a sort of couple of weeks like a few swims at the beach and stuff like that it dropped off

M Right

K so like I’m not sure if it was like a proper mole or just a bit of skin that, whatever like so, but I mean when it was up there I was sort of like thinking oh
like just because you’ve been exposed to that sort of thing like the little things that come up make you take a bit more notice of them than you perhaps would if you were naive to what they could be umm sort of what they could be meaning.

M Yeah, umm. So you noticed it and

K I sort of noticed it and instead of I guess like what my, what many people would have done if they sort of had never been exposed to anything like that they would have said right that’s just a mole like a freckle whatever but it sort of like say if it’s a mole it could be, could be cancer, like starts your mind boggling at

M Yeah

K all the things it could be, but I mean again like, I think when ya look at it that’s not so much of a bad thing because if it was bad you’d you’d the person who was being exposed to something like that would go and get it checked out to the person that thinks nothing of it and, if you’ve got it the earlier you know about it and start to deal with it the better so,

M Yeah.

K you can’t sort of say that that’s a bad thing.

M No, no.

K It just makes you a bit more aware.

M Yeah, yeah I guess if it makes you a bit more aware that’s that’s a good thing as long as it doesn’t make you paranoid that would so of be the other extreme.

K Yeah exactly yeah.

M So did you actually go and get it looked at or you say it fell off before you did?

K yeah well I was going to and just sort of in the last couple of weeks I’ve sort of like been feeling it I it’s not there anymore so, it’s a bit strange for me I dunno if they can do that but, that made me sort of like I suppose I’ve sort of said well it’s not there so stop worrying about it. But I was definitely keen to go and get it looked at while it was there.

M Did you show Mum or Dad?

K Yeah yeah they both had a look at it and said yeah we should go and have it looked at.
M What about your younger brother? Has he have you heard him ask Mum or Dad about it or?

K Ohh

M I mean I think you said before that he wasn’t excluded from any conversations but

K Yeah he wasn’t

M he didn’t know quite as much about what was going on.

K Yeah definitely, sort of didn’t know quite the detail of the just basically knew that there was something a little bit wrong and and definitely was like when Mum and Dad, I mean when Mum went off to the doctor and got some good news was included in sort of the little celebration that we’ve had some good news and that sort of thing.

M Mmm, mmm.

K So he’s sort of up there with all the progressions and that sort of thing just on a reduced scale than the rest of us I guess.

M Mmm, mmm. OK. So what has your Mum said about, what she expects to happen now, in the future?

K Umm,

M Has she said anything?

K Oh not too much I mean she sort of, sort of got her plan of check ups to go to and I think when you come of a good checkup you sort of basically just whether it’s a right or wrong thing to do you sort of if you get a good one you sort of go alright, problem solved, like perhaps it’s not but I mean that’s sort of what goes through your mind like you get something good and you umm so you say alright that’s alright for now and then I suppose next time one chocks up on the calendar you sort of go to it and, deal with it then. Touch wood that it’s going to be a good one and move on from there.

M Mmm. So I forget whether you said before, did did you say that she knows she has to go back for checkups so many months down the track or?

K Oh yeah when you sort of, go for a checkup like you when you come out of it they give you your results and say alright we’ll see you in another six months or three months

M Right

K I’m not too sure what it was for Mum,
M Yeah.

K but there's more down the track to keep an eye on it.

M Mmm, mmm.

K But I mean sort of like when you say it like that like, you sort of have to think to yourself that like it was sort of when you go back, before you started doing everything it was looking bad and then you did this and it looked good for a bit so but looks a bit bad do a bit more and then, so you can just sort of see that the effort you go to pays off, it's not like the stuff that you put yourself through isn't worth it, because it does work.

M Mmm, mmm. Did you have, I mean we've sort of touched on this already but, ahh did you have any expectations about what chemotherapy would be like for your mother back at the beginning of this?

K Ahh, oh before I sort of knew that she went to it?

M Yeah.

K Umm I guess sort of basically all I'd known from it was, we'll I knew a bit from it 'cause our Nana

M That's right

K had to have it

M It made her hair fall out and stuff.

K Yeah and yeah so and like she went off to it and got sick and her hair fell out so I knew a bit about it from there but if that didn't happen I guess the only other thing I knew about it was from like I guess the few little things you might have seen on TV from certain soapies that it might have occurred in

M Yeah

K but yeah I knew a bit what to expect from that sort of thing.

M Mmm, mmm I forgot about your Nana. So you had some preparation in terms of knowing someone

K Yeah, yeah I'd sort of been umm remotely exposed to it beforehand. And again that acted as a bit of a positive because sort of like I'd been I've seen my Nana going through it being really sick and all her hair fell out and Mum's hair didn't fall out so you sort of, like as it's not too much of a great thing but you sort of say well that's that's good isn't it so.

M Mmm.
K I think the more you know about it the more you can have a, err a umm good, what do you call it a reflection on what what occurs, like, if you didn’t really know about it you sort of your Mum would go off and could still feel sick but you would sort of go well that’s bad but if you knew that some people that go and do it, they get sick and their hair falls out and this happens so all that hasn’t happened to Mum she’s only felt sick so, it just makes you feel good.

M Mmm. I think that’s pretty much all I’ve got to, ask you about. Unless there’s anything you can think of that you think I might be interested in that you haven’t told me about?

K Umm well the only, I’ve I’ve mentioned that little thing about our, the close friend that been diagnosed

M Yeap

K and umm doesn’t feel isn’t looking very good compared to what it was for Mum. And that that too has sort of made Mum also herself, feel lucky and, umm I think that’s a good thing like. She’s sort of like, makes herself reflect on things knowing that there’s lots of people worse off than her so counts herself lucky.

M Yeah. Yeap well that’s all I’ve got to ask you, so thanks very much

K No problem, sorry I was late I just I like rang up and wrote it my little calendar but I sort of haven’t been referring to that really.

M Didn’t worry me particularly.

K Yeah, how’s your studying been going?

M Yeah yeah it’s

K Got a

M it’s alright

K few other little surveys?

M Yeah yeah I’m talking to three other boys at the moment who are a bit younger than you.

K Oh right

M That’s interesting. Because one of them’s only thirteen

K Yeah

M So his perspective on things is different and their family is a fair bit different.
K  Yeah

M  to yours and umm his mothers been sicker for longer and they didn’t know what it was for years and years so yeah it’s been interesting talking to them. They’re a bit harder work than you they’re not as forthcoming.

K  Yeah

M  But no that’s been quite good.

K  Yeah I pretty I think basically like providing everything is sort of normal and, it’s a normal you know like, I dunno what we’d what’s a mature old enough age above about fifteen or so your basically old enough to deal with the truth like you’ve been around long enough to realise that sort of thing goes on and so the more you know about it the better it is.

M  Mmm, mmm. Ok. Alright if I give you a ring in another three months

Y  Yeah, definitely.

M  then and tee up some sort of time and come and chat to you see what’s been happening,

K  Yeah

M  anything’s better or worse or (mumble) alright that’d be good. Would you like a copy of this tape like I sent you a copy of the last one?

K  Oh yeah

M  Yeah.

K  If that’s not

M  That’s fine, yeah.

K  If that’s fine I might as well, so.

M  Would like a copy of the transcript, it’s from the last tape ‘cause I’d just print another one and send it in the mail with that, or would you not

K  Oh I think the tapes

M  tapes enough?

K  plenty yeah.

M  OK.
K I’ll listen to that.

M Alright. So it’s May so it will be, June July August so yeah, early August.

K Yeap

M OK, right, thanks very much.

K No problem, thank you.

END
Third interview with Ken

M All right, well today’s the 31st August. 5.30 p.m and I am talking to Ken for the 3rd time. Um, do you want to just start off telling me what’s the story sort of been with your mother since I spoke to you last.

K Um, ah she sort of gone back and it’s all good news. Had um some tests.

M You mentioned the tests when I spoke to you last.

K Yeah.

M That was the next thing that you sort of waiting on.

K Oh right, yeah well the tests showed that um the cancer had shrunken in size and um and was as sort of as good as you would hope they would be. So um mum hasn’t done anymore chemo and is just sort of um leading a pretty normal life again.

M Mmmm, mmmm.

K Every now and then. I think, I am not really sure of the, how regular it is but I think it might be once a month she goes in gets the a um an injection of a small amount. It’s like a long-term chemo type program.

M Mmmm, mmmm.

K Where it is just sort of once a month but apart from that and the medication you take it’s. Yeah she’s getting and stuff like that.

M She takes medication at home that it.

K Yeap.

M Right.

K Yeap just a cocktail of pills everyday.

M Everyday.

K Yeah.

M Right, it doesn’t make her sick.

K No, they are non-nauseous um it’s just um I am not really sure about them. Just um yeah something to do with.

M Mmmm, mmmm.
K Calcium and hormone-type pills I think.
M Right, O.K. So after you got that last lot of tests was there any sort of celebration, like you said about the time before.
K Oh yeah. Um oh I don’t think a big sort of celebration.
M No.
K Just basically the news.
M Mmmm, mmmm. Did people outside of the family know about this lot of the results.
K Yeah.
M Yeah.
K Yeah everyone all except the close friends know when mum’s going in to get some results and either ring up or mum will ring them up to let them know what the news is.
M Mmmm, mmmm. They said anything in particular about it, do you remember.
K Um.
M Nothing sticks in your mind.
K No. Oh just um they are always sort of commenting on how they think mum’s sort of good just because she still leads such a busy hectic life and um manages to get through it all.
M Mmmm, mmmm. Yeah she leads a hectic life alright. I think the last time I spoke to you she was about to go off to London.
K Yeah.
M Did she go.
K Yeap.
M Did your dad go.
K No he ended up not going but um he might be going with mum too when she has to go Perth in a few weeks. So yeah yeah she’s um go a pretty busy schedule.
M Mmmm, mmmm. Perth in September I am sure it will be lovely.
K     Yeah.

M     And what about your friends at school. Have they, did you mention these last tests to them or have they asked about her recently.

K     Um, my close friends sort of I sort of I sort of just told them how things were going quite well and they seemed pleased.

M     And the friends, your friends and the family friends I guess they new from their parents.

K     Yeah.

M     Getting all the news via your mother.

K     Yeah.

M     Mmmm, mmmm. So apart from the test results have you spoken to your parents or anyone else sort of about your mother and the cancer and stuff since I talked to you last.

K     Um, sort of not really like it um. We don’t sort of really have like a big full discussion about it, but it will come up every now and then.

M     Mmmm, mmmm.

K     Just in conversation. I think though um, it sort of um. I don’t know how to say but because we have got a couple of other close, well mum and dad have got some close friends and also mum’s mum who are having a really bad run with their, they have got cancer and um doing sort of. It’s not going very well at all for them so I think that’s um. In away that makes mum feel even um sort of, feel lucky almost that her’s is going quite well.

M     Mmmm, mmmm. Yeah you mentioned that last time to me too.

K     Yeah, yeah.

M     Yeah, last time we spoke, I think your mother had just found out that one of her quite good friends.

K     Right.

M     Or something like that, she was, that she had it and she wasn’t very well.

K     Yeah and she has sort of been on big extensive chemo’s and they all have basically done the same sort of tests that you go and get. Everyone goes and gets after they finish their chemo and instead of her’s showing that it has shrunken and things are looking good. It’s just accelerated it and they
basically almost decided not to do chemo any more and sort of just ride it out. So.

M    Mmmm.

K    It’s pretty sad there.

M    Mmmm. So you where saying yeah, there wasn’t sort of any big discussions about it but it just sort of came up but that you meant in relation to talking about it within your family.

K    Yeah.

M    Yeah.

K    Just every now and then they would sort of make mention um and talk about it.

M    Mmmm. You’d been back to the Gym with your mother a couple of times.

K    Yeah.

M    Last time I saw you. Is that still been happening or.

K    Yeah oh I haven’t been there lately so much because my school is so busy.

M    Mmmm.

K    But um my brother goes to school in the city at St. Andrew’s and um just recently a couple of times with mum they go to the Gym before work and before school.

M    Right.

K    For an hour or so. A game of squash and a swim and he goes off to school and mum goes off to work.

M    Oh they play squash together.

K    Yeah.

M    Oh, how old is, he is not all that old is he.

K    Oh year 7.

M    Oh year 7, 13 about.

K    Um 12 yeah.
M 12 right. Mmmm.

K And we went ah skiing um last holidays. And mum and dad have just come back from a week at the snow and mum’s sort, of although she’s like pretty unfit but as far as health wise and that sort of thing goes she can um get into it.

M Mmmm, mmmm yeah I was going to ask you about that.

K Yeah.

M O.K.

K I think that is sort of good too, because um it was the skiing trip last year.

M Mmmm, mmmm.

K When the bad news first came.

M Mmmm.

K So the skiing trip got ended and mum came home to all this and now a year later she has sort of gone back there and things have fixed up to some extent.

M Mmmm. You mean, you just used the the er term before about things going back to normal. That was sort of something that you said last time The stuff about.

K Yeah.

M So you feel that that’s um normal still.

K Yeah.

M At the moment, gone back the same.

K Yeah.

M Everything like that.

K Yeah.

M And one of the other things we, that you spoke about before was the idea of your vulnerability to cancer and whether it made you think about that and you told me about the story about the mole on your back. That it fell off.

K Oh yeah. Yeah.
M And I just wonder whether that idea or those thoughts had come up. Have you thought about that since.

K Um I haven’t really thought about the mole. Or that I sort of have noticed on the odd occasion sort of like um I don’t know how to put it but it just seems. See I don’t really know much about cancer in general but it’s um I’m just noticing there’s like looking at our family history quite a few people have it so.

M Mmmm.

K You just have to ask yourself that maybe we have just got a bit of a weakness or something susceptibility to it, so. I suppose that’s always in the back of my mind a little bit.

M Mmmm, mmmm.

K But I mean, I’m not sure whether that is a proven little thing but you can’t help but think that.

M Mmmm, well I mean there are some, there is proof that some sorts of cancers run in families and stuff.

K Yeah.

M Um like there are genes connected to breast cancer and all that sort of thing. But um yeah you need quite a few sort of relatives to be sort of susceptible.

K Mmmm, I might just turn the light on.

M Yeap. Is your mother. (THE PHONE RINGS). I’ll let you get that. So your understanding with your mother and the tests is that the tests and these pills she takes now is a fairly long-term thing that’s she’s going to have to do.

K Yeah, I think, I think so.

M Mmmm. Has she mentioned anything about that. Said about it.

K Oh basically just sort of complained, not really complained but just sort of ah “will I be on these for the rest of my life?” I suppose it’s a pretty small price to pay for the effect, given the thought of what they are doing. So I think the chemo sort of like um done the big work of sort of chopping it back a bit but you have just sort of gotta continue to have something to hold it at bay.

M Mmmm, mmmm.
K And so that’s just um and also I think just cos of looking at the um stuff that has happened to this close friend of ours. Mum’s not going to go like go: “oh I wish I didn’t have to take these few little pills.”

M Mmmm, mmmm.

K When you look at the whole picture, they are not really that bad.

M Has you um brother been asking your mother anything about it or. I mean you said before that he is not excluded from everything but.

K Yeah.

M But his understanding maybe wasn’t as you know as much as yours.

K Yeah, um. Oh I think um like I said just sort of thinking back probably the most most few recent times that we have all sort of been sitting around the dinner table or something and talked about it and it came up with more probably taking about these friends of ours that had it. And um yeah he’s um just like. I think some when I remember for an example, like this lady has to have a colostomy bag. And so he like just didn’t understand what that was it was. Just so he asked what that was and mum explained it to him.

M Mmmm, mmmm.

K Just that sort of thing.

M O.K. Have there ever been any times where you wanted to um know more about it or ask your mother and felt you couldn’t ask or weren’t given the opportunity too.

K Um.

M I am not saying there should have been.

K Yeah.

M I just wonder whether you felt a bit awkward maybe at sometimes or.

K I think, nothing really comes to my mind. I think may be possibly when it first happened um like I suppose with your initial is that you just want to know well how serious is it. What’s the worst case scenario and stuff like that but then you probably might not say it because you um don’t like the person is obviously sensitive so you just sort of um might steer away from that.

M Mmmm.

K I think that’s probably the only sort of thing that might have happened.

M Mmmm, mmmm.
K  Yeah just sort of something like there is a certain thing you wanted to know but maybe um they wouldn’t like you saying it. So you sort of decided not to ask it.

M  Mmmm, mmmm, mmmm. I am not sure I have any other particular questions at the moment unless you have got anything else you can think of adding because I might be interested in.

K  Mmmm. Oh I think um. I don't know how much relevance this will have to your sort of, because your more still focussing on how kids are reflecting to when their parents have it.

M  Mmmm.

K  But just a little thing I have just noticed that I think people when they have cancer in general sort of, some tend to like think they are really the only one’s in their situation and that um. Like with my mum and it is a terrible thing but there is always people that are a lot worse off then them and that are a lot less fortunate then them and so um yeah. I am just sort of seeing it through our Nanna for example. She’s um like accelerated somewhat and so and she has had a real down swing in her health but it just appears that so much of it is due to, is due to her mental state.

M  Mmmm.

K  Like um she has sort of just decided that there’s, that’s it for me and I can’t do anything and so like rather then having that fighting spirit. I think that is such an important thing.

M  Mmmm, this is the Nanna that had chemotherapy in the past.

K  Yeah, mum's mum.

M  Mmmm.

K  She’s at hospital at the moment because she has just become really weak. For then, I mean I mean she definitely has like isn’t healthy but she is just sort of the little things like um sort of I suppose they have just got to push themselves when they are just sitting around at home. Force themselves to get up and go to the kitchen and if they can because just that little bit of exercise, it’s too easy for them to sort of lay back and say oh can’t someone else get my dinner and so when they don’t mover around for about weak, they get weaker and weaker and then all of a sudden they can’t even take them off to the toilet and stuff like that properly.

M  Mmmm, mmmm.
K  So I had just, I had just sort of had noticed that. It appears that she
sort of doesn’t have much of a fighting spirit and I think that is such a big thing
to help people like in those situations get through it.

M  Mmmm, mmmm. What do you expect will happen in the next 5 or 6
months until I come back to see you for the last time. It will be the end of
January that will be a year since our first interview.

K  Ohh.

M  What do you expect to happen in the next 6 months.

K  With mum.

M  Yeah, with that situation.

K  Um well, expect and hope everything will just stay sort of as it is.

M  Mmmm, mmmm.

K  There will be no, cos at the moment I think mum’s just taking herself off
once a month to have Arridia, does that ring a bell.

M  Arimidex? (drug name = anastrozole, a hormonal anticancer drug)

K  Yeah, I think, I am not really too sure but it’s to the um RPA and um I
just on a regular basis but only, I think it is only once a month.

M  Right.

K  And just having a pill everyday will be able to keep it at bay.

M  Mmmm. Has your mother said anything about what she expects to
happen.

K  No not really.

M  Specifically.

K  No, I suppose I mean just basically hopes that it won’t come up as a
big problem for whenever and she’s also just decided I am going to help her
get fit when I finish my HSC.

M  Right.

K  But I mean that’s not because of the cancer that’s just for whatever
reason so.

M  Mmmm, mmmm.
K Just thinking about that sort of indicates I think that we probably are just expecting it will not be really an issue.

M Mmmm, mmmm. O.K. Did you get that copy of the tape that I sent you.

K Yeah, yeah.

M That’s good.

K If you don’t mind me asking um how is some of your other um people gone that you have been interviewing.

M Other teenagers that I am interviewing.

K Yeah.

M Um it seems that the people I recruited to date um have tended to parents who aren’t as ill which is what you would expect, because you have to approach the parents first.

K Yeah.

M To see whether they are interested or allow their kids to participate. And if they are really ill they tend to be not up to thinking about that.

K Yeah.

M So I tendered to recruit ones who um aren’t as ill. Um with that said, they tend to be sort of you know, get a long with it pretty fine. Um but they are from families you know with both a mother and a father and they have got sort of good supports as well.

K Yeah.

M And I think that is sort of important. Um the ones that don’t tend to function as well, it seems to me, don’t have much communication.

K Yeah, yeah.

M About what’s happening.

K Yeah.

M That was something that you sort of talk about or we’ve talked about in the couple of interviews about the fact that you seem to talk about it with your parents and stuff.

K Yeah.

M And you thought that was a good, a good thing.
K And the is also I was home to talk about it but sort of don’t sort of say oh we talk about, because once a week we all sit around a table and have in depth conversations. But I just think a relaxed approach to discussion.

M Rather, yeah things are hidden rather then there being a concentrated effort.

K Yeah.

M Things aren’t hidden they just sort of you know.

K Yeah, just whenever they come up we talk about them.

M Mmmm, mmmm. Maybe some of the younger kids have been a bit a little bit more apprehensive about and stuff because they don’t quite have the understanding.

K Yeah.

M But again I think that partly I think they haven’t been told sometimes.

K Yeah.

M I think their parents under estimate what they are capable of understanding.

K Yeah.

M And that ah things kept under wraps. Monsters kept under wraps tend to be imagined to be worse than they are.

K Mmmm.

M So that’s sort of the things that I have found.

K Oh yeah.

M Um the change in the family dynamics um differ for some people like especially if the mother gets really ill with extended chemotherapy. Grand parents might come in and stay.

K Yeah.

M And sort of cook and clean and help out and stuff and so that’s sort of interesting. The younger kids say oh but mum let me do this but grandma won’t let me do this.

K Oh yes.
M That sort of changes in sort of the family function.
K Yeah.
M It has been quite interesting.
K Yeah.
M But yeah I mean kids have been pretty resilient.
K Mmmm.
M Yeah that’s basically the findings to date. So. I can’t think of anything else to ask you. So thanks for your time.
K That’s all right.
M And um I will give you a ring in January.
K Yeah.
M And um.
K Hope you have a happy New Year.
M Yeah, you too. It will be a big one.
K Yeah.
M I don’t know where I’ll be, mmmm. Um yeah I will give you a ring in January and may be we can get together sort of the end of January and that will be about a year. And I guess you will be looking forward to starting Uni. Uni will start in what February I guess.
K March, I think.
M Oh March.
K Yeah yeah we have a big break. It’s about, oh actually I’m not sure. I think, but it’s 3 months between um Uni’s and even a bit more for us because we sort of finish a bit earlier then those that are at Uni finish. But it’s um December or January. Oh yeah, it could be early March I am not too sure.
M Mmmm, mmmm, mmmm. Yeah different Uni’s start a bit differently.
K Yeah.
M Mmmm. Are you, what are you planning to do in between. Like when you finish school and go to Uni.
K  Oh take it a bit easy.
M  Laugh, sounds like a good idea.
K  Yeah um yeah. We have organised yeah you know the traditional ‘schoolies’. Um I am going with a group to Bali.
M  Bali.
K  Yeah.
M  Oh great.
K  That sort um, lots are going to Surfers Paradise and lots head over to Bali. And it’s um, Like you get pretty good deals over there for a week.
M  Mmmm.
K  So that should be fun and then um come back here and I suppose I will have to try and find some sort of a job, but I don’t want to place too heavy and inverses on working. Just take it and relax a bit and get up to lots of things I missed out on during this year.
M  Mmmm. Oh well I hope Bali goes well.
K  Oh thanks.
M  And um I will talk to you in January.
K  Yeah.
M  Thanks very much.
K  No problems.

END OF CONSULT
Fourth and final interview with Ken

(Father is rattling pots and pans in the kitchen, birds are chirping in the nice leafy backyard)

M So, where did we get up to last time? So do you want to tell me umm what's happened with your Mother since I saw you last about four months ago?

K Umm well, err it's been pretty good,

M Umm huh.

K No bad news.

M That's good.

K Umm I think she's had a check-up and everything was the way it ought to be. Yeah and so things are looking quite well.

M Good good. Umm, last we spoke you said your mother's cancer had shrunk and that she was leading quote “a pretty normal life again”.

K Yeah.

M Is that still how you would describe it?

K Yeah I think sort of, I was thinking about this before 'cause I was kind of knew you were coming and I was sort of thinking about what had happened. And I think basically the only sign of anything now is just the, umm err, the ongoing battle with fitness. And umm I 'spose obviously that is attributed to the condition you were in before all that started but as well as that the drugs that you have to keep taking affect you in a physical way.

M Yeah I mean you said when she was on the chemotherapy she didn't feel up to it usually.

K Yeah.

M Didn't feel up to doing any exercise often did she?

K No but as well as that they have a side-effect that causes you to gain extra weight and that sort of thing so, that side of it is showing and you just sort of, and the the effort you have to go to and try and get on top of that is apparent.

M Yeah I was going to ask you about umm whether you'd been back to the gym with your mother 'cause the last you spoke that umm, what did you say, the last we spoke you said you'd decided that she'd decided that you were going to get her fit after
K  Oh yeah

M  your HSC.

K  Yeah well oh I haven’t really sort of done what I was thinking I was going to do just, because I think I went out to have too much of a good time and relax but yeah we’ve been a few times. And it’s been quite good, and umm sort of, Mum does the fitness test at the gym and stuff and gets pretty pleased when they show an average reading of your fitness levels

M  Improving?

K  Yeah.

M  Mmm. So how long has she been sort of going back to the gym regularly?

K  Oh it’s been for the last six months. Nothing physical no physical reasons why she hasn’t gone it’s just sort of slotting it in with how busy she is at work.

M  Mmm. Yeah that was another thing I was going to ask you about, her work and busy she’s been and last time we spoke she’d been away or was going to go away to London or something.

K  Yeah.

M  Has she been away again?

K  Yeah she went to Louisville, umm before

M  In the US?

K  yeah, before christmas and had it was actually for two weeks so that was sort of the longest she’d been away ever with work or anything like that, and umm,

M  Did she go on her own?

K  Oh she went with two other people from her work. And umm

M  That wouldn’t have been a bad job.

K  Yeah. It sort of ahh bit annoying for her seeing as they had to be in the office for 9 to 5 everyday. But umm, yeah survived that no problems and brought us back a heap of cheap clothes.

M  Is she still taking her umm, I think you described it as “cocktail of pills” everyday?
K  Yeah.
M  Yeah?
K  Still got them and umm, and I think with err, 'cause these pills give you a side-effect of, because it was bone cancer they make your bones stronger but in doing so make all of your bones grow more and stuff
M  Right
K  so you can become heaps heavier which takes its which has effects in other ways of course if you start putting on the weight it effects you in various ways.
M  Mmm.
K  Obviously being better than having cancer but it's another little thing you deal with.
M  Mmm, mmm. Have you been away on holidays as a family since I spoke to you in August?
K  Yeap about 2 weeks ago we went up north just for 4 or so days 4 or 5 days and err me and my brother camped at Hat Head
M  Where's that?
K  It's about oh an hour north of, umm Crescent Head,
M  Mmm huh.
K  an hour before Coffs harbour and umm stayed in the tent there because I got some camping gear for Christmas so we tested it out and Mum and Dad sort of stayed in a few different hotels and up at Coffs harbour came down and went to the beach and stuff with us during the day, it was a good trip.
M  How are your mother's friends that have cancer, you mentioned them last I talked to you?
K  Ohh ah my Mum's friend with cancer?
M  Mmm.
K Oh not very good at all, umm it’s sort of just quite recently taken a bit of a down-hill turn and she’s had to be admitted to hospital, just because the chemo’s really knocking her around and stuff like that. But Mum’s always over at her place to support her and stuff and that sort of thing. But yeah unfortunately I think they got to her a bit late.

M Mmm. Do you know what sort of cancer she had?

K Oh it started off as bowel cancer which is umm why it was so late diagnosed because

M It’s hard to detect.

K Yeah well for sort of umm, I’m not sure exactly, but quite a while it was just she was told oh you’ve got irritable bowel syndrome. And all that time it was obviously this cancer growing.

M Mmm, yes. Have you spoken about your mother with your friends from school and family friends since we spoke last?

K Umm, oh just sort of slightly umm said how she’s pretty on top of it going quite well.

M Mmm, so they’ve asked about her?

K Oh I think just ’cause sort of for the last, err three since I last spoke to you

M About five months.

K yeah they’ve umm, like she’s been real stable since then so sort of almost umm become like with my regular friends sort of been left behind I guess.

M ‘Cause the big news was sort of not long before I spoke to you last time,

K Mmm

M I think about the tests and stuff.

K Yeah.

M OK. Back in August you mentioned you wondered whether there’s a bit of weakness or susceptibility to cancer in your family and I wondered if you’d thought about that since?
K Oh not too much umm, I kind of I guess being a male lots of the accounts of or with my Mum or her Mum it's been breast cancer so I don't have to worry too much about that.

M Mmm, mmm,

K and then umm, thinking about along the other line sort of, some of the other cancers oh there’s been some skin cancer, but I mean you know I’ve gone to the GP and Mum, ‘cause we’ve both got sort of, quite umm, sort of susceptible skin I guess and we’ve just a month ago or something or a bit less than that went off to the doctor and had ourselves get checked out and got the all clear and, and that’s the sort of thing that’s quite avoidable I guess if you go every six months and keep and eye on yourself.

M Mmm

K and so all the rest of it I 'spose is you know if you look after your diet and all that sort of thing I kind of figured I don't have some cross over me.

M Yeah that’s right, that’s about all you can do.

K Mmm.

M You went to a GP you went with your Mum?

K Yeah.

M Has your Mother said anything about her medications and the cancer in regards to what she expects or hopes for the future?

K Oh only that sort of just complaining I guess as a passing remark, “oh these stupid drugs making me get have these side-effects”, but the obviously acknowledging how, as long as it's working you can't complain too much.

M Mmm. Has your brother asked you or your parents, that you know of, about what’s been happening with your mother?

K Nuh.

M Nuh?

K Not that I know of.

M Is it something that’s still I mean last time, we spoke you said it wasn’t something that you made a big deal out of, like in family discussions or anything, but it was sort of something that would just come up
K: Yeah

M: and things would be sort of dealt with and sort of move on

K: Yeah

M: is that how it’s sort of been since?

Y: Yeap, that occasionally just pops up for no reason at all and no big deal.

M: Last time we spoke you said that umm your Nana had had a downswing in her health.

K: Yeap yeah she passed away about ohh probably early December.

M: Ohh I’m sorry to hear that.

K: Yeah.

M: Mmm. You said something interesting about her that umm, you wondered whether her downswing in health had a lot to do with her mental state, that you thought that maybe that was an important thing how you sort of thought about your life and stuff.

K: Yeah umm

M: I wondered whether you’d thought about that or talked with anyone about that idea?

K: Ohh I sort of, I guess at the time it looked a bit like, umm it could have been a lot to do with her mental state, but then seeing what happened in the following months it was obviously it was obvious that it was lot inside her that was going wrong and umm I still thing that sort of mental approach to things could’ve, were probably a bit somewhat give-up-ish,

M: Mmm mmm.

K: But then after saying that it went through a phase of that and then a bit after that she really got a strong will going and it didn’t do, like it helped her for a bit

M: Mmm
but then, I guess umm you know a few more tests it sort of it was it was obviously the cancer that got her. So yeah I sort of umm, I think you know I think while everyone’s fit enough to move around they should have the good strong mental thing but I can see how, when you are physically, umm tied down that you can you know you can use strong will power to keep going can sort of just subside somewhat.

M Mmm. Is your mother still having chemo once a month at RPA? I thing that last time we spoke you said she used to go off there about once a month still.

K Yeah I think it’s probably about once a month. It’s, yeah it’s about that sort of every, odd occasion she goes off to have iridia, do you know I don’t know if you know

M I don’t know.

K Yeah but it’s umm yeah it’s like a slow going thing but yeah it’s about once a month.

M Right she stays in there and has this for an hour?

K Yeah she gets injected and they pump her with chemicals for an hour or so and she comes home.

M Mmm.

K Feels a bit off colour for the next day or two.

M Mmm huh. Does she still go to work?

K Yeah well she like often organises it for about midday so she’ll go work through to the morning have that and come home. And rarely, oh like I don’t think she ever needs to take the day off after, because it’s not too powerful I mean maybe not powerful but doesn’t have too much of an effect on her.

M Mmm. I sort of covered this a couple of questions ago, but what do you think will happen in the year or years ahead and have the doctors said anything about what to expect?

K Umm I haven’t heard any long-term forecasts but I guess, it seems that you can sort of keeping up the medication that she’s on, there’s reason to believe that you can just sort of hold it at bay. Err indefinitely I guess.

M Mmm.
K See I’m not too sure whether or not it’s been wiped out or whether it’s just shrunken somewhat and sort of is laying dormant,

M Right

K but umm I suppose as long as it’s doing that you can just hope if you keep going how you are it will stay like that.

M Mmm. That’s pretty much all the questions I had I just wondered whether you had anything you’d like to add or say about the experience or what advice you might give other kids who might be in the same situation?

K I think just firstly that, it’s so common it’s you only have to go down to sort of chemotherapy to see how many different people from all walks of life are going through exactly the same thing you are and there’s always hundreds of people heaps worse off than what you are, and umm whatever stage it’s at or condition their parents are in to know that sort of, umm it’s helpful just to, err like talk about it openly not sort of, obviously it’s a serious matter, but not make a huge deal of when your going to have a chat about it and just be able to get to the point where you can bring it up in conversation and if their parents are undergoing treatment sort of constantly find out how their feeling as a result of it. And know that you know if it’s chemotherapy the sickness that they get from that those drugs may make their parents look sort of really bad but it’s doing them good inside.

M OK. The only other question I really have is you know in research especially in this research where you actually sit down and talk with people especially when I get you to think about things, what we’re looking for is what it’s like for people umm when we’re not talking to them but in order to find out what it’s like we have to ask them, and by asking them does it effect the way they thought about it. So I guess what I’m asking is

K Yeah.

M has my interviewing you changed, do you think, how you would have looked at it and how you would have thought about it?

K Err

M Has it made you think about it more?

K I guess in a way it’s almost like a form of moderate counselling, ‘cause it just causes you to umm have a think about what’s going on, but umm as far as I’m concerned you know I’ve sort of, noth nothing different would have happened, and umm, as far as I know I’ve told you everything that I was going through, but like umm. Oh I guess it sort of it makes you more aware that umm, there’s something is you are in a different position to people with healthy parents, and umm, I ‘spose when you sort of umm maybe you say things like ‘oh so do you talk about it’, you sort of go ‘well do we?’ And you go yeah a bit but maybe we should talk about it a bit more. ‘Cause I think you
know everyone knows I mean, the average person obviously I’m sure would realise that it is best to talk about it, and you perhaps just what you’ve done is just made you go well I know it’s good too but have we been doing that. In a way it’s sort of helped you along a bit, but umm it would only in a positive way, slightly.

M Yeah I know it’s a hard question isn’t it, because it’s very difficult to know.

K Yeah.

M OK.

K But I ’spose it would sort of be quite different being umm, as I I sort of feel looking at how things have gone, that we’ve dealt with it in perhaps one of the like the, in a good way,

M Mmm

K but I mean I ‘spose if we were someone who sort of never talked about it and it was this sort of big dark area, that when you were asking questions like ‘Oh do you talk about it? Is it a tense subject’ and stuff like that, and if it was all those things you’d kind of might of it might have done a bit to the people.

M Mmm. Yeah I think you’re probably right. Well that’s pretty much all the questions I’ve got. I guess your looking forward to going to Uni?

K Yeah. Yeah I’ve got some work on at the moment, just I’m sort of I decided when I finished school I wouldn’t try and find a job straight away and just took it really easy and then sort of

M That’s what you said to me.

K Yeah and then after New Year I started thinking oh I probably should get a job. And so I sort of quite a few of my friends are somehow connected into the building industry

M And it’s booming.

K Yeah and umm, actually my girlfriends father’s an architect, and err lots of the the contractors he draws for designs for sort of he mentioned my name to them and they said look we’ve got heaps of work so

M I was gunna say you look like your dressed like you’ve been doing that sort of work.
K Yeah yeah I’m a labourer for a couple of brickies at the moment so, that keeps me busy all day.

M Don’t need the gym if your’e doing that.

K Exactly, yeah. Yeah so I’ll probably just work with that group until March and then once I start my course, depending on how many days I have free, I might be able to keep something up part-time.

M Mmm. it will depend on how much work they’ve still got and how desperate they are to get people and all that sort of stuff to, where they’re working too because they’d move around a fair bit

K Yeah.

M Yeah and what’s the course you’re doing?

K It’s called building construction management. So I’ll sort of

M At New South?

K Yeah, I’m trying to, I’m more aiming to sort of err large getting somehow into a large construction company, like I’m I don’t really want to be a builder, but in division on a larger scale sort of.

M Civil and Civic that sort of thing?

K Yeah.

M OK. Well thanks very much for your time.

K Oh that’s alright.

M It’s been very informative talking to you, umm I hope to be able to use it to umm help people in the field do umm, tell people how to cope with it and how to talk or not to talk with their kids about it in the future, like feed it back to the doctors at RPA and stuff like that.

K So how are you planning on sort of putting all your research, are you going to publish a book or just

M Oh no there won’t be a book but there’ll be umm, probably a journal article.
K Yeap.

M Looking at umm, just sort of comparing the experiences of the kids I’ve interviewed to see umm, what tends to there’s not a lot written on this, in the journals

K I ‘spose you’ll just have a good understanding and be able to write a good article now.

M Yeah I think that’s right I think it gives you a much better understanding than what you would get if you get went off and read the literature and as I say there isn’t much literature any and if you read in adolescence there’s this, and in cancer, there’s this sort of assumption that umm the diagnosis of cancer has to be this sort of traumatic event which disrupts peoples lives. Umm whereas in more in non-cancer adolescent research there’s this debate in academia between sort of adolescence and events being you know traumatic or whether, and adolescence being traumatic, all the time just by it’s nature tumultuous change and all that sort of stuff, and whether umm it’s more of a gradual umm thing. The kids I’ve talked to, on the whole it hasn’t been umm, the, it hasn’t been as rough on them and their families as what you tend to read in the articles. I mean their not happy about it, no-one’s happy about it, and it does change their lives a bit for a certain amount of time, but I mean in the literature you’ll read about it sending kids AWOL, you know leaving school and becoming drug addicts and all sorts of strange and weird things.

K Yeah.

M I mean anything’s possible, but just the kids I’m talking to yeah it’s been a bit stressfull at times and it’s changed their life a bit and umm, but you know, it’s been a bit like your mother, they’ll be peaks of stress when you find out and then it will go down umm and then there’s chemotherapy

K Yeap.

M and then it sort of plateaus off again.

K Yeah that’s exactly right, you know like you sort of first hear it and like you were saying I think everyone’s sort of preconceived idea of the word cancer is ‘aughhh’ so that’s a huge thing and then like, you know a month later when they’ve already found out their parents have this and you’re still just leading a normal day to day life they like sort of must say to themselves ‘oh you know it’s obviously bad but it’s not as ghastly as I thought it would be’. And then when they have the chemotherapy they do, that’s the big physical sign I think because it just makes the parents dehabilitated.
M  Mmm, mmm. So yeah that’s what I’ll be doing, I’ll be looking at it from the cancer point of view knowing about the cycle of diagnosis and surgery and treatment and that sort of stuff, and I’ll be then trying to sort of based on theories of adolescence and say well you know if kids are perhaps in pretty ordinary pretty well adjusted families initially then this doesn’t have to be a disaster for kids or family functioning if it’s handled in the manner which I’ve seen the kids I’ve interviewed.

K  Did you have any umm people who just have a single parent family situation?

M  No, I didn’t which is a shame because that

K  That would be a big difference.

M  would be a big difference.

K  Yeah ’cause I would imagine that while you’ve got your people who are umm really sick the other spouse will take on lots of their jobs,

(father interrupts and says “excuse me Michael, Ken I’ll be off mate, the stuff all on the stove)

M  Yeah well I think that’s a good point,

K  Yeah

M  you’ve got someone to step in in a sense whereas you don’t have if you have if you have a single parent or you might not have, I mean you might have other people step in perhaps. I mean one of the other families I interviewed, their grandparents spent a lot of time with them when their mother was sick, umm so they had, even if they hadn’t had a father, that probably still would have happened, but ahh I think that’s a good point and think also that there’d be different, I’m not in the country now so it was a bit too hard, but if I ever move back to the country I might do this again and talk to country kids because, not so much in Wagga, but in smaller places

K  Yeah

M  parents have to actually leave and come to Sydney, now that would be different again, because not only is the mother sick but she’s gone.

Altogether.
K  Yeah. I think sort of, it’s a lot less of an impact when the day to day lives aren’t dramatically changed. ‘Cause I think everyone sort of, woken up when their mum’s been sick for a day in bed and that’s like on a broadly speaking is similar to what they are with chemo, you know spend the day in bed vomiting and that, but I think that I’m sure everyone’s sort of seen their parents sick in bed for the day but they had to trudge off to some sort of strange place, you know a five hour drive away and be in hospital it’d be a lot different.

M  I think so. That’s something I’d like to do in the future, whether I’ll have the opportunity I don’t know but I think that would be an interesting thing to ask. Alright, well thanks very much again

K  Yeap no problem.

M  Umm, just for the tape it’s the 18th of January and it’s the 4th and last interview with Ken. Thanks very much.

K  That’s alright.

END.
APPENDIX D: Interviews with ‘Simon’

First interview with Simon
M = Michael; S = Simon

M So Simon the reason I came as I said when I met ya out the front that, we’re interested in, how teenagers are effected when they have a parent ill with cancer, and I thought you might tell me, umm about how you came to find out about your mother having cancer and when that was, and sort of what’s happened since.

S Oh well I was on holidays up at my grandma’s and my, auntie told me, my Dad’s brother’s wife, she told me and I was upset then, ‘cause I didn’t really know what it was. But then when I knew what it was and how they could treat it like, how good it was, I wasn’t that upset. And we stayed up there for a week longer so Mum could get the operation done put the tube in or get it taken out and whatever. And then umm we came home, went to school. Hasn’t effected us that much except that we’ve got to do more work around the house,

M Yeah

S to make up for what Mum can’t do and stuff.

M So when was it that you found out?

S Ohh the last week of public school holidays.

M Right.

S I dunno what dates that was.

M So how long have you been back at school?

S Umm, it would’ve been about two weeks ago I found out.

M So you’ve only been back at school a week or so?

S A week, well 7 days, went back Thursday. Yeah.

M So have you talked with your Mum much about it since you’ve been back?

S Yeah, she’s got all pamphlets and stuff she’s showed us like whole stuff off the internet and everything

M Right

S got heaps.
M Have you talked with your Dad about it has he said anything much?

S Oh just that we’ve got to do more work. We’ve gotta help Mum out and like, just do stuff like better and stuff like not makes heaps of noise when she’s sick and stuff, don’t fight and stuff. Yeah.

M You told any of your friends at school about it?

S Yeah a couple of ‘em.

M What did they say?

S Ohh not much. One of ‘em his parents had got some cancer thing or somthin’

M Right

S so he sort of knows what’s happening.

M Right. What about your teachers, did you tell any of them?

S No I haven’t. They’ve probably heard me talking about it though with some of my friends and stuff.

M Yeah.

S I haven’t said anything. But the people at BMX, umm bike racing what Dad does, I guess he told them ‘cause they sent us flowers and stuff, and Dad’s work did as well.

M Right. Do you ride the BMX too.

S Nuh. Ohh I used to but I gave up, it got a bit boring. ‘Cause we’d been doing it for you know 6 years or somthin’.

M Right. Your brother Aaron he still does it?

S Yeah.

M Have you talked with your brothers about your Mum being ill at all?

S Not really.

M Any special reason why not or just hasn’t come up?

S Just doesn’t come up.

M So you haven’t missed any school because of this at all?

S Nuh, no.
‘Cause it was mostly while you were on holiday

Yeah, yeah

when you first heard. Yeah.

I think Dad might have stayed home, I dunno. But Nan’s come down to help out sort of thing.

Right, that’s your fathers’ mother?

Yeah.

Right.

Her husband died of some, that stuff that fibre stuff they used to work with

Asbestos?

Yeah, he had that in his lungs and stuff.

Mmm. Where’s she from?

Umm, they used to live in Canberra but she lives down, you know Batemans Bay?

Yeah

You know Ulladulla?

Yeah.

Between there.

Right.

Kiola, Bully Point, down there.

Mmm huh. And how long has she come up for, had they said a time or?

Mmm nhu.

Just as long as she’s

As she wants

as she’s needed or wants to stay.
S  Yeah, as long as she wants I think.

M  Right. What differences do you think it will make, like in the coming months with the family and stuff? Like you mentioned that your Nan’s here so that’s

S  Yeah

M  a bit of a difference.

S  I dunno, like I mean heaps of relatives have been ringing up heaps more to find out how Mum’s going and stuff.

M  Mmm huh.

S  Phone calls have like doubled, from everywhere.

M  Mmm.

S  And I guess we’ll have to do heaps more work and stuff, or the gardens might die (laugh)

M  Yeah.

S  Yeah.

M  Aaron mentioned to me about like the treatment for it and making her sick and stuff, did you have you talked to her about that?

S  Oh yeah, kind of like she’s told us like, its effects aren’t the same on everybody. Depends how your body reacts sort of thing too.

M  Mmm mmm

S  Her hair might not fall out or it might depends

M  Mmm. Has she had any of it yet?

S  Yeah, that’s she’s had it on Monday

M  On Monday.

S  And they couldn’t get the needle into the tube

M  Right

S  The catheda so that they had to put it in her wrist

M  Mmm huh
S: so she’s got to go in this Monday to move the tube higher or put another one in or something.

M: Right.

S: She was sick yesterday and a bit sick today. All her throat’s sore and she’s got a sore back and stuff.

M: Mmm.

S: She’s going to have it every two weeks I think, the chemo.

M: Right. What do you think would be different if your umm mother had like had a you know sometimes people can be pretty young and still have a heart attack and then sort of like not die but get over it

S: Yeah

M: what do you think would be different between that and sort of having cancer?

S: Oh, probably be, dunno. Might be a bit more upset I dunno, umm. I don’t know what the difference would be.

M: I just wondered whether you thought that you know, there were any whether it made a difference to how I dunno I just thought you might have thought of them as different sorts of things or maybe very similar sorts of things or

S: Oh a heart attacks a bit different ‘cause they sort of closer to die so I guess we’d be a bit more upset when it happened, then sort of get over it quicker, because she’s not as sick for as long sort of thing maybe I dunno.

M: Yeah.

S: I mean she wouldn’t be sick all the time, I dunno whether they do, but probably wouldn’t have to have all this radiation stuff, chemo and all that.

M: Yeah that’s probably right.

S: Yeah.

M: (long silence) So you said you’ve talked to your mother about it a bit but you haven’t really talked to your father or your brothers about it, you mentioned it to your friends at school you said,

S: Yeah

M: have you talked to anyone else, about it?
Oh, just err Auntie and Uncle who were up at my Grandma’s on holidays when we were up there

Oh yeah

and another Auntie and Uncle that live up near my Grandma, they’re all Dad’s side

Mmm huh.

Umm Mum’s Mum and Dad were down here the other day, they talked about it, I wasn’t around I went out with a friend. Came home and they were here. Ah. Oh yeah one of Mum’s sisters come down, they talked about, I think that was the day she had her chemo or somthin’, she come around. Mum just talked to her about what happened all the needles she had to get ‘cause they took like nine goes to try and get the needle in the thing, and she had to get some special long needle put in it

Right

and then it moved when they were walking across the hospital ‘cause they had to do it under the x-ray to guide the needle in.

Was it helpful talking to your Aunt and Uncle about it?

Oh yeah ‘cause they kind of explained to me like what it is and they had a friend, or a friend that had had it, like ten years ago, like, and they’re well now, so.

Sounds like a pretty good sort of thing to hear.

Yeah. And then one of Nan’s oh some other person, Nan knows somehow had it like a couple of years ago as well,

Mmm huh

and they got over it.

Mmm, so you’ve talked to your Nan a bit about it too?

Yeah.

Yeah.

They got heaps of information off the internet about it, got like that much A4 paper on it

Right, yeah.

that explained every stage of the disease and everything.
M Right. Did they give it a particular name?
S Hodgkin’s disease.
M Hodgkin’s disease?
S Yeah.
M Was it you who mentioned it to me or was it Aaron? Something about it being itchy or something?
S Oh yeah.
M Is that something that’s going on for a while?
S She’s had like one day she woke up she was so itchy she didn’t want to drive to the doctor’s she got a friend to drive her there. She just woke up in all like, all itchy and everything.
M Yeah, yeah.
S And like she’s been itchy for like I dunno, two years now or somethin’. Like she’s had all blood tests and gone on all special diets to find out what she thought she was allergic to something. And one of the persons who took her blood test, suspected it might be that and she just kept that person kept a close eye on it. And then when she went for some new blood test person, they said oh they thought it was it, that was like just while we were on holidays. So that day or the next day they went to some other person and they confirmed it sort of thing.
M Mmm.
S But she’s had heaps of blood tests and everything trying to find out what she’s allergic or they thought she was allergic to something.
M Right
S And she was so itchy and everything. But some, like when she went on the diets the itch died down a bit
M Right
S that was a bit weird. When you think about it now food might have had something to do with the cancer or somethin’. Like aggravated it somethin’.
M Yeah.
S She said like caffeine made her heaps itchy. I dunno. And when she had all the blood tests, they had heaps of trouble she’s got weird veins or
somethin’, they had heaps of trouble trying to get the blood out. So that I don’t think that’s helping with the chemo and stuff.

M  No. (long silence) You think, you said that, your Dad had said that, you had to be quite and sort of help

S  Yeah

M  around the place a bit more and stuff, umm has it changed anything about the way in which you talk with your mother or, at all do you think?

S  Not really, I still talk to her the same

M  Same?

S  and everything. Just maybe not yell out to her to find stuff and, usually late for school looking for stuff don’t know where it is.

M  Right.

S  Has a tiny bit but not as in the way we just talk to her. But yeah, we just don’t yell out, ask her questions and stuff.

M  Has it made you think about whether about your vulnerability to getting this sort of stuff at all?

S  Yeah kinda like if it’s hereditary, but I haven’t read that anywhere, I don’t know whether it is. ‘Cause I haven’t read much of the stuff they’ve got

M  Right

S  like what Mum and Dad have told me about it, and what the rellies and stuff have, so I don’t know, thought about it a bit but, don’t think it is ‘cause Mum’s parents or grandparents didn’t have it so I thought it mustn’t be.

M  Yeah I don’t think they know exactly what ‘causes it.

S  Yeah. Mum sort of like knows heaps of stuff ‘cause she’s a nurse.

M  Is she?

S  Yeah she’s a registered nurse and she’s I think worked around people with this stuff and everything so

M  Was she working before she got sick?

S  Yeah.

M  Where abouts?
S Umm she worked at a nursing home just over there somewhere. And she worked at a eurodynamics place, some bladder place. Bladder testing place, but she did work, umm some hospital umm, Western Sydney or somthin’ I dunno, some hospital over there. She worked that for a while but didn’t like the people there so she left.

M Mmm huh

S And she umm, she hasn’t been doing it, oh she’s been doing it a while but, she was doing uni when we were like going ta, in kindergarten and all that

M Right

S so we went to day-care centres at the uni’s and stuff

M Right

S she sort went to uni heaps late sort of thing.

M So you said to me before you thought it was, helpful to talk to people about it.

S Yeah

M Who do you think was the most helpful person to, talk about or maybe not one person?

S Oh nobody was really the most helpful. They were all helpful sort of thing but, I guess my Auntie that told me ‘cause I didn’t know what it was and she explained what it was to me. I guess she could have been the most helpful but, I guess anybody could who knew what is was could have explained it

M So it was that getting of initial understanding?

S Yeah

M Yeah

S Oh knowing what it is sort of like, helps a lot. ‘Cause you know what’s going to happen. You know all the treatments and stuff.

M Yeah. You know what to expect like?

S Yeah. When I first heard about it, I thought it was like one of my friend’s grandmothers or somethin’, died ‘cause of it, I thought it was that, but it wasn’t that.

M Right
S: That’s why I was pretty upset when I first heard about it because I thought it was that.

M: What do you think are going to be the differences then in the things what do you think will change in the next say three months or so?

S: Oh. I dunno. Might not go out as much and everything ‘cause Mum will be sick.

M: Mmm huh

S: And will have to like think of more stuff to do around the house. Like Mum won’t just tell us what to do we’ll have to think to do it ourselves sort of thing. Umm. I might have to look after Kelly sometimes when Mum’s heaps sick, if Nan or somebody’s not here sort of thing.

M: Mmm. Is there anything I haven’t asked you about or you haven’t told me about already that you think is sort of important about this situation? Anything that’s sort of made a had any sort of impact on you or?

S: Oh, maybe that they couldn’t like figure out that she had it ages ago when she first was itchy. Like, yeah thought they would have thought of that then.

M: Mmm huh.

S: Thought they might like the doctors might have seen other people like, happened before you know like, ah same thing as Mum they might have had the itchies for a few years and then

M: Mmm

S: they figured out what it was, so I thought the doctors might of like thought of tests for that first,

M: Mmm. Rather than letting it go and go?

S: Yeah, but she got suspicious like, I think a month or two ago when she felt a lump on her neck. And the doctor said just watch it and it sort of grew the last couple of weeks so she went and got it tested like blood tested again, yeah. Like it was like you see in the pictures that they’ve got some people come up with big lumps on their neck. Some node or somethin’ in there. Like with virtually within a couple of months when they get it or something

M: Mmm huh

S: Mum didn’t didn’t take as quick on her.
M  Mmm. Alright. I can’t think of anything else to ask you really, umm how would you feel about me coming back in three months and asking you how you’re going with it, would that be alright?

S  Yeah that’d be fine.

M  I’ll be interested to hear what’s happened and what’s changed and what’s stayed the same and all that stuff. Alright. Well thanks very much for your time.

S  That’s alright.

M  And umm I’ll get in touch with your umm, Mum I guess in about three months and organise for another time to come and see you when it is convenient.

S  Yeap.

M  Alright. Thanks very much.

S  OK.

END
Second interview with Simon

M I thought you might tell me a bit about what’s happened with your Mum since last time I saw ya?

S Oh well she started getting chemo, and she’s just first time she got sick and she had to go to hospital she got dehydrated or somethin’,

M Mmm huh

S and then from then on she’s just been sick for a week, for a week or two weeks after she’s had it every time she’d had it

M Right

S and usually we’ve had, every time we’ve had grandparents there for the first week, that’s when she’s most sick, she stays in bed most of the day. So we’ve had grandparents here doing helpin’.

M Yeah.

S And she’s just started radiation and that’s not making her sick or anything.

M Mmm huh.

S Umm, yeah not a lot changed because our grandparents did most of the stuff.

M Right

S Yeap.

M So how long will this radiotherapy stuff go on for do you know?

S I think two or four weeks, I’m not sure, I think it’s four.

M Yeah one of the things you said last time when I spoke to ya that you thought you might have to do more around the house and stuff

S Yeah

M but that didn’t happen much?

S Not really, a little bit. But not a lot. Like things didn’t, like washing didn’t get done if grandparents weren’t here but, like when they left it all got done eventually.

M Mmm.
S     Not a lot changed.

M     Mmm. Have you talked to Mum about treatment and side-effects since I saw you last?

S     Ohh not a lot not really.

M     Mmm huh. Not a lot, so you have a bit or?

S     Yeah a bit, but not much.

M     Like what sort of things?

S     Ohh just mainly, I dunno when they change drugs and stuff like say change the drugs different chemo things.

M     Alright

S     Some made her feel better, like didn’t make her as much sick, some did make her more sick.

M     Mmm huh.

S     And just that whether the radiation would do anything or not. Like make her sick. But it doesn’t. The doctor said it wouldn’t make her as sick but hasn’t made her hardly sick at all, I don’t think.

M     Mmm. Have you read anything about that sort of stuff?

S     Nuh.

M     They Mum and Dad haven’t given you anything to read or?

S     Ohh I think they’ve got heaps of stuff somewhere but I never could be bothered to read it really.

M     Yeah.

S     ‘Cause there was so much of it.

M     Yeah I’m sure. Yeah. What with your Dad, did you talk with your Dad about it at all?

S     Ohh not a real lot.

M     So you said not a real lot so have you said anything to him or?
Yeah a bit but not much, just usually when Mum was sick just he’d tell us whether she was going to be heaps sick this time or what. ‘Cause usually they knew which drugs would make her more sick and which wouldn’t.

Right. OK. One of the things that you’d said, that might have to change you’d have to be quiet around the house?

Yeah, that happened a bit more, yeah.

Yeah?

Especially in the mornings, like usually in the mornings my brothers would come out and watch the tele and stuff. And they’d make each other scream and stuff and make my sister scream. So they got a bit of trouble then.

Mmm. You said that you’d told a couple of your friends about it, have you told any more of ‘em?

Ohh, probably, I dunno.

Have you spoken to ‘em about it since I saw you last, which is about three months ago or a bit more?

Yeah a bit, not a lot though.

Yeah, what sort of things have you talked about?

Ohh just that, she’s going bald and stuff,

Yeah.

yeah. ‘Cause one day I got a bit of hair on my sandwich, and said ‘errgh Mum’s hair’s fallin’ out’ (laugh).

(laugh) Yeah. What about teachers, do they know do you know?

Umm, I think one or two might but not all of ‘em I don’t think so.

Of your teachers?

Yeah

Right. How would they know? Do you know?

Oh I probably told ‘em I can’t remember.

Right.

Or my brother have got them, the same teacher.
M: Oh really.
S: Yeah 'cause it's high so we change teachers all the time.
M: Mmm. Yeah. I think you said you’d talked to your Aunt and Uncle that they’d told you about it initially when you were staying with them?
S: Yeah yeah.
M: Have you talked to them about it since?
S: Umm oh only when they’ve rung up to see how Mum's going.
M: Right.
S: But no I haven't seen 'em since.
M: Right but you’ve talked to 'em about it on the phone a bit?
S: Yeah yeah a bit.
M: What sort of things?
S: Ohh just whether Mum’s sick or not, whether she can talk to ‘em on the phone or she’s too sick to or.
M: Mmm. What about other relatives, family, friends?
S: Umm yeah Mum’s side a bit ‘cause we went to a some party or some somebodies birthday party or somethin’,
M: Mmm huh
S: so well they talked about it a bit there.
M: You all went?
S: Yeah. I didn’t (mumble - say it it just came up (??))
M: So it was just a sort of
S: Yeah
M: discussion that you just heard
S: Yeah
M: rather than participated in?
S: Yeah.
M  Right. What about your brothers, you talk to them about it at all?
S  Nuh.
M  No?
S  Nuh.
M  The day I was here, last time, your Nan, your Father’s Mother was here.
S  Yeah I think so.
M  Umm and, your Mother and Father were saying that, her Mother that used to come here on on different weeks as well, is that right?
S  Yeah, yeah. Dad’s Mum would come one week then Mum’s parents would come the other week. Like the two weeks after that, ‘cause she had chemo every two weeks.
M  That means she’d be pretty sick after that for some time.
S  Yeah.
M  OK. Did you talk with them about it at all?
S  Ohh not really. Like ‘cause they knew what was going on so,
M  Right.
S  not really ‘cause they were here most of the time.
M  Mmm mmm OK. One of the things that you’d said had changed was that relatives were ringing up a lot more than usual. I was just wondering if that was still happening?
S  Ohh yeah a bit, not like ‘cause they know she’s all finished chemo now, ‘cause they’ve rung up in the past
M  Yeah
S  couple of weeks. They haven’t rung up that much. Umm yeah they’ve rung up a bit more, not a lot of difference though.
M  Mmm.
S  Mum’s always ringin’ up and talkin’ to her side of the family all the time. Dad’s side of the family they didn’t ring up that much before anyway they rung up a bit more this time.
M   Mmm.
S   But there was heaps of other calls from all other people wanting to see how she was or
M   What friends of the family?
S   Her friends yeah and friends at work and stuff.
M   Yeah.
S   We got heaps of bunches of flowers from people.
M   Mmm.
S   I don’t think there’s any here now but when she first started, I think we had like four at once or somethin’, had ‘em all around the house.
M   So when your grandparents were, here, what sort of things did they do around the place?
S   Ohh they’d usually make our lunch in the morning ‘cause Mum usually does that. Umm, and sometimes yeah they’d do the washing, umm and they just kept us from not mucking up leaving the house a pig sty. But they had us do our chores that are on the list,
M   Yeah I saw it.
S   so they didn’t do everything.
M   Right.
S   And usually they helped with transport to get to places, ‘cause Mum wouldn’t be able to drive us anywhere so they’d be able to drive us if we needed to go somewhere.
M   OK. Have any of the other relatives or friends actually sort of come and visited or have has it all been on the phone?
S   Oh yeah they’ve visited, oh yeah my Auntie and Uncle told me that they did visit once they were coming back from holidays somewhere or something I think, they dropped in for a day. Oh yeah they got their new car and they came for a drive from Canberra with it for the day.
M   Have you umm learnt any more about Hodgkin’s disease at all from anyone or?
S   Ohh, no not really like I knew a fair like when Mum got it she told us all what it was and stuff, I knew most of it I haven’t learnt any more I don’t think.
Maybe a tiny bit or somethin’ like, don’t think so, bit more detail maybe. On how the cancer moves about and stuff how they know it moves about. How they can predict its path and treat it.

M  Right. Sounds like good information to know.

S  Yeah.

M  The last time I was here umm, you thought that in the coming months something that might be different might be that you wouldn’t go out as much with your family and stuff because your Mum would be sick. Do you think that happened or?

S  Ohh on sick days Dad might have stayed home like, instead of going to BMX on the weekend sport and stuff. That was only if she was really sick but usually didn’t change a lot.

M  Mmm huh.

S  If there was going to be no grandparents here and stuff, Dad would stay home instead of going to BMX. If she was still sick when they weren’t here.

M  One of the things you thought you might have to do was look after Kelly more

S  Kali

M  did that happen?

S  Ohh not really. ‘Cause the grandparents were here, and a little bit more but not a lot. Just umm had to help her get some food in the afternoons and stuff when she came home from school. But usually whenever Mum was sick the grandparents were here and they’d do like what she usually did anyway.

M  Right.

S  And then when they left Mum was better by then she could like usually she went to work and went out and stuff.

M  Mmm. OK. Spell Kali K A L I.

S  Kal(l)I, yeah.

M  Kalli

S  Full names Kaliana, some Aboriginal name.
Right. (laugh) One of the things that you said that I thought was funny was umm you thought, that you’d have to “think for yourselves about what to do around the house and

and not wait for you Mother to tell ‘ya”. Is that right?

Oh it didn’t change.

(laugh)

When our parents were here they told us what to do. Umm uhh they usually told us what to do. My room stayed dirty the whole time. Usually Mum would clean it a bit or tell me to clean it, but one of the Grandparents she’d go up and clean it if it wasn’t too messy. But she stopped cleaning it.

I bet.

Yeah.

Yeah.

Now it’s just a pig sty.

(Laugh) Yeah. Mine always was when I was your age too. Yeah. So what do you think might be, different or the same in the next three months?

Ohh I don’t think it’s going to change much, probably just go back to normal like we are now, we’re pretty much back to normal now, ’cause Mum’s not sick. Except she, I don’t think she can do as much work, she’s got to go to hospital each day to get radiation. I guess when she finishes that, umm she’ll just go back to working normal.

So is she actually working at the moment?

Yeah she works yeah.

Right. Sort of around it

Yeah.

before and after it and stuff?

Yeah.

Right.

Ohh, not before ‘cause she’s got to leave in the morning and then there could be a cue there waiting so.
M Right. So sort of some of the day after that?

S Yeah.

M Yeah. Yeah you said that your parents had gotten heaps of information off the internet

S Yeah

M a stack of A4 paper on it that was some of the stuff you talked about before, they had all this information they got but

S Yeah

M you hadn’t looked at it because it was so much.

S Yeah, yeah. It was like the hospital just gave you a couple of booklets and stuff but had piles of it off the internet.

M Mmm huh. OK. Was other I mean you’ve mentioned that she lost her hair, and that she felt sick but I wondered if you noticed any other side-effects or problems with it?

S Umm not really don’t think so.

M Did she lose any weight, do you think she got skinnier or?

S Oh, she got like weaker and stuff. Like she’s taking the dogs for a walk and usually her feet hurt at the end. Yeah ohh just that umm, that’s just about all she might have put on a little bit ‘cause she couldn’t like do anything

M Physical?

S active.

M Right. OK. Well I can’t think of anything else in particular to to ask ya. Did your friends come around less when your Mum was sick or?

S Ohh not really

M No.

S Oh I didn’t usually have friends over, I’d usually go to their place or something.

M Right.
S  But my brother, they not when she was sick they, she asked that they
didn’t bring friends over ’cause it was too noisy and stuff and they’d get all
hyped up. They didn’t come over that much then.

M  Mmm. Alright well, I can’t think (father yells at one of the boys in the
background), I can’t think of anything to ask ya,

S  Nuh.

M  unless you’ve got anything that you umm anything else you want to
add anything you thin that I haven’t asked you about that might be important
or sticks in your mind or?

S  Not really.

M  Alright, would it be alright if I come back again and talk to you in three
months

S  Yeap. Fine.

M  It’s pretty painless isn’t it?

S  Yeap.

M  Alright, thanks for that.

S  That’s alright.

END
Third interview with Simon

M    Tell me what’s been happening with your mum since I saw you last, about 3 months ago or 3½.
S    Right. They finished the chemo.
M    Yeah.
S    And they checked it, and the cancer is all gone. So that's good.
M    Yeah.
S    She’s still got that itchy hands though, they don’t know what that is. Hot feet and hands.
M    Right.
S    That’s just about it. She is working again.
M    Mmmm, mmmm. The last time I spoke to after she was having radiotherapy.
S    Yeah. That’s all finished. Everything is finished.
M    Right. That’s good. When did the, do you remember when the radiotherapy finished.
S    No, no.
M    Have you spoken to your mum much about it.
S    No, not really.
M    Just enough to know that it's finished.
S    Yeah.
M    The last time we spoke (someone comes in ask’s if you want tea or coffee to which you reply “No I’m right thanks”). Um have you talked to your dad about it.
S    No, not a lot, no.
M    No. what about friends. School friends or.
S    Just enough so they know it is gone.
M    Right, so you told them.
Yeah.

Everything is finished and it was a positive result.

Yeah.

All right. Um I think last time you’d said you have been, you had once spoken to your Uncle I think about it.

Mmmm.

Um you haven’t spoken.

No not since then I don’t think so. I can’t remember.

Not since then, mmmm. What about your grand parents.

No I don’t think so.

Mmmm, mmmm. Are you going down to stay with them tomorrow.

Yeap.

One of the things you said the last time, I think I was here. Was that um, a lot of friends and people had rung up a lot.

Yeah.

When it first sort of happened.

Yeah, yeah.

Is that still going or.

Oh not really as much any more.

No.

Still a couple but not as much.

When Mum was having the radiotherapy what effect did that have on her, did she get sick.

No, it was like nothing really. Just that she had to travel into the city everyday, that’s all.

Right.

Or where ever it was, a fair way away.
M  Mmmm, mmmm and she had that, what? After work or.
S  Um usually in the mornings.
M  Usually in the mornings.
S  Before she went.
M  Right. Did anything change around the house the running of how the house ran at that time.
S  Um not really.
M  Mmmm, mmmm.
S  She started to do a bit more work and stuff so cleaning the bits she couldn’t clean while she was sick sort of just grew messier and messier.
M  Yeah, right. Um what about teachers. Have they said anything or have you said anything about it.
S  No no.
M  Have your grandparents been back to stay.
S  Um.
M  Since the last 3 months.
S  No but we have seen them, like we have gone to other. Some of mum’s sister’s places and they have come down for ???? and stuff as well.
M  Right, O.K. What about um travelling around for sport and for that sort of stuff. Like when your mother was having chemotherapy.
S  Yeah.
M  I think that might have had a few affects but.
S  None. For hockey, she came to hockey on the weekend. That’s like early Saturday mornings, likes heaps early. You have to get up like 6, 7. So she came to those for a while and then when I got my P’s I just drove myself.
M  Oh right, so you have just got your P’s in the last 3 months.
S  Yeah.
M  Oh congratulations.
S  Thank's.
M  It must be good. What about um your friends, though you did say that at one point they didn't come around much anymore..
S  Oh.
M  Like when she was getting chemo.
S  Oh my friends don’t come around much anyway. I usually go over to their place.
M  Oh right O.K.
S  But yes my other brother’s friends they came around you know a lot more.
M  Right, O.K. The last time I spoke to you about it, you thought, when I asked you what did you think would happen in the next 3 months. The 3 months just gone, I asked you what would you think it would be like and you thought that things would pretty much go back to normal.
S  Yeah they have.
M  They have.
S  Yeap.
M  O.K. What do expect to happen sort of in the next sort of 6 months.
S  I don’t know.
M  Because that would be a year then.
S  Yeah.
M  6 months.
S  Yeah, I don't know, just stay the way it is.
M  Mmmm, mmmm.
S  You might have a couple of more tests to make sure it has still gone but that’s just about it I think.
M  Right. O.K. I don’t think I have too many other things to ask. It sounds like not a lot has been happening in that regard.
S  No not much.
M: All right. I'll just my notes here. Have you, you mentioned last time that there was a lot of information and stick material off the internet and stuff that you had been told about. Have you looked at that since then.

S: Not since the last time, no.

M: All right. It sounds like you feel as though you know enough about it, yeah.

S: Yeah, yeah.

M: O.K.

S: Mum's a nurse so she told us what it does so.

M: Mmmm, mmmm.

S: She explained that pretty well, so we didn't need to read it.

M: Yeah, yeah it's better when someone explains it then.

S: Yeah.

M: All right, well unless you can think of anything that you want to um tell me. Anything that you think I might be interested in.

S: No.

M: I guess I have nothing else to to really ask you.

S: No, no.

M: It doesn't sound like there is much to tell.

S: No, no.

M: Just normal family life hey.

S: Yeap gone back to normal.

M: Oh that's good. Would it be all right if I come back and see you in 6 more months.

S: That will be all right, I don't care.

M: That will be a year, do you think that will be all right.

S: Yeap.
M  All right, thanks very much.
S  That's all right.
M  Yeah that's good. ?? ?? on you. Um you been watching the football?
S  Oh yeah.
M  Are you football fan.
S  Oh kinda of.
M  Gotta team.
S  Yeah the Bulldogs.
M  All right. Thanks for your time.
S  That's all right.
M  We'll take to you in about 6 months.
S  Yeap.
M  Thanks. Do you want to send.

END
Fourth and final interview with Simon

M  So, Simon you want to tell me what’s the story with you mother since I saw you back in September, it’s nearly six months ago already?

S  Yeah, just that umm heap rash itchy she’s got hasn’t gone away, acupuncture’s helped that she reckons, and nothing else has really changed.

M  Mmm huh, mmm huh.

S  I think she got another all clear for the cancer thing from somebody.

M  Oh when was that?

S  Oh I dunno, can’t remember.

M  Since I was here last?

S  Yeah I think so.

M  Mmm huh.

S  I think she gets them every three months or somethin’.

M  You think she gets them every, three months

S  Three months just for like three times and then it goes every six months, then a year.

M  Right. OK. So have you talked with your Mum about this, cancer and the tests business or?

S  Not really.

M  Just enough

S  Yeah

M  to know about check ups and stuff.

S  Yeah.

M  Alright. What about with your Dad or your friends about it?

S  Nuh not really.

M  No haven’t mentioned it to them?

S  Nuh, oh they know about it but I think they all know it’s gone now.
M Right yeah. OK. Umm, one of the times when we spoke probably, you know, nine months ago you said that you know you’d spoken about, your Mum with your uncle and stuff, I wondered whether you had since

S Oh

M I saw you last?

S no I don’t think I’ve really seen ‘em much since then.

M Mmm huh. What about grandparents because at one stage when your Mum was on chemo they were coming ‘round a bit weren’t they?

S Oh not much, but they keep saying oh you should still keep helpin’ round the house (laugh)

M (laughing) And are ya?

S Nuh.

M (Laugh) Yeah. Umm, not the last time I saw ya but the time before sort of when Mum was on the treatment you said that a lot of people had been ringing up to see how she was goin’

S Yeah.

M and I wondered if that was still happenin’ or?

S Oh, maybe just some of her friends, but no not hardly as much as last time when she had the cancer, because I think they all know it’s gone away so, they don’t ring up now.

M Yeah. The housework you just mentioned was the next thing I was goin’ to ask you there. What about your teachers, you tell them or have they said anything about it too you or?

S No ‘cause I’ve got all new teachers now.

M Right, since yeah since I saw you last year when they would have known a bit about it then I guess

S Yeah

M did they?

S But not many knew about it then anyway.

M Right. Have your grandparents been back to stay here since then?
Umm.

Like it was September and now it's February so

Don't think so, they might.

OK. You hadn't long had your Ps I think when I saw you last time, how's that going?

It's good.

Yeah.

Except I looked my keys in the car, but that's the first time I've done that.

Oh well you had a spare underneath the car

Yeah

so that was a good thing. You umm doing any sport or stuff.

Nuh, not really. I just joined a gym the other week.

Mmm huh

And I might start playing hockey like I did last year but dunno yet.

Mmm huh. What about umm I think it would be back when Mum was having chemo at least a couple of interviews ago you said that friends or stuff weren't comin' around as much 'cause Mum was sick but what about now?

Yeah well they all come 'round.

OK. But to normal then?

Yeah. Kali's got to have somebody over everyday.

Does she?

Otherwise she has a winge.

Oh right. She must know lots of kids to come over then. Last time we spoke I asked you umm what you expected to happen in the next six months and you said that you didn't "things just stay the way it is and she'd have a couple more tests to make sure it's gone", and that's sort of what's happened then?

Yeah.
What do you expect will happen in the next year?
Stay the same again.
Mmm huh.
Maybe they might somethin' for her heat rash thing, that's all.
If you were to if I was to ask you to give advice to other teenagers that had a parent in the same situation as your mother was, what advice would you give'em?
Oh, I dunno they just gotta work, you know like help more, can't be as loud or anything, like when they're having chemo and stuff.
Mmm huh.
I dunno really.
Mmm what would you tell them to expect?
Umm, they've have to do a lot more work to help 'round, like they the parent could hardly do anything like for a week then they might do a little bit but they wouldn't be able to do much umm, you know it would probably be stressful for the other parent as well.
Mmm huh. OK. In doing this sort of you know research what we would like to be is like a fly on the wall, you know and just observing what it's like for you without having to come and sit here but
Yeah
of course we can't do that umm, and why we want to be a fly on the wall is that so we don't change how you'd behave
Yeah
umm so do you think that my coming and actually asking you about it has changed the way in which you might have thought about it or change anything you've done?
Not really.
No?
Nuh. I don't think so.
So when I've been before and gone it hasn't made you think “oh shit I shouldn't have done that” or “I should have done this” or?
S: Not really nuh.
M: OK. Did you ever umm, did you Mum or Dad ever ask you anything
about what you’d talked to me about or anything like that?
S: Not really.
M: No. OK. there was no pressure from them to
S: Nuh.
M: say anything about it
S: Nuh.
M: You never felt any need to say anything to them then or?
S: Nuh.
M: OK. What about, a couple of interviews ago there was some, umm,
there was literature lying around the house and stuff from the internet and
S: Oh yeah, that’s all gone.
M: That’s all gone, got turfed?
S: Yeap, I think so.
M: Right. Oh well, I can’t think of anything else in particular to umm ask
you about, unless you’ve got anything you think I might be interested in to
know or anything
S: Nuh.
M: you think I haven’t asked you about that I might be interested in or?
S: Nuh.
M: Alright. Well look thanks very much for
S: That’s alright.
M: talking to me.
S: Yeah.
M: I don’t imagine it was something you particularly looked forward to but I
don’t suppose it turned out to be as bad as you thought it would.
S Yeah.

M Umm it's really you know helpful to me, and it will be helpful for other kids to know I think that, you know other families have because you all seem to have managed it pretty well

S Yeah

M you know a few things changed in your life didn't it, like when your Mum was crook

S Yeah

M and your grandparents came around

S Yeah

M and Mum didn't work for a while and stuff, but umm on the whole you seem to have got through it really well.

S Yeah.

M So I think you know when you read the literature on this sort of stuff often times, you only tend to read the bad stuff you know about this effected these kids and this family really badly in this way and that way, so it's good if I can come and talk to some people who can give you some sort of different view point on it I think, so it's not all gloom and doom

S Yeah.

M Your Mum's looking really good and all her hairs come back

S Yeah

M she says it's curlier than it was before

S Yeah it is, when it was really short it was like really tight little curls.

M Yeah. Righto. Have you spoken with your brothers about it at all in that time?

S Nuh.

M You don't you've talked with them about it?

S Nuh.

M So it sounds like you never really felt a there was a lot of need to talk about it at all with anyone?
S     Nuh.

M     Right. Oh well, thanks again for your time and we’ll see you ‘round, I hope the work goes well.

S     Yeah.

M     Righto. Thanks a lot.

END OF INTERVIEWS WITH SIMON
APPENDIX E: Interviews with ‘Andrew’

First interview with Andrew
M = Michael; A = Andrew

M So you’re Andrew?
A Yeap.
M I’m Mick. You’re 14 is that right?
A Yeap, turning 15.
M When?
A In October.
M Sounds like your looking forward to it?
A Yeap.
M So you’re in what year are you in, in high school?
A Year 9.
M You like it?
A Sort of.
M Yeah.
A Not really.
M Not really.
A School’s school.
M Yeah. It was much the same for me. I didn’t like high school very much. You got any particular teachers you don’t like?
A Yeah Mr Tong.
M Yeah, what’s he teach?
A Maths.
M What is it about him that you don’t like?
A: Oh, he’s just annoying.

M: (laugh) Yeah. Is he fair?

A: Oh.

M: Or does he have his favourites?

A: Yeah, sort of, s’pose.

M: When I was at school the teachers I disliked the most were the PE teachers. They were always the worst.

A: Yeah well my PE teachers are alright.

M: Yeah. It is good to have good PE teachers ‘cause I reckon they are the ones that can make your life hardest. ‘Cause if they’re alright and you get along with them alright and it’s pouring rain one day they might organise something different for ya,

A: Yeah.

M: but if they don’t like ya, like they didn’t like us, the year we had, they’d see a big rain storm coming and they’d say oh I think it’s a good idea if you all went out and ran around the oval today. They were shockin’.

A: I don’t think they are allowed to do that when it is raining I think you have to stay indoors.

M: Right.

A: Do like, do some writing and stuff.

M: They’ve got teachers under better control these days, than when I was at school. It’s a few years since I’ve been at school. They seemed to be able to do more as they pleased I think. So doesn’t sound like, what was he? Teaches maths you say?

A: Yeah.

M: What’s your favourite subject?

A: Ohh,

M: Or your least worst?

A: Probably, oh probably power systems.
M    Is that like computers and stuff?
A    Oh no it's like two-stroke engines and stuff. You've got to build a solar
car this semester.
M    Oh right. That'd be good.
A    Yeah.
M    You go to the same high school as your brother?
A    Yeah, we all go to the same high school.
M    Right. Watch that mossie on your leg there.
A    Sounds like you might be interested in working in motors and engines and
mechanics and stuff?
M    Yeah.
A    Yeah.
M    Did your Mother mention to you that I was coming over?
A    Yeah. She mentioned it a couple of times.
M    Yeah. Yeah I was saying to Tom, that I work at the University of
Sydney in research in cancer and stuff and, we umm there's been quite a lot
of work like research done with kids that have got cancer
A    Yeap
M    and, and adults that have cancer, but no-one has ever really asked
kids that have got a parent with cancer sort of what it is like, so. I know
nothing about it and I figured you'd probably know somethin'. I wondered
whether you might tell me when you first came to learn that your Mother had
cancer, and what sort of happened since. Can you do that?
A    Yeah, when I first learned she had cancer, I was up at my Nan's. I was
still asleep in bed about I don't know about 11 o'clock. My uncle came up and
told me, and then I don't know, since that I haven't really looked at it like a
really serious disease, just just like she's normally sick and I know the
statistics, she's got like a 90 percent chance of recovery, so just figure that's
pretty good. Just I don't know, it's like just look at it like she's just sick.
M    Mmm huh
A    That's it.
M    So I think you just told me who it was told you but I missed it.
A    Umm my uncle, yeah.
M  So when was that?
A  Oh about, a month ago, I can’t remember how long it was ago.
M  Right. What was your first thought?
A  Thought oh that’s what it was. That was making her itchy and stuff.
M  Right.
A  Yeah.

M  So she had been complaining about being itchy for along time was she?
A  yeah, for about I don’t know, about a year and a half.
M  Wow.
A  And no-one picked it up, until she got the lump on her neck, yeah. That’s when she first found out, either the same day or the day after she went and got it cut out.
M  Mmm huh. So have you talked with her about it much?
A  Oh not really.
M  Has she told you anything, about it like?
A  Yeah. I can’t remember it, but I know she has.
M  Right.
A  The only I keep saying is just has your hair started falling out yet? I’m just waiting for that.
M  Is that something that she said would happen, or that you knew would happen?
A  Oh that’s just what I knew would happen.
M  Right.
A  The only thing I didn’t know was like when you get the treatment I didn’t know you came home heaps sick and stuff. Just thought you had treatment and afterward all your hair started falling out. Didn’t know you got heaps sick from it.
M  Mmm huh. What about your Dad, do you talk with your Dad about it?
A  Nuh. The only thing he says about it is shut up Mum’s asleep.

M  Right. What about your brothers?

A  Oh nuh.

M  Does anyone at school know?

A  Oh yeah a couple of my friends. (His 7yo sister, Kelly is playing with a ferret nearby, Andrew occasionally gives her instructions about this)

M  Did you tell your friends?

A  Yeah I told like, three of them. And Tom told about five, don’t know who Scott’s told.

M  What did they say when you told ‘em?

A  Oh don’t know. They just said, ‘errgh’ (I think here Andrew means they just grunted), and just kept walkin’.

M  Yeah.

A  Yeah. That’s OK. Didn’t really, I don’t think they were listening to me when I said it.

M  Do you know if any of the other kids at school, their parents had cancer?

A  Nuh.

M  No. Do you play any sport?

A  Yeah I do BMX.

M  Mmm huh.

A  Went to the worlds last year.

M  Oh yeah, where was that?

A  In Melbourne. Went alright. Came, I would have gotten in the top 16 except I crashed in the first corner. Everyone, I don’t think anyone in the whole 2 or 3 days or whatever it was, didn’t crash in the first corner. I think everyone would have had to have crashed in it.

M  Yeah.
A Cause it was just so small and slippery. The only ones that went around it best were the pros. You’d think they’d be the worst because they are all going heaps fast and nudging each other.

M Yeah.

A But they were the only ones that went through it good.

M Where do you do the BMX stuff?

A Oh I just do it Castle Hill, Fred Katerson Reserve.

M Right. You have whole races there all the time then?

A Yeah. Like sometimes we just have club days, sometimes we have events where people come from Liverpool and stuff.

M Yeah. How do you get there?

A Oh just Dad usually takes us.

M Right

A ‘Cause he does it as well.

M He does it too?

A Yeah. I think the oldest person that I knew of doing it was like, 68 or something

M Wow.

A he was still doing it.

M Right

A I think he quit last year.

M You race against your Dad?

A Oh sometimes. I was gunna quit but, then I realised oh as soon as I turn 16 I get more money, for winning races so I’m gunna keep doing it, get money.

M Pretty cool old man to be racing bikes against, not many kids would be racing bikes against their old man I don’t reckon.

A Yeah. Probably the thing I hate most about BMX is having to get up early. And you waste your whole day at BMX instead of like going out with your friends and stuff. That’s probably the worst thing.
(grunting noise somewhere nearby) Is that when the ferret’s annoyed?

A I think it is just coughing.

M Yeah.

A Don’t know what it’s doing.

M So you haven’t talked with your Mum much about it?

A Nuh. Not really. Haven’t talked to anyone really. Just sort of kept it to myself.

M Mmm huh.

A There’s not really much to talk about.

M No. What do you think would be different if anything if instead of getting cancer your mother had had like a heart attack, you know some people have heart attacks and then get over it.

A Oh yeah she probably yeah I dunno just, I dunno I would’ve used it as an excuse to take a couple of days off school. After that, I dunno, back to normal.

M (Long silence) So you had two days off school?

A Nuh, nuh.

M I thought you said you had a couple of days off.

A Oh nuh.

M Oh you just think in the future it might mean?

A Yeah, yeah.

M Right. So your, you said you told some friends at school, what about teachers, do they know?

A Nuh. Unless like Dads written a note to ‘em the teachers I haven’t told any of ‘em.

M Right. Do you think it will change anything in your lives as a family in the next sort of three months or so?

A Oh probably, dunno what, but probably.
Yeah. (long silence)
Apart from the fact that, your Mum's going to have chemo and you said that, that was it your mother that told you? That it can make you sick?

Nah I just

Just knew that?

I just, she went for chemo and then she came back and she was all sick and I just figured it out that it was making her sick.

Mmm huh. Apart from the fact that you can get sick after chemo, do you think it could change anything between you and your Mother at all?

Probably not.

What about with your father is he any, any different do you think?

Nuh, still yells at us about everything. Nothin's changed.

Nothing's changed no. Some things always the same.

Yeah.

Do you think it would ever mean that you couldn't go to umm BMX riding at any point?

Ohh, yeah, probably next weekend.

Why?

Oh 'cause I think Mum's going in for another test thing, like Dad will have to go with her, so can't go up to the ACT titles.

Like because they would have taken you over there.

Yeah my Dad would have taken me over there.

Right.

So we're not going to that now.

Mmm huh.

I don't really care.

You know the, one of the reasons I'm asking all these damn nosey questions, is we're interested to know how having a parent with cancer effects adolescents and stuff and if we can find out, the ways in which, teenagers sort
of deal with it, then we can tell other kids, who maybe aren’t dealing with it as well as you obviously are, what they can do in a sense to help.

A   Mmm

M   If I was to ask you what sort of advice you might give them at this stage, what would you say? Would you have any for ‘em?

A   I dunno just relax and, I mean there’s not much you can do.

M   Mmm

A   So just, see what happens.

M   Sounds like pretty good advice to me.

A   I was kind of hoping you’d come on a school day, so I’d miss out on some school.

M   (Laugh). Problem is on a school when your at school I’m at my job. I do this as my sort of, my own research with the University

A   Oh yeah.

M   for another degree. So. Yeah, I wish I could to (laugh), I could skive off work and you could skive off school, and. Yeah. I guess as I said before I’m just here to find out from you like, ‘cause your the expert and, I don’t really know anything about it and, one of the, I guess I don’t really have any other like, questions but I wondered whether there was anything important about the situation that you thought, you know you’d want to say about it?

A   Not really,

M   No?

A   No.

M   Nothing that’s made a difference that I haven’t asked you about or anything like that?

A   Nuh. Just that, I dunno, can’t have friends come over now, ‘cause their parents don’t let them ‘cause they reckon it is too much hassle now, now she’s got cancer.

M   Mmm huh. What do you reckon, would it be alright if I came back in about three months and asked you about how things were going then?

A   Yeah, I don’t mind.

M   Don’t mind?
A Nuh.
M That’d be good.
A Yeah.
M We can see if anything’s different or anything’s the same or, that sort of stuff.
A Yeah.
M Alright. I don’t have any other questions, thanks for your time.
A Yeah, no probs.
M Nice to meet you Andrew.
A Yeah, same to you.
M We’ll see you in about, 3 months I guess.
A Yeap.
M Thanks very much.
A Yeap. See ya.
M See ya.
END

Second interview with Andrew

M So I wondered whether you might tell me a bit about what things have been like with you Mother since the last time I saw ya? Like what’s changed or stayed the same?
A Ohh just doesn’t do some things now that’s about it.
M Yeah. Last time I spoke you said that once you’d found out from your Uncle and about you know the stats he said on ninety percent chance of your Mother recovering totally and stuff you said that, what’d you say, you didn’t look at it like a very serious disease. I wonder whether you still thought the same?
A Ohh, I look at it a bit more seriously now,
M Yeah
A not heaps more seriously
M Right, umm, huh. Why do you think you look at it a bit more seriously?
A Ohh, I dunno, just do.
M OK. You said it was your Uncle that told you in the first place
A Yeah
M have you spoken to him about it since?
A Nuh.
M Nuh. You haven’t seen him?
A Ohh I seen him, but I haven’t spoken to him.
M Right, OK. Last time I spoke to you you said you hadn’t spoken to your Mother much about it at all, have you spoken to her much about it since?
A Oh the only things I’ve asked is, when when like first had it I just start asking her how long ’til your hair falls out?
M Yeah
A that’s about it. Now I just ask, I just say oh do you have like chemo this week or stuff like that.
M Mmm huh. She’s having radiotherapy now isn’t she?
A Yeah.
M Yeah. Do you know how long that is going to go on for?
A Four weeks (or so?? Mumble)
M Right. OK so not as long as the chemotherapy?
A Nuh.
M And did her hair fall out?
A Yeah
M I just saw her then it looks like it’s coming back?
A: Ohh I dunno, I can’t really tell. (interviewers note: Her hair WAS coming back, it was quite obvious)

M: Right. I mean she’s not bald is she she’s got a bit of hair.

A: Yeah.

M: Alright. Does the chemotherapy make her sick?

A: Yeah.

M: Yeah. How long was she sick for?

A: Ohh when she first had it she was like sick all week, but then after a while was only like three or four days.

M: Right. Do you know if the radiotherapy’s making her sick?

A: Umm not at the moment it’s not but it might make her neck a bit sore.

M: Right.

A: Don’t know (about that? mumble)

M: ‘Cause she’s only just started having that hasn’t she?

A: Yeah.

M: OK. Have you spoken to your father about your Mum at all.

A: Nuh.

M: Last time you said that err, you hadn’t really spoken to him about it all, all he’d said was he keeps telling ya to be quiet.

A: Yeah.

M: Is that right?

A: Yeah.

M: That still happen?

A: Yeah.

M: (laugh) Yeah. What about you brothers, have you talked to them at all?

A: Nuh.
M  Nuh. Last you said that you’d told about three of your friends.
A  Yeah.
M  Have told anyone else?
A  Not really.
M  No. Have talked to your friends about it at all?
A  Nuh.
M  Nuh. OK. So they just know
A  Yeah
M  but you haven’t has any need to tell ‘em anything?
A  Nuh.
M  Alright. You haven’t had any days off school at all over it? Last time I spoke to you you thought yes I might have some days off but you didn’t have any days off about it?
A  Nuh.
M  And what about your teachers, do they know?
A  Ohh, I dunno.
M  You don’t know whether.
A  Nuh.
M  They haven’t said anything to ya?
A  Nuh.
M  Your parents haven’t said that they’ve told or
A  Nuh.
M  No. Do you think anything’s changed like anything was made different in your life other the last three months?
A  Ohh I dunno, guess they don’t give me money as much anymore.
M  Sorry.
A  She doesn’t give me money as much anymore.
M Right.
A Like she’s not working at the moment.
M Right. One of the things you mentioned you thought that might have been different was umm, with the BMX and the ACT Titles or something?
A Oh yeah. Still went to that.
M You still went?
A Yeah.
M Right. Who how, how did you go?
A Umm, yeah Dad took us.
M Your Dad?
A Took me up there.
M Right. Just you
A Yeah
M just you two.
A Just us two.
M Right. The last time I was here I asked if you had any advice for other teenagers whose mothers had cancer what would ya what advice would ya give ‘em and you just said “oh dunno just relax I mean there’s not much you can do”. That’s what you said.
A Yeah.
M I wondered what you’d say now?
A Oh, help out around the house a bit.
M Yeah? That was one of the things that you said your father had umm said that you should you should be doing, helping out a bit more or somethin’.
A Yeah.
M So have you been doin’ that?
A Sort of. (he grins and gives a small laugh here)
M Yeah, like what sort of things? (I’m finding his response amusing here)
A Oh, I dunno but like everytime I do somethin’ good I always do somethin’ bad like, see the hole in the wall over there
M You did that? (laugh) It’s a big hole.
A Yeah I threw my brother into the wall.
M (big laugh) Ohh I bet you were in trouble with over that?
A yeah but he had to fix it.
M Your brother had to fix it?
A Yeah ‘cause he kicked me first.
M Ohh.
A So I through him into the wall. So he had to fix it.
M So that would be the advice you would give?
A Yeah.

(Their father comes into the room and I briefly speak with him)

M One of the things that you said was that umm, I asked you last time whether there was, about what what difference it would make in your life otherwise umm, you said something about not being able to have friends come over ‘cause your parent’s ‘cause their parents wouldn’t let ‘em because they thought it was too much hassle.
A yeah.
M Did that happen?
A Yeah.
M Yeah? Is that still going on?
A Ohh still but not as much.
M Right. Why not as much why did it, what did it has it changed do you know?
A Ohh I dunno. Friends keep finding excuses to come over.
M Yeah. Your Mum’s not quite as sick now either is she?
A Yeah, she’s better now.

M Mmm huh. Alright, well I can’t think really of anything else to ask you unless you can think of anything you think might be worthwhile for me to know, anything that’s different or anything like that?

A Oh nuh, except that grandparents have come over more now, just to help out around the house a bit.

M Right. When I was here last your Nan was here, your Fathers’ mother,

A Yeah

M And but your other Nan she was coming over sometimes as well.

A Mmm yeah.

M Right. Do you expect them to keep coming in the next few months or?

A They probably won’t come as much because like Mum can move around more now, because she’s not sick all the time.

M Mmm

A But they’ll probably still keep coming around.

M Mmm, but what to stay or just to visit for the day or?

A Ohh probably just to stay for a while.

M Right, overnight for a few days or something.

A Yeah.

M Right, ho far away do they live?

A Ohh they live over the South Coast.

M Right, yeah you were telling me before just exactly where it was just down Batemans Bay down there somewhere, yeah.

A Mmm.

M It’s a bit far to come for the day I guess.

A Mmm

M Right. So when you say help around the house what sort of things did they do?
A  Ohh they just cooked dinner sometimes, cleaned the place up a bit,
M  Mmm huh
A  about it.
M  OK. Alright well I can’t think of anything else to ask ya so thanks for your time.
A  Yeap.
M  Umm be alright if I come back again in another three months?
A  Yeap.
M  You can tell me if anything’s different, if you’ve thrown your brother through another wall or (laugh) somethin’ like that.
A  Yeap.
M  Ohh one of the things I wondered whether it meant you had to take more care of Kelly or somethin’ like that?
A  Oh no, not really.
M  Not really, hasn’t made any difference?
A  Nuh.
M  No. Alright. Well thanks very much for your time. I’ll talk to you again in three months.
A  Yeap.

END

Third interview with Andrew

M  How’s things.
A  Oh pretty good.
M  What’s been happening the last 3 months.
A  Nothing.
M  Nothing. How’s school treating ya.
A  Oh all right.
M  Same as usual.
A  Yeah.
M  What’s happening with mum. What’s happening with her treatment and stuff.
A  Oh yeah, they said the cancer is gone. I suppose that's pretty good.
M  Yeah.
A  That's about it.
M  Has she, has she um. Last time I spoke to you she had, she was having radiotherapy.
A  Yeah.
M  Is that finished.
A  Yeap.
M  Mmmm, mmmm when did that finish.
A  Um a while ago.
M  Mmmm, mmmm, mmmm, mmmm. And how did she cope with it. Did you notice it affecting her in any way at all.
A  Oh she said it was better than chemo.
M  Mmmm, mmmm.
A  That's pretty much all she said. About the difference.
M  Mmmm, mmmm. And when did she have the radiotherapy. In that like, every day or.
A  Um, I can't remember. It was either every day or every 2 weeks. I think it might have been every day.
M  Mmmm, mmmm. O.K. Was she working.
A  Um no.
M  She wasn't working during that time.
A  No.
M  When she was having that.
A  Oh well towards the end she started working.
M  Mmmm, mmmm. All right, um. I remember the last time I spoke the time before you said you had spoken to your Uncle about it.
A  Yeah.
M: I wonder, I wonder whether you have spoken to him since about it.
A: No.
M: Oh, O.K. What about Dad. Spoken to Dad about it.
A: No.
M: No. What about your brother’s.
A: No.
M: No. What about friends.
A: No.
M: You haven’t mentioned it to them or.
A: No.
M: You haven’t told them it’s finished or anything like that. Do they never ask then?
A: No.
M: O.K. So you haven’t really spoken to your mum about it at all really.
A: No.
M: No, just enough to know that it is finished hey.
A: Yeah.
M: O.K. One of the things you have said last time when I was here when your mother wasn’t working was that um, they didn’t give you as much money as they did before.
A: Yeah.
M: Is that still true or.
A: Yeah.
M: So why was it that they, that they didn’t?
A: Oh cos mum wasn’t working.
M: Right.
A So just about all the money got spent on food.

M Mmmm.

A Yeah.

M But now, now she working again now did you say?

A Yes she is. But I am still getting the same amount.

M But they still haven’t given you the same amount of money?

A Yeah.

M Right, what about um. I think one of the things that you said might have changed when I spoke to you before. Was like travelling and (mumble) and stuff like that and you thought that that might be effected.

A Yeah.

M I wonder whether any thing like that had because of the radiotherapy had been affected when I asked you that.

A No not really. No only about 2 times because I couldn’t go anywhere because like dad was working so that meant mum couldn’t take me.

M Oh this was when she was ill?

A Yeah.

M Right. You mean that’s in the whole time from when it started do you mean or just?

A Yeah, yeah.

M So in the last 3 months it hasn’t been a problem at all then.

A No.

M Right, O.K. Your brother has got his ‘P’‚s, is that good.

A Yeah I suppose. Because I can usually get him to take me somewhere so I don’t have to walk.

M Yeah. What um, is that what your mother says.

A No, oh the kids over there, they are real loud and Katie’s sick so she is telling them to shut up.
M  Last time I was here I um asked you about what advice you’d give to other kids who’ve had a mother with cancer and you said oh help around the house a bit and stuff like that. I wondered whether you had anything else that you would give advice now after you have sort of 6 months to look back on it.

A  No, not really.

M  Mmmm, mmmm. So you didn’t. You don’t feel as though it was um a problem in your life at all.

A  No.

M  No. Well that was good.

A  Mmmm.

M  You a football fan.

A  Yeah.

M  I asked Scot the same and he said “oh a bit.” Have you got a team then.

A  Oh just I like watching it and playing it. Oh sorry towards the beginning of the year and then I didn’t take much interest in it.

M  Mmmm, mmmm.

A  And then sort of slowly getting back into the game.

M  What about um, when I was here originally I mean it was 3 months ago. You said your friends didn’t come around so much you know because your mum was a bit crook and that sort of stuff.

A  Yeah, yeah.

M  Have they started to come back more now.

A  Yeah.

M  Mmmm, mmmm. How was it that they started to come back more. Did you say to them oh mum’s not so sick anymore so you can come back.

A  No I think they just eventually forgot and just started coming around more.

M  Mmmm, mmmm. What about have your grandparents been here in the last 3 months. Have you seen them.
A No, no. Like pretty much about halfway through radiation they stopped coming over because mum said it was alright.

M Right. How long ago was that.

A Oh about 3 or 4 [weeks?] something like that.

M Right, O.K. What do you think will happen in the next sort of 6 months in regards to it.

A We'll be back to normal.

M Yeah.

A I probably won't get as much money still.

M Why is that.

A I don't know. I think they will try and keep giving me as less as they can.

M Yeah. All right. I don't really have much else to ask you. Um unless you have got anything you think I might be interested in. Anything that has happened that you think might be worthwhile me knowing about. Like what it's like to have a mum with cancer.

A No.

M Would it be all right if I come back and talk to you in another 6 months. That will be the last time, or about 6 will be a year since I first spoke to you.

A Oh I suppose.

M Be all right.

A Yeah.

M You can tell me whether anything has happened or anything like that.

A Yeap.

M All right, well thanks very much. You can send Tom um Scott um Tom in.

A Yeah.

M Thanks.

END
Fourth and final interview with Andrew

M It’s the 6th of February and I’m talking with Andrew at home. So can you tell me, I was here about six months ago

A Yeah

M nearly six months ago, back in September time flies huh?

A Yeah, I can’t remember how long it’s been.

M Yeah somethin’ like that and umm I just wondered what you might tell me about what’s happened with your Mum since then?

A Oh she’s pretty much been given the all clear.

M Yeah?

A and everything’s still the same, back to normal.

M Everything’s back to normal?

A Yeah.

M Umm huh. Has she had tests and stuff?

A Umm she’s had a few more tests and that’s just to make sure that it’s gone and not coming back.

M Right. That’s good, you must feel good about that?

A Yeah.

M Is she still umm suffering the itchy hands and feet stuff?

A Umm she gets, sometimes she does, but no-one seems to know why that happens.

M Mmm.

A So she just tries all this different stuff, see if that’ll work. None of it has.

M Mmm, mmm. OK. That’s what sort of started all this stuff wasn’t it?

A Yeah.

M Lookin’ for the cause of that and that’s when they found the cancer?

A Yeah.
M So have you sort of spent any time talking to your Mum about her experience of the cancer since I saw you last at all?

A Nuh.

M OK, just enough to know that she’s had these tests and everything’s alright?

A Yeah.

M Alright. Is it somethin’ that you’ve talked about with your father?

A Nuh.

M What about your friends, mentioned any of it to your friends?

A Nuh.

M They haven’t asked?

A Nuh.

M Nuh. Alright then. What about uncles aunts or family or anything like that?

A Oh they’ve asked about her.

M Yeah.

A I’ve just told them pretty much the same thing.

M Right have you actually seen ‘em or was it on the phone or?

A Oh I seen, yeah I went up to my cousins place, and (mumble) work so they just asked when I was up there.

M Mmm. OK. What about your grandparents have you seen them talked to them about it?

A Yeah, they’ve just asked how Mum’s going and what’s happening.

M Mmm huh, have they been back to stay at all, like at one stage they were comin’ up here when your Mum was crook, sick

A Yeah, yeah. Nuh.

M Nuh. When your Mum was sick when I spoke to you not last time but the time before, I think you said like people were ringing up a lot more and asking about her and stuff,
A Yeah.

M Is that, what’s happening with that now?

A Oh they don’t really ring up anymore.

M Nuh. Why? ‘Cause they’ve heard that she’s OK or?

A Yeah I guess so.

M What about Mum with the umm housework I think, you know when she was crook she wasn’t doing sort of as much, how’s that going now?

A Back to normal, she’s doing most of it.

M (laugh) Yeah. Oh one of the things you said to me last time I was here and the time before was one of the things that had changed, was that you weren’t gettin’ as much money as you were, pocket money from your Mum and I wondered about that?

A Oh they still use it as an excuse not to give me much.

M Do they?

A Yeah.

M You think it hasn’t gone back to how it was?

A Nuh.

M Nuh.

A Prob’ly won’t ever.

M (laugh) Right. What about your teachers, have you said anything to them about it or have they asked or?

A Nuh.

M Nuh. What sport are you doing at the moment?

A Still doing BMX.

M Still doing that. Yeah. Been away with your father or anything?

A Oh goin’ to Darwin this year.

M Darwin?

A For the Aussies.
M Right. What about since I saw you last have you done much with it since September?

A Nuh.

M You haven't been away, just to the local meetings?

A Yeah.

M With your Dad?

A Mmm.

M Alright. I think back when six months ago, or maybe nine months ago, when Mum was still gettin' the chemo, umm friends and stuff weren't comin' over as much 'cause she was crook

A Yeah

M I was wondering about that now?

A Oh they just come over whenever now.

M Yeah, just back to normal again?

A Yeah.

M Yeah. What do you reckon umm, will happen in the next year in regards to your Mum?

A Oh prob'ly, I dunno she'll still get itchy hands and feet but, other than that everything will be totally back to normal.

M Mmm huh. Has she said anything about more tests or anything?

A Nuh.

M No. So she's pretty much got the all clear by the sound oh it?

A I think she goes for another one in a couple of months or somethin'.

M Right.

A I dunno.
M  Mmm, right. So have ya’, there was lying around the house or stuff at one point sort of information on cancer and all that sort of stuff, you haven’t have you looked at that?

A  Nuh.

M  No. Been no need to I guess.

A  Yeah.

M  What advice would you give other teenagers whose mother was diagnosed with cancer, what would tell ‘em to expect and how to handle it?

A  Oh, I dunno just not much will change they’ll try and keep everything as normal as possible, and I dunno, just see what happens.

M  Mmm huh. One of the things in research when we talk to people, what we want to find out is what what sort of life’s like for them as if we were just a fly on the wall, like you didn’t know I was there lookin’, but of you do know I’m here,

A  Yeah.

M  umm so I just wondered like we want to be a fly on the wall so that we don’t change anything, how it’s happenin’, but you know I can’t be fly so I’m here and asking you about it, what impact, if any, do you think me asking you about its had on how you might have thought about it or what you might have done, any?

A  Oh not much really.

M  No.

A  Yeah not much at all.

M  Mmm huh. Is when I’ve been here before and then gone has that stimulated any conversation about it with your mother or you father or your brothers or anything?

A  Oh not really I think Mum and Dad talk to each other about somethin’, I dunno I’m just normally watching TV.

M  Mmm, just carrying on with all the normal stuff?
A Yeah.

M Yeah. Alright. I wondered if you had anything else to tell me that you thought you know I might be interested in or anything like that about the situation?

A Nuh.

M No. Rightho. You been watching the cricket on the tele?

A Yeah, only because Dad makes me watch it.

M Does he? (laugh)

A ‘Cause like I'll be watching something out there, and I'll have a fight with Scott and Dad will just come out and turn the TV off and say not to turn that one back on, and the only TV I can watch is this one out here which he’s got the cricket on.

M Yeah. That was one of the things I think you said umm regards to your Dad sort of back when your Mum was having chemo that he yelled at you all a bit more,

A Yeah

M is that how’s that now?

A he always yelled heaps but it was just a little bit more and now it’s back to normal.

M Right. Rightho, well I can’t think of anything else I’ve got to ask ya, just to say thanks very much for talking to me, it’s been a year since I talked to you the first time time flies

A Yeah

M umm yeah it was almost like a year to the day, and we were sitting out the back there with the, what's the ferrets name?

A Oh Fidget or something.

M Fidget, still got that ferret?

A No it died.
M  Did it? Yeah.
A  Pretty funny it drowned in the bath tub.
M  It drowned in the bathtub!
A  Yeah ‘cause Kali was in the bath she forgot to pull it out ‘cause it was all slippery on the sides
M  Oh and it couldn’t get out and left in there
A  Oh well she got out and left the bath full and we went out somewhere and it jumped in.
M  Oh it jumped in when you weren’t here, and it couldn’t get out.
A  And we come back and it was.
M  Oh no, was it Kali’s pet?
A  No it was Toms.
M  Toms, how did Tom feel about it?
A  Oh Tom I dunno, Kali was having a good old cry.
M  Oh was she. Mmm. Is Tom going to get another one?
A  Oh I dunno.
M  Dunno. Alright. So yeah thanks for talking to me it’s been good to hear you know what it’s been like for you and you know it sounds like, it wasn’t terribly umm, a terribly big problem for you and your family really like you seemed to cope with it alright.
A  Yeah. It wasn’t that big a drama.
M  No. Sort of a few things changed a bit didn’t they like umm your grandparents comin’ and staying and stuff like that was a bit different
A  Yeah.
M  Dad yelled a bit more and people rung up and asked, and there wasn’t a lot else different, oh you got a bit less money.
A Yeah.
M (laugh) Yeah. Well thanks again for talking to me. I don’t suppose it was something you looked forward to, but it wasn’t that painful was it?
A Yeah
M Right-o, well thanks very much.
A Yeah.
M Nice to meet you.
A No problems.
M See ya round.
A Yeah.
END.
APPENDIX F: Interviews with ‘Trevor’

First interview with Trevor
M = Michael; T = Trevor

M I work at the University of Sydney and I do research into cancer and stuff. And what I’m interested in is how teenagers at high school, what it means for them to have a parent with cancer. I thought you might be good enough to tell me, the story about when you found out about your mother and what’s happened since, do you reckon you could do that?

T Yeah. Umm she cancer just a couple of days ago, I was at

M You’ve got a mozzie there.

T I was at my cousins’ house,

M Mmm huh

T got cancer (mumble) told me, bit sad that’s she’s got cancer, and umm, a couple of days later she told me what about and what she’s going to be doing, all the operations and stuff,

M Mmm huh

T just the day I gave her the picture frame with the picture I drew in it for her. A vase of flowers,

M Mmm huh

T and that’s really all. Not very much.

M So how long ago was it?

T Ohh, about a week ago.

M Mmm huh

T So the second, the day before school I found out.

M Right. How did you feel?

T Quite sad.

M Mmm. Mmm. SO you said you gave her a picture?

T Yeah.

M That was that day?
T  That was today.
M  Today.
T  Umm huh
M  So have you talked about it much with her?
T  Yeah.
M  Yeah?
T  She’s told me all, well she’s had operations, and stuff.
M  Right. (long silence). Do you talk to your father about it?
T  Not much no.
M  No?
T  He gave me a book, saying what it’s all about
M  Ohh yeah
T  said to read (mumble) about that.
M  Mmm huh
T  Mmm.
M  What about your brothers?
T  Oh they don’t talk very much about it. I don’t talk to them about it.
M  Mmm huh. Does anyone at school know?
T  Yeah, my friend does?
M  Mmm huh
T  I was at his house today.
M  Right.
T  His mother knows and stuff.
M  Mmm huh
T  I was gunna sleep over at his house tonight.
Tonight?
Yeah
Right
She, like I drew the picture at her house and she gave me the photo frame and the card and the wrapping paper.
Mmmm.
She let me have those.
That was good. (At this point I think the young sister, 7yrs, cannot contain her curiosity any longer and wanders over and says something inaudible)
Did you tell your friend, or did he
Yeah, I told my friend, he told his mum.
Right. What did he say?
Ohh he said that’s not good. His mum said umm, she hoped my mum got better.
Mmm huh. Do you want to tell me what you know about your mum and how she is ill. What do you know about it?
She’s got a metal thing in her, with a rubber valve where they put all the needles in, she had an operation about that, umm but that got put in the wrong place. So I think it’s tomorrow morning she’s got to get it moved. She has I think she’s having radio scans and all that.
Mmm huh
(mumble) later on.
Right.
Her hairs going to fall out. ‘Cause of the needles
Right. Did she tell you that?
Yeah.
Mmm huh. (23 second silence; he was not a verbose boy!)
When you talked to your friend about it, what did you say exactly?
Mmm, said that she’s got cancer
M Mmm huh

T not very much, I might not be able to go over to his house very often. Mmm, I’d have to work at home more ’cause, Mum will normally be sick in bed.

M Mmm. Is this what, do you know that just because you know about cancer or is this what Mum or Dad said or?

T Oh well they told me a bit, I knew a bit of it, about that hair falls out and stuff.

M Yeah. (17 sec silence) What do you think is going to happen in the future?

T Oh well

M In the coming months?

T She will probably get might get a bit better,

M Mmm huh

T but she’ll be sick a lot more, I think.

M Mmm huh

T And, yeah. (22 second silence)

M Do you expect that, do you think you will talk about it with your Mum and Dad, in the time to come?

T Yeah.

M Are there things you would like to know about it at this stage or?

T Ohh

M That you don’t think maybe you don’t know or?

T Ohh, I don’t really know anything else about it.

M Sorry?

T I don’t really know anything else about it.

M Right.

T If there was anything else about it,
M: Mmm
T: (mumble) be OK if I knew about it.
M: Mmm huh. Do you know anybody else who’s ever had cancer?
T: Umm, nuh.
M: Do they ever talk about it at school, is it ever something that
T: Yeah, some hospital person came and talked to us about it, and had
photo’s and showed us what happens, told us that hair falls out with the
needles.
M: Mmm huh
T: I was in primary school. I’ll probably learn more about it in high school
because, P it’s not just PE it’s Health as well
M: Right
T: It’s, PE and Health, sometimes we have a practical lesson, that’s doing
all the PE activities, sometimes we have a theory lesson,
M: Mmm huh
T: about health. So I’ll probably get to know more about it.
M: Do you think you will tell any of your other friends about it?
T: Yeah. I’ve got one other friend, probably tell him.
M: Mmm. What do you think his reaction will be?
T: Oh, probably sad ‘cause he’s Dads died, he had a heart attack his Dad.
So he’ll probably know what it is like a bit.
M: Mmm. I was actually going to ask you what you thought maybe the
differences were between, your Mum getting cancer and your Mum
having a heart attack, you know like sometimes people have a heart and then
they sort of get over it
T: Yeah.
M: and that sort of thing what do you think the differences are?
T: Well
M: If any?
Heart attacks normally sudden, and, cancers probably long-time, you normally know about it, yeah.

(33 sec silence) Do you think talking about it with your friends is something that you will do?

Yeah.

You said your going to tell this other friend but you think you’ll talk about it more in the future with him?

yeah ‘cause, then they’ll find out that they can’t really come over and make a lot of noise,

M Mmm huh

T It’ll just give my Mum a headache. So they know about it.

M Mmm. (19 sec silence) You said before that you didn’t you don’t play any sports, is that right?

T Yeah. Oh, I sort of do squad.

M Squad? What’s squad?

T Swimming.

M Right. Whereabouts?

T Oh I have time trials up in Galston,

M Where’s that?

T Oh that’s just after Dural, next to Dural.

M Right

And, umm I use’d to have swimming lessons at Dural, but now I’ve got them up at Blacktown.

M Right

I use’d to do them at Dural, but then the teacher I normally had left, and she’s got her own swimming program now, so we’re doing them up at Blacktown now.

So you use’d to, you still do it?
T: I do it yeah, I was meant to go do it today but I crashed.
M: (Laugh) Right
T: So it would hurt in the water so I didn’t go.
M: How do you usually get there?
T: In the car with my Mum.
M: Umm huh. Your Mum drives you?
T: Yeah
M: Do you think she might not drive you so much in the future if she gets sick?
T: Yeah, my Dad will probably drive me.
M: Mmm huh. You get along pretty well with your Mum?
T: Yeah.
M: What about your brothers do you get along with them?
T: Ohh most of the time they beat me up, sometimes they play with me.
M: Yeah. Do you think it is something you talk with them about?
T: Not really.
M: Why not?
T: Ohh, I don’t know. They probably wouldn’t really mind about it, they probably think it themselves but, I wouldn’t they probably wouldn’t talk to me about it.
M: Mmm huh. You’ve got another mozzie on your knee. How do you think they have taken the news about your mother?
T: Ohh, probably the same as me.
M: Yeah. Have they said anything?
T: Ohh, not to me about it.
M: No. You said before that, you know you told one of your mates about it ‘cause, you know you might not be able to go over to their place as much or
T: Mmm
M: maybe they won’t be able to come here as much. So that’s sounds like you’re saying that you think that Mum having cancer will have an effect on that part of your life.
T: Mmm
M: Can you see anything any other ways it will effect life?
T: Oh, probably we wouldn’t go very many places much any more. Until she gets better umm, because we’d probably want to go with her, she might get sick.
M: Mmm. You mean as a family.
T: Yeah.
M: Mmm. Have you gone lots of places in the past?
T: Yeah.
M: You mean like family holidays and Christmas and all that sort of stuff?
T: Yeah.
M: My memory’s not very good, umm tell me again when you found out about it?
T: Umm, it was on a Wednesday, the day before school. Umm I think it was last week.
M: Wednesday last week?
T: Yeah.
M: So about 10 days ago.
T: Mmm.
M: You went back to school on the Thursday?
T: Yeap.
M: Right.
T: Do you know when your Mum found out?
T: Umm no. I think she found out over the holidays when I was up at my cousins' house.

M: Right. Where's that?

T: That's up in Newcastle.

M: Right. Were you up there for a few weeks?

T: Yeah, two weeks.

M: Was it good?

T: Yeah.

M: What was good about it?

Y: Ohh, go to the beach, play with my cousins.

M: Mmm huh

T: It's just fun.

M: Are they about your age?

T: Oh they're a bit smaller than me.

M: Mmm huh. Have you spoken to them since you found out about your Mum?

T: No.

M: No. Did your Mum mention I was coming?

T: Yeah.

M: What did she say?

T: Oh she said that umm a person was going to speak to me and my brothers about it.

M: Mmm huh. What did you think?

T: Oh, alright, see what happens.

M: (laugh) Sorry?

T: See what happens.

M: Yeah
Mmm

You’d normally be swimming around this time, on Saturdays then?

Oh just before lunch.

Just before lunch.

Mmm

Oh so you skinned yourself quite early today?

Yeah

Right. Do you do any things in particular on weekends?

Oh.

I’m not keeping you from surfing at the beach or anything?

Nuh.

Ahh that’s good. Do you get to the beach much?

Oh not when we’re around here, but we go to the beach a lot when we go on holidays ‘cause all our relatives and all that live really close to the beaches.

Mmm huh. (another long silence)

Do you reckon it would be alright if I came back and talked to you again in about three months or something?

Yeah

What do you reckon, I sort of asked ya, asked you this before in a way, what do you reckon might be different in three months?

Oh, I’d know a bit more.

Yeah. So is that a good thing?

Yeah. Probably be more used to it,

Mmm huh

Umm.

Do you swim in your pool much?
T    Yeah. On a hot day.

M    What about your mum and dad and your brothers do they swim?

T    Yeah. Mum and Dad they just usually go after when the sun goes down,

M    Mmm huh

T    it’s normally warm and we’re normally not in it.

M    (laugh)

T    ‘Cause we splash around, they just like to swim around in it.

M    Yeah. (silence)
Do you think the situation with your Mum is something you would tell your teachers about? Or do you think they’d find out some other way, do you think your Mum would tell them?

T    Mmm, no. Like one time I had to help her out this morning she would probably write me a note why I was late or something.

M    Mmm huh

T    That’s probably the way they would find out.

M    Mmm. Is it something that worries you, them finding out?

T    Oh no not really. It might be better they might not give me as much homework or hassle me as much.

M    (laugh). Yeah. Do your Mum or Dad help you with your homework?

T    No.

M    Battle away on your own?

T    Yeah.

M    I might not have explained, I guess there is not much to explain, I might not have explained well enough why I am here like, I don’t know what it is like to have a Mum with cancer, your like an expert, you know I’ve come to get your advice on what it is like so that, like I can see that you are dealing with it really well, but ah in my work sometimes we see kids that, teenagers that don’t deal with it real well. And ah I’ve come to ask you sort of how you deal with it and how you manage it well. Just to find out so that we can tell others. Do I make any sense?
Yeah.

If you could give, another kid some advice at this stage do you think you would be able to give them any?

Oh, yeah just a bit.

What would that be?

Oh about what cancer actually is and, give ’em tell ’em not really to annoy their mum,

Mmm huh

or dad or anything. Just to tell them how it is like so they know what will happen.

Mmm huh. You say that you said to me before that, you know you thought it would be a good idea you know not to make too much noise around here with your friends and that sort of stuff

Mmm

do you think it would change any other things with your Mother, or things that you talk about with her?

Ohh, not really.

Mmm huh, why not do you think?

Oh, mmm it’s (mumble- probably not?) do very much. She’d just get fewer headaches, probably wouldn’t be as sick as much,

Mmm huh

Ah. (long silence)

How old are you Trevor?

Twelve

When did you turn twelve?

Last year, July the 6th

How old are your brothers?

I think Aaron’s 14 and Scott’s 16 I think.
M    Mmm huh. (long silence). Right O. I guess I don't have anything else I particularly wanted to ask you about?

T    Mmm

M    Unless you’ve got anything you can think of that, think I might be interested in?

T    No. She has some other, I think this is why the cancer started, I’m not really sure. She kept on getting really itchy feet and itchy hands. And she went to see heaps of doctors about that. They tried, they used, there was the diet and all that stuff,

M    Umm huh

T    that stopped it a bit, didn't stop it completely. Umm, and so I just thought she had that. And then, she’s get I think she getting this half of the treatment is because of the itchy stuff and all of that.

M    Mmm.

T    Yeah. Ah well.

M    So you think that’s tied up with it?

T    Yeah.

M    So it sounds like she went to a lot of doctors before they found this?

T    Yeah.

M    Alright. Thanks for your time. Thanks for telling me what it is like.

T    It's alright.

M    If I don't ask, teenagers about kids at high school about what it is like, then we won't know and, if we don't know what it is that you do that, you know makes it easier for you then we won’t know what to tell other kids, like when they find out.

T    Mmm

M    So. Thanks very much, you're a big help. And ah I'll come back in about 3 months, that be alright?

T    Yeap.

M    You can tell me then, you know what things are like what things are the same, what things are different and all that sort of stuff.
yeap.

Alright, thanks very much.

END.

Second interview with Trevor

I’m talking to Trevor again and the date is the 9th of June. Do you want to tell me, a bit about what you remember happening between the last time I talked to you and now with your Mum, what’s happened with her?

Ohh, her hairs fallen out,

Yeah

um, she’s finished chemotherapy, and she’s onto radiation something now. Not much.

Have you talked with her about that? About the chemo and?

Ohh the first time when she had chemo and all that she was getting sick and err sometimes she was good and she went to work most of the time she was just sick and she stayed home. Umm, then when the radiation is on now she doesn’t get sick anymore.

Umm huh. What about with your Dad? You remember last time I spoke to you said that he gave you a book or something?

Yeah he told me, showed me a book what happens and stuff, about having chemotherapy and all.

Have you looked at that since?

Nuh.

No. Have you talked to him about it?

Not really.

No. OK. Have you read anything else or learnt anything else about it?

Nuh.

Mmm huh. Last time I spoke to you you said that you hadn’t talked to your brothers about it, have you spoken to them about it since then?

Nuh
M: No? OK. Do you remember you told me that you told umm one of your friends

T: Friends

M: and that he told his Mum, umm and that you said that you had one other friend you’d probably tell. Did you tell them?

T: Yeah.

M: Umm huh.

T: There’s a lot of other friends that know now.

M: Sorry a lot?

T: Other friends that know about my Mums got chemo and stuff.

M: Yeah

T: A couple of my teachers know. About it.

M: What did they say?

T: Ohh they found out when parent teacher interviews were on and my Mum couldn’t come

M: Right

T: and the next day they asked why my Mum didn’t come and I just said she was sick because of the chemotherapy. One of the teachers their Dad had the cancer, Hodginkins cancer

M: Right

T: so he knew what it was like.

M: One of the kids his Dad had had it did you say?

T: No one of the teachers their Dad

M: Right

T: had umm the cancer so he understood why Mum couldn’t come.

M: Mmm huh, OK. And what did your friend say, anything?

T: Ohh, not really, not much.
M The last time I was here you said that umm you’d told the friend that you’d told him that you might might be able to go over to his house very often ‘cause Mum would be sick in bed

T Yeah

M did that happen did you not go because of that?

T oh not really I still went over to his house but he didn’t come over here as much.

M Right

T I still went over to his house.

M Mmm huh. When you went over there did his Mum ask you about your Mum?

T Yeah, she said “Is she alright” and stuff.

M Mmm huh. You said that when you were in primary school that you had umm, some health person come and talk to you about cancer once and umm I just wondered whether you’d had any lessons about it at school since I saw you last?

T No.

M Umm huh. Like in Health you were telling me how you have theory and stuff.

T Yeah.

M So you said that you told these other friends, how many do you think?

T Ohh there’s about five.

M Mmm huh, and have you talked to them at all since you sort of just told them.

T No

M No, OK, and they haven’t asked you anything?

T Nuh.

M OK. (long silence) What about umm, squad? You remember umm you said that your Mother used to drive you?

T Yeah
You thought you Mum, that your Dad would have to drive you from now on, that was three months ago, is that what’s happended?

Dad’s never driven me, Mum always has, normally when she’s sick on the day Dad’s still at work,

Right

so he can’t drive so we just don’t go in the end.

Right. OK. So you missed out on that a couple of times because Mum was sick?

Yeap.

Right. That, not going did that worry you?

No.

No?

I didn’t mind.

Mmm huh. When I was here last you said that umm you thought maybe you know, the family wouldn’t go away as many places as you had before because your Mum was likely to be sick, do you think that happened, do you think you didn’t go places because of that.

Oh yeah we usually don’t go many places, ‘cause Mum’s just gotta come back and have her treatment

Umm huh

‘cause it’s once a week I think. She’s just gotta come back and have her treatment so we don’t usually go away for more than a week

Sorry you don’t?

Usually go away for more than a week but there hasn’t been any big holidays yet so we haven’t been anywhere.

Right. I think last time you said that you’d spoken to your Aunt and Uncle about your Mum, I wondered whether you’d spoken to them since?

Nuh

No? have they been over here since?

Uhh nuh.
M No. What about any other relatives? I mean, when I was here that day I was here your Nan

T Nan

M was here. And your Mother was just telling me that sometimes her mother would come over. Is that is that right?

T Yeap.

M in the last few months when your mother was ill?

T Yeap.

M Right. And they’d stay here, they stayed here for a few nights then?

T Yeah, about a week.

M Right. OK. Any other relatives been over here since?

T Nuh.

M Umm huh. Have you spoken to any of them on the phone or anything like that?

T No,

M What do, sorry go on.

T No I haven’t spoken to any of ‘em.

M Right. Did, what do you call umm your Mother’s Mother? If the other one’s Nan what do you call?

T Just Nan.

M Just Nan as well,

T Yeap.

M OK. Did you talk to your Nans’ about it in the last three months?

T Ohh yeah.

M Yeah?

T Yeap.

M What sort of things about it?
Ohh, stuff like when she’s gunna get better and, like have to help around the house and stuff.

they just said I have to help.

So that was one of the things I was gunna ask you about, that you said that you thought you would have to help around the house a bit more, so do you think you have been?

Yeah.

Like what sort of things?

Oh well, just clean the house more, clean the house that’s about it.

Mmm huh, OK. So do you think your Nan’s will be coming back, now that your Mum’s not having chemotherapy any more? Like will they be coming back to stay overnight or?

Oh no I don’t think so.

Right. Last time I talked to you said that, I asked you what you thought would be different in three months time and you said that one of the things that would be different would that you’d be more used to your Mum having cancer

Yeah

Do you think that’s right?

Yeap.

Mmm huh. DO you think anything else has changed?

Ohh no, I think it’s all stayed the same.

Mmm huh. Do you remember I asked you what advice you’d give umm another kid whose mother had cancer, last time do you remember I asked you that?

Yeah, I think so.

Umm, and you said tell ‘em that you’d tell what cancer actually is and tell ‘em not to annoy their mum or dad.

yeah
M and I just wondered umm if you had to give other kids advice now, what would you say?

T Umm, probably the same thing.

M Yeah?

T Yeah.

M What would you tell them to expect in the first three months?

T Umm hair falling out, getting sick a lot.

M Mmm. Have gone in the last, have in the last three months have things gone like you thought they’d go? Like with your Mum?

T Oh I thought they’d all go like this.

M Sorry you thought?

T They’s all go just like it’s happening.

M Right so sort of your Mum getting sick and then stopping it and not being so sick and stuff?

T Yeap.

M Mmm, OK. Do you think there are you mentioned you Mum getting sick and losing her hair, do you think there were any other side-effects that your Mum had? Can you think of any others?

T Ohh no.

M No? OK. When I was here last time and I asked you how you felt when you found out about your Mum the first time. I said how did you feel and you said quite sad, and I wondered whether you’d felt sad about it since?

T Nuh, just she seems to be alright, she’s gettin’ better.

M Mmm huh, OK that’s good. What do you think will be umm, what things do you think will change or stay the same in the next three months?

T Ohh, just umm, ohh stuff like umm she has to go every time to work I mean to chemotherapy, that'll probably (mumble). Ahh she might get sick a bit not as much as before.

M You mean with the radiotherapy?
Yeah she won’t get as sick as before. Umm on the day when she goes to have her radiotherapy it’s really umm stressful for her ‘cause she’s got to go everywhere.

M Umm huh

T That’s the day that Squads on, so we’re going on a different day now

M Right what day?

T Tomorrow.

M No what day does you Mother go?

T Oh Monday.

M Monday right. So you can go you can change your squad day?

T Yeah, squads on everyday.

M Right. OK. How long’s your Mother going to have the radiotherapy for?

T Ohh don’t know, not sure, probably about the same as she had the other one.

M Umm huh, OK. Do you think there is anything that has happened that you think is important that O haven’t asked you about or anything like that?

T Nuh.

M You said you hadn’t talked to your Dad, umm how’s Dad been do you think it’s affected your Dad?

T No.

M He’s still the same?

T Yep.

M OK. Is that the ferret?

T Yeah. On the puppy.

M Alright well I haven’t got any other questions for you unless you’ve got anything else to say?

T Nuh.

M Alright well thanks to talking to me again.

T That’s alright
it was good. And would it be alright if I come back and talk to you in three months again?

T: Yeap.

M: Alright well that’d be good, thanks very much.

T: Alright.

**END.**

**Third interview with Trevor**

M: You a football fan like your brothers.

T: Not really.

M: Not really, you don’t have a team or.

T: No.

M: How has school been treating ya.

T: All right.

M: You’d be looking forward to your holidays.

T: Yes.

M: Are you going down to spend some time with your grand parents is that right.

T: Yeap.

M: They live down the South Coast don’t they.

T: Um, yeap.

M: You look a bit tired. Had a big day.

T: Not really.

M: No. I wondered whether you could tell me what’s happened with your mum since I spoke to you last.

T: Yes. The cancer is gone.

M: Yeah.

T: Yeah and she’s better. But she’s still got the problem that she started out looking for.

M: What was that.
T She gets red hot, hands and feet every now and then.

M Oh right. Mmmm. So you say she is better um.

T She is better with the cancer but the problem that she started out trying to fix is still there.

M And they don’t know what it is.

T No.

M Does it worry you, a lot.

T No.

M No.

T Not much.

M Last time I spoke to you she was having radiotherapy, is that finished.

T Yeah.

M Mmmm, mmmm. When did that finish do you know?

T Ah it’s probably about 3 months, yeah about a month ago.

M A month.

T Oh 2 months.

M Mmmm, mmmm.

T Something like that.

M Mmmm, mmmm. And what was she like when she was having that, did it make her sick.

T No. Only part that made her sick was the first part.

M Chemotherapy.

T Yeah.

M O.K. have you talked with your mum much about that at all.

T No.

M Your dad.
T  No.
M  What about your brothers.
T  Not really.
M  No. You haven't told about your friends about it or anything about that.
T  Oh there’s my friends mum. She’s happy that the cancer is gone.
M  She asked you.
T  Yeah she asked when I go over there and all that.
M  Mmmm, mmmm. One of the things I think you said um when I was here last that you thought that your friends wouldn’t. They weren’t coming over as much like when your mum was sick.
T  Yeah.
M  Has that changed now, are they coming back now.
T  Yeah they are coming back now.
M  Right. Mmmm, mmmm. Have you read anything about your mum’s cancer or anything like that.
T  No.
M  No. O.K. What do expect will happen in the next 6 months with your mum with it.
T  Ah not much.
M  Has she said anything about what will happen or.
T  No she hasn't. Just that it could come back if it does they will be able to treat it really quickly because she goes for check ups and everything now and then now.
M  Right so it sounds like it will be mainly just check ups.
T  Yeah.
M  Mmmm, mmmm. So you sort of ask your mum much about it but it sounds like she tells you a few things.
T  Yeah.
M     O.K. What about when you’re at school. You haven’t heard anything about cancer or health or anything like that.

T     No.

M     Mmmm, mmmm. And you haven’t told, did you say about your friends, did you tell them about that your mums better or.

T     Yeah.

M     Mmmm, mmmm how many friends would you have told do you think.

T     About 5.

M     Mmmm, mmmm what did they say.

T     Mmmm, forget.

M     Mmmm, mmmm So it sounds like they can’t have said much if you forget anyway.

T     No.

M     Mmmm, mmmm do you still go to Squad.

T     No.

M     No, why is that.

T     Mum didn’t have time any more.

M     Right, she used to take you.

T     Yeah.

M     Mmmm, mmmm and why doesn’t she, and what’s changed that she doesn’t have time.

T     Um I’m not sure. I think she might be working a different time that’s all.

M     Right when did you used to go to Squad. What times.

T     Um it was 12 o’clock on a Saturday up in Blacktown.

M     Right, does she work on Saturday’s now.

T     No I don’t think so.

M     Right. Scott tell’s me he got his ‘P’s.
T Yeah.

M Is that good, you been driving with him.

T Once but I got sick.

M (laugh)

T So I don’t go in the car with him any more.

M Right, right. Yeah one of the things you said here about the last time I talked to you um. When I asked you what about Squad and you said ah and I said do you remember when you said your mother used to drive you. You thought that your mum, your dad would have to drive you um if your mum didn’t. Ah so but your dad hasn’t driven.

T No.

M No. When I spoke to you last, I am not really sure whether it was you or one of your brother’s said that different friends and people ring up more and ask about your mum. When she got sick. Do they still ring up or.

T No.

M No. From what it’s, from what your saying to me it sounds like things are pretty normal now.

T Yeap.

M Mum’s not sick and she’s not getting any treatment.

T No.

M Your friends are coming around. All right then. Did her hair come back.

T Yeah.

M Yeah.

T Quite thick.

M She’s got a fair bit of hair has she.

T Yeah.

M So I was here about 3½ months ago and she just had sort of like a really really sort of short hair.

T Yeah.
M     Longer than that.
T     Yeah.
M     It was as long as Scott’s. What do you think about Scott’s hair. It’s quite different from when I was here. All right, well I can’t think really of anything else to ask you about unless you can think of anything that you want to tell me about.
T     No.
M     Doesn’t seem like there is much to tell just normal family life hey.
T     Yeap.
M     You said that your dad used to yell at you to be quiet. Does he still do that or isn’t it not so important anymore. You’re mum’s not sick.
T     Mmmm, that’s not a problem.
M     Righto, would it be all right if I came back and asked ya in 6 months.
T     Yeap.
M     That would be a year since I first talked to you then. Be all right if I just came back and asked you what had happened in the last 6 months.
T     Yeah.
M     All right. It looks like your sister is sick hey.
T     Yeah.
M     Has anyone else been sick.
T     No.
M     Did your mother ever mention anything about being it important for her not to get sick when she was getting treatment and stuff.
T     Yeah.
M     She did. Mmmm, mmmm. Well I can’t think of anything else to ask you so thanks very much for talking to me. I am always interested to know you know what sort of effects it has on kids lives and stuff.
T     Yeah.
M     It’s been really good. So I'll let you go back and watch your football and I'll talk to you, I don't know the end of January or end of February. When you are going back, what year will you be in next year.
T 8.
M Year 8.
T Yeah.

M All right, thanks very much Trevor, cheers.

Fourth and final interview with Trevor

M So, Trevor, tell us what’s happened to your Mother since I saw you in September?
T She’s not as sick anymore.
M Sorry?
T She’s hasn’t got sick since then I don’t think.
M She hasn’t been sick since then?
T Yeah.
M Right.
T That’s about all.
M Does she still get the itchy hands stuff?
T I don’t think so no.
M No?
T Nuh. She gets hot and cold hands.
M Hot and cold hands.
T Not itchy anymore.
M Not itchy anymore. Mmm huh. Umm have you talked with your Mother about the cancer and the hot hands and stuff?
T Nuh.
M No? What about umm with your Dad?
T Nuh.
M What about with your friends? You said you’d told your friends at one stage.
T Yeah, but no.
M You haven't spoken to 'em since?
T Nuh.
M Umm huh. What about your grandparents?
T Nuh.
M No?
T Nuh.
M No. Uncles or aunts?
T Nuh.
M No? No-one. OK. What people ringin' up, I think people were ringin' up about six months ago when I was here not last time but the time before and asking how she was and stuff, what about that?
T No-one's ringing up asking if she's better now.
M They haven't?
T They all know she is better.
M Right, yeah. OK. What about the house-work and stuff like that, is that back to normal or?
T Yeah.
M 'Cause when your Mum was sick she wasn't doing as much was she?
T Yeah.
M What about Squad, do you still go to Squad (swimming club)?
T No, don't do any sports anymore.
M No, why' that?
T (mumble)
M What were you doin' today, you were doing some sort of sport today weren't ya?
T I'm going to Scouts.
M Scouts.

T Going canoeing.

M Mmm huh. What about your teachers?

T School teachers?

M Yeah do they know about it? Or have they spoke to you about or have spoke to them?

T Nuh.

M Nuh, OK. Have your grandparents been to stay here since September?

T Ohh

M Like over Christmas or anything like that? Since Christmas?

T Yeah I think one of them stayed over a bit in the holidays.

M Right. Around Christmas holidays?

T Yeah.

M Mmm huh. But you didn’t talk to them about your Mother or being sick or anything?

T Nuh.

M No.

T I don’t think I was here actually.

M Sorry?

T I was up at my Nan’s,

M Oh right

T other Nans’ when that happened.

M Right. Your friends still come over as much now as before your Mum got sick, because when your Mum was sick they didn’t come around so much did they?

T Mmm, they come around more now.

M Mmm huh. OK. I think the last time I spoke, I might have asked you about umm what you expected to happen in the next six months and umm I
wondered what you think will happen in the next year now with your Mum and stuff?

T    She'll just keep on going for her tests

M    Mmm huh, how often does she have them?

T    I think she has them once, four months or something.

M    Mmm huh.

T    Just normal.

M    Yeah, just normal other than Mum going for a few tests and stuff?

T    Yeah.

M    Mmm huh. Have you umm, at one stage there was a whole lot of information and stuff here I think your Mum had got from the internet and books and stuff about cancer, have you looked at any of that?

T    No.

M    No, your parents haven’t mentioned it?

T    No.

M    Nuh. What, if I asked you, to give advice to kids, about your age, about if their mother got cancer what would you say, what would you tell 'em?

T    Say that, you just be normal. She'll get sick every now and then and you'll have to help out and, in a few months or a year she'll be better.

M    Mmm huh.

T    So you don’t have to worry that much.

M    Mmm. OK. When umm, we umm researchers like me do research we’d like often just to be like a fly on the wall, you know like no-one knew we were here because we want to know what it's like for people without us changing their behaviour. But I can’t be a fly on the wall of course, so I’ve got to come and talk to ya, do you think that me coming and talking with ya made you think about it differently or do anything differently?

T    Oh yeah.

M    Yeah?

T    Just a little bit.
M Yeah, like what?
T Oh, just, (mumble), help out more.
M Mmm huh.
T Stuff like that.
M Mmm huh. So, when I was here before and I left, sounds like you saying you thought about it a bit more?
T Mmm.
M Mmm huh. OK. Whenever I’d left before after I’d spoken to ya, did you talk with Mum and Dad about me being here?
T Mmm nhu.
M No. So, before I came your Mother would just say I was coming, did she?
T Yeah.
M Yeah. But she didn’t say anything else?
T Nuh.
M No. OK. Alright. Well I don’t suppose you looked forward to me coming exactly but I don’t think it was too painful in the end was it?
T Nuh.
M I want to just thank you very much for talking to me
T It’s alright.
M it’s been a year just about to the day since I saw you last time, not last time the first time, and we sat out the back there with the ferret and the mosquitoes I think, and it was hot, and I just want to thank you very much for taking the time to talk to me so that we could find out what it’s like for teenagers who’ve got a parent with cancer and I think it’s turned out pretty well for ya, the whole family. Do you think?
T Yeah.
M You had a few changes in your life with your grandparents coming and staying and helping out, and your Mother being sick with the chemo and losing her hair and all that sort of stuff. But it’s all worked out a year later, everything seems to be working out really well doesn’t it?
T  Yeap.
M  Alright. Well unless you’ve got anything, that umm you want to umm tell me about I don’t think I’ve got any other questions for ya.
T  Nuh. That’s about all.
M  Do you think it had any impact on Kali?
T  Huh?
M  Do you think your Mother being sick had any sort of effect on Kali?
T  Oh I don’t think so.
M  No, she didn’t get umm upset or anything about it, because she’s only really young so it’s hard for her to understand I guess. No?
T  I don’t think she worried that much.
M  Mmm huh. What effect do you think it had on your Dad?
T  Oh, sad effect.
M  Yeah.
T  In case she died something like that.
M  Mmm. OK. How are you enjoying your new school year? What year are you in now? Eight?
T  Eight yeah.
M  It’s going alright?
T  Yeah.
M  You’ve only been back a week have ya?
T  Yeah, just a week.
M  Mmm huh. Righto. Alright well I can’t think of anything else to ask ya, so thanks very much,
T  That’s alright.
M  and we’ll see ya ‘round maybe sometime somewhere.
T  Yeap.
M  Alright. OK. Well thanks a lot.
T  Alright.

END OF FINAL INTERVIEW with Trevor.
In reply please quote: DC:KM HE00/150
Further information: Karen McRae Ph:42214457

24 October 2000

Mr M. Henman
26 Llandaff Street
Bondi Junction NSW 2022

Dear Mr Henman,

Thank you for your response to the Ethics Committee's requirements for your Human Research Ethics application HE00/150 “When Mum and Dad has cancer: What are the experiences and support needs of Australian adolescents?”.

Your response and amendments meet with the requirements of the Committee and your application was formally approved on 19/10/2000.

Yours sincerely,

Karen McRae
Secretary to the
Human Research Ethics Committee
21 September 2000

Mr M Henman
Eastern Suburbs
Mental Health Service
26 Llandaff Street
BONDI JUNCTION NSW 2022

Dear Mr Henman

RE: When Mum or Dad has cancer: What are the experiences and support needs of Australian adolescents?

ETHICS NO: HE00/150

In response to your submission of your Research Application I have pleasure in informing you that the Illawarra Area Health Service has granted approval for the above research to be undertaken in the facilities of their Service.

I wish you well in your research.

Yours sincerely,

TINEKE ROBINSON
Director of Health Services Development

Cc Ms K McRae
University of Wollongong
Department of Psychology
Participant Information Sheet

When a parent has cancer: What are the experiences and support needs of Australian teenagers?

Michael Henman

This research project is being conducted as part of a Master of Science degree supervised by Associate Professor Beverly Walker (4221 3653) and Mr Peter Caputi (ph. 4221 3717) in the Department of Psychology at the University of Wollongong. Michael Henman can be contacted on 9366 8655 during business hours.

You are invited to take part in a research study entitled “When a parent has cancer: What are the experiences and support needs of Australian teenagers”. The objective is to discover just what your experiences have been/were as a teenager who has/had a parent with cancer, and what support you think you need/needed during this time.

If you agree to participate in this study you will be interviewed about your experiences and your responses will be recorded on audio cassette. Each interview is expected to last between 1 and 2 hours, and will take place with another responsible family member at hand if you are under 18 years of age. You will be asked about how having/having had a parent with cancer has affected various aspects of your life, including: how you get/got along with your family; how you feel/felt about your parent being ill; whether it has affected your friendships; whether it has affected how you get along with your brothers and sisters; whether it has stopped/ did stop you doing things that you would normally do, like sport; and what have/did people done/do for you that has been helpful or unhelpful since your parent was diagnosed with cancer.

It is possible that while discussing these issues you may become upset. However, you can stop the interview at any time, and support will be arranged, if required.
While we expect that this research will further our knowledge about this important topic, and may help teenagers and parents in the future, it may not be of direct benefit to you.

If you have any questions about this research, either now or later, please feel free to ask and Michael Henman or Associate Professor Beverly Walker will be happy to answer them.

Participation in this study is entirely voluntary: you are in no way obliged to participate, and if you do participate, you can withdraw at any time. Whatever your decision, please be assured that it will not affect your parent’s treatment at the support group or the University of Wollongong.

Each audio taped interview will be typed onto a computer and any information that may identify you will be left out. Each computer file will then be given a number so that anyone reading the computer file will not know who you are. Only the chief investigators will ever know which participant was given what number. This information will then be kept in a locked filing cabinet that only the chief investigators will have access to. The information gained may be published in professional journals, but no information will be published that identifies anyone in any way.

If you have any inquiries regarding the way in which this research is or has been conducted you should contact the Secretary of the University of Wollongong Human Research Ethics Committee on (02) 4221 4457.

This information form is for you to keep.
University of Wollongong
Department of Psychology

Consent form
(For participants 16 years or over)

When a parent has cancer: What are the experiences and support needs of
Australian teenagers?

Michael Henman

This research project is being conducted as part of a Master of Science degree supervised by
Associate Professor Beverly Walker (ph. 02 4221 3653) and Mr Peter Caputi (ph 02 4221 3717)
in the Department of Psychology at the University of Wollongong. Michael Henman can be
contacted on (02 9366 8655).

If you agree to participate in this study you will be interviewed about your experiences and your
responses will be recorded on audio cassette. Each interview is expected to last between 1 and 2
hours. You will be asked about how having/having had a parent with cancer has affected various
aspects of your life, including: how you get/got along with your family; how you feel/felt about
your parent being ill; whether it has affected your friendships; whether it has affected how you
got/got along with your brothers and sisters; whether it has stopped/ did stop you doing things
that you would normally do, like sport; and what have/did people done/do for you that has been
helpful or unhelpful since your parent was diagnosed with cancer.

Your participation in this research is voluntary, you are free to refuse to participate and you are
free to withdraw from the research at any time. Your refusal to participate or withdrawal of
consent will not affect your treatment in any way, or your relationship with the support group or
the University of Wollongong.

If you would like to discuss this research further please contact Michael Henman on 9366 8655
or Associate Professor Beverly Walker on 4221 3653. If you have any inquiries regarding the
conduct of the research please contact the Secretary of the University of Wollongong Human
Ethics Committee on 4221 4457.

Research Title: When a parent has cancer: What are the experiences and support needs of
Australian teenagers?

I,......................................................... consent to participate in the research
carried out by Michael Henman as it has been described to me in the information sheet. I
understand that the data collected will be used to find out how my having a parent with cancer
has affected my life and I consent for the data to be used in this manner.

Signed

Date

.........................................................  ....../....../......
University of Wollongong

Department of Psychology

Information Sheet for Parents

When a parent has cancer: What are the experiences and support needs of Australian teenagers?

Michael Henman

This research project is being conducted as part of a Master of Science degree supervised by Associate Professor Beverly Walker (ph. 02 4221 3653) and Mr Peter Caputi (ph 02 4221 3717) in the Department of Psychology at the University of Wollongong. Michael Henman can be contacted on (02 9366 8655).

Your child is invited to take part in a research study entitled “When a parent has cancer: What are the experiences and support needs of Australian teenagers”. The objective is to discover just what your child’s experiences have been as a teenager who has/had a parent with cancer, and what support they think they need/needed during this time.

If you and your child agree to participate in this study, your child will be interviewed and recorded on audio cassette. Each interview is expected to last for between 1 and 2 hours, and will take place with another responsible family member at hand if your child is under 18 years of age. Your child will be asked about how having/having had a parent with cancer has affected various aspects of their life, including: how they get/got along with their family; how they feel/felt about their parent being ill; whether it has affected their friendships; whether it has affected how they get/got along with their brothers and sisters; whether it has stopped/did stop them doing things that they would normally do, like sport; and what have/do people done/did for them that has been helpful or unhelpful since their parent became unwell.

It is possible that while discussing these issues they may become upset. However, they can stop the interview at any time, and support will be arranged, if required.
While we expect that this research will further our knowledge about this important topic, and may help teenagers and parents in the future, it may not be of direct benefit to you or your child.

If you have any questions about this research, either now or later, please feel free to ask and Michael Henman or Associate Professor Beverly Walker will be happy to answer them.

Participation in this study is entirely voluntary: you and your child are in no way obliged to participate, and if you and your child do participate, you can withdraw at any time. Whatever you and your child decide, please be assured that it will not affect your treatment at the support group or your relationship with the University of Wollongong.

Each audio taped interview will be typed onto a computer and any information that may identify you or your child will be left out. Each computer file will then be given a number so that anyone reading the computer file will not know who the child was. Only the chief investigators will ever know which child was given what number. This information will then be kept in a locked filing cabinet that only the chief investigators will have access to. The information gained may be published in professional journals, but no information will be published that identifies anyone in any way.

If you have any inquiries regarding the way in which this research is or has been conducted you should contact the Secretary of the University of Wollongong Human Research Ethics Committee on (02) 4221 4457.

This information form is for you to keep.
University of Wollongong
Department of Psychology
Consent form
(For participants 16 years or over)

When a parent has cancer: What are the experiences and support needs of Australian teenagers?

Michael Henman

This research project is being conducted as part of a Master of Science degree supervised by Associate Professor Beverly Walker (ph. 02 4221 3653) and Mr Peter Caputi (ph 02 4221 3717) in the Department of Psychology at the University of Wollongong. Michael Henman can be contacted on (02 9366 8655).

If you agree to participate in this study you will be interviewed about your experiences and your responses will be recorded on audio cassette. Each interview is expected to last between 1 and 2 hours. You will be asked about how having/having had a parent with cancer has affected various aspects of your life, including: how you get/got along with your family; how you feel/felt about your parent being ill; whether it has affected your friendships; whether it has affected how you get/got along with your brothers and sisters; whether it has stopped/deid stop you doing things that you would normally do, like sport; and what have/did people done/do for you that has been helpful or unhelpful since your parent was diagnosed with cancer.

Your participation in this research is voluntary, you are free to refuse to participate and you are free to withdraw from the research at any time. Your refusal to participate or withdrawal of consent will not affect your treatment in any way, or your relationship with the support group or the University of Wollongong.

If you would like to discuss this research further please contact Michael Henman on 9366 8655 or Associate Professor Beverly Walker on 4221 3653. If you have any inquiries regarding the conduct of the research please contact the Secretary of the University of Wollongong Human Ethics Committee on 4221 4457.

Research Title: When a parent has cancer: What are the experiences and support needs of Australian teenagers?

I,............................................................................. consent to participate in the research conducted by Michael Henman as it has been described to me in the information sheet. I understand that the data collected will be used to find out how my having a parent with cancer has affected my life and I consent for the data to be used in this manner.

Signed

Date

.............................................................................       ...................................
APPENDIX I: Interview with ‘Helen’

Study 2 (5 761 words)

‘I’ = Interviewer
‘H’ = Helen 17 year-old, was 13 at diagnosis

I Just to begin with I’d like you to tell me what’s happened since your mother was diagnosed with cancer and, tell me about the good, if there was anything good about it, and the bad.

H Well I got scared at first ‘cause, I didn’t know what was going to happen. There wasn’t really any good things about it, she had to stop working and stuff. The bad thing was she couldn’t do a lot of stuff. She got lymphedema under her arms. It was pretty much the same for my sister. She reacted the same.

I How old were you then?

H I was in about year 7 I would have been about thirteen or twelve, my sister would have been about 16, about that. Yeah we really didn’t know what to do at first, like it never happened in our family. I guess I was just scared. Initially.

I Do you remember any impact it had on your schooling?

H Yeah I was very distracted for one. Couldn’t concentrate. Yeah I didn’t do too good for that little while.

I When you say “for that little while” how long was that?

H Probably about a year, year and a half. Yeah it was

I It went on for while.

H Yeah.

I What about with your friends did it make any difference on how you spoke with them or how much you saw them or?

H Oh I didn’t see them as much but they still used to come over and talk to my mum and stuff, yeah that didn’t really effect ‘em they still used to come and see us. I still used to go places.

I What about other family, did you see more or less of extended family, around that time?

H At first I didn’t really see many people because Mum was really sick, and she used to just stay here. But there was people like her friends and a lot
of different people when she was gettin’ better, used to come over and visit her but I didn’t see much more family but, just normal family ’cause we normally see quite a bit of ’em. So that continued. Probably did see a couple of other people that hadn’t saw for a while from family came down to see her.

I What about your relationship with your mother and father at that time. Would you describe it as different?

H Probably, ’cause we had to do more, with Mum not being able to help so, yeah it was different.

I What about doing more, what other things did you do?

H Oh I just used to help out more like housework and just do more things for myself, I wouldn’t go as many places, just stay home.

I Did you used to discuss with your Mother and Father about the illness at the time, was it something that you talked about as a family?

H Yeah we talked about it and I went in once and saw ‘em do the chemo I think it was.

I Yeah?

H No it was the radio. I saw ‘em do that. Yeah that sort of made me understand a bit more what happens.

I Yeah.

H Yeah we used to talk about it though.

I So did you find seeing the radiotherapy take place, helped you understand a bit more, did you think that was helpful?
H Yeah I did 'cause like when you think radiotherapy and stuff you don't really know what they do. And yeah I saw everything that kind of happened, and, yeah.

I Did your mother being diagnosed with cancer make you think about or become concerned about the idea of you getting it?

H Well kind of 'cause I thought that if it was in the family it might have like a greater increase of your chances of like getting it. But, yeah but suppose if everybody's got to be careful these days of something so.

I Yeah.

H I don’t smoke or anything so I consider myself pretty healthy.

I What about, you mentioned before that around the time that Mum was sick and having treatment you went out less and helped around the home more, but I wondered whether at that time you were playing any sport or doing any other particular outside of the home which you didn't do as much?

H Well around that time I would have been playing, I used to play roller-hockey, and I still continue playing that but Mum didn't come for a while. As she got better she started to come back and watch and stuff.

I So you don’t remember stopping going to that?

H No I still played. Kept my mind a bit busier.

I You have a sister, any other?

H No, it's just me and my sister.

I And what's her name?

H Rebecca.

I Rebecca.

H And she's 21.

I 21, and do you think that anything that your mothers diagnosis and treatment changed anything between you and her? Did it have an impact on you as sisters?

H Probably brought us a bit closer, actually we really didn’t used to do much together, yeah.

I So are you saying that you did a bit more together after?
H Yeah well I’ve been on a couple of holidays and like she used to take me on holidays ‘cause Mum wasn’t well she took me up to Queensland a couple of times. Yeah and just we used to just go out more ‘cause she used to have a car she used to take me out shopping for the day. Instead of me just sitting around home.

(6.8 m)
I You’ve told me a little bit about the situation with your mother and the things that that were different

H Yeap

I And I just wondered if you could tell me a bit about who you are. I mean if I was to say to you, “Who are you?” What three things would you say? What three descriptions would you give yourself?

H Very sociable.

I Yeah?

H Yeah. I can spend time by myself, I enjoy spending time by myself, like drawing, I like doing art and stuff.

I So you’re sociable but somebody who also likes to spend

H yeap.

I time on their own, yeah?

H Fit, I like doing exercises and stuff, and eating properly.

I So fitness is important as well?

H Yeah.

I OK.

H And probably family, I like seeing my family.

I Is it important for you to be sociable?

H Yeah. I think it is.

I OK.

H I’ve always been like very sociable and I just think it’s important to keep in contact with people.

I You say that you’re sociable and that’s important, what sort of person would deny that being sociable was important?
H: Well I don’t know I couldn’t like say that being sociable’s not important sometimes, probably a person a shy-ish person that’s maybe like a new person to an area. They might not think it’s important to be sociable. Somebody who’s lost somebody might just withdraw by themselves.

I: Yeah that was my next question, how might they come to be that way, ‘somebody whose lost somebody’.

H: Probably that sort of person that’s had something happen to them and they don’t like talking.

I: You also like to spend time on your own, it that important?

H: Yeah. Sometimes you just can’t be with people. Everybody needs time to themselves.

I: That’s why you’d say it was important ‘cause everyone needs time to themselves?

H: They need time.

I: How would you describe somebody who didn’t like to spend time on their own?

H: Oh I would take it against them it’s their own choice and like if I had a friend that didn’t like spending time with many people I’d still go and visit them. I’d just go by myself or something or maybe just invite them to come here, for a couple of days or something.

I: What sort of person would you describe them as being?

H: Just quite.

I: Someone who’s quiet?

H: Yeah quite.

I: Why might they be quiet and not like to spend time with other people. How would that come about?

H: Losing somebody or, people just having bad experiences with people.

I: You describe yourself as fit and interested in fitness, is that important?

H: Oh yeah like, yeah I take some pride in how I look, so yeah fitness is.

I: Right, and that’s why it’s important because of how you look.

H: Oh not just image and shit I just feel better with myself
I That’s why it’s important ‘cause you feel better.

H Yeah.

(10.6 m)

I How would you describe somebody who wasn’t interested in fitness and didn’t think it was important?

H Oh it’s their own personal choice that’s how they feel what they want to do.

I Why might they feel that way? What sort of experiences might have lead them to feel like that?

H Probably just same as the other ones people, influence of them. Their experiences.

I If I was to ask you not just what sort of person you are, not just who you are but what sort of person you are, what three things would you say?

H Talkative, I like to talk.

I Yeah.

H Like before really.

I What did you say before?

H Sociable.

I They’re hard aren’t they.

H Yeah. I can be annoying,

I Yeah.

H to other people, yeah. I can annoy them. So probably to some people I can be annoying.

I OK. How would you describe somebody who wasn’t talkative?

H Well they could be the same as anybody else, they just don’t like talking they could still be sociable or quiet. Yeah. I’ve got a couple of friends that are quiet and I get along well with them.

I You describe yourself as talkative is it important

H Nuh not really

I for you to be talkative?
I just talk, no.

How come (?).

I'm not sure. Just talk. Not around all people, just some people. Some people I clam up. Don't know why that is I just don't feel comfortable talking.

Some people aren't talkative some are quiet, why might they be like that what experiences might have lead them to be quiet do you think?

They might have lost somebody or.

When do you think being talkative might be a disadvantage?

When people don't want to listen to me

Oh yeah

Talking to somebody like about something that they don't want to talk about make them feel uncomfortable sometimes make people uncomfortable.

Are there times when talking might be an advantage?

Just like to let people know how your feeling. Let them know what's wrong with you if you've got a problem.

Like you said last time you saw yourself as sociable and how would describe somebody who wasn't like that?

Just quiet. I wouldn't call them withdrawn or anything without really knowing them but yeah just quiet people.

Is it important for you to be sociable?

Not really I just enjoy spending time with other people. More than just staying by myself but I like to spend time by myself so. It is important but not really. But….

When might be being sociable a disadvantage?

(mumble)

When do you think it might be an advantage? To be sociable? Sorry.

Well you can meet new people. You have better relationships if you see people more often.

The last one you used was interesting one you said you can be annoying. How would you describe someone who you didn't think was annoying?
(14.9 m)

H Quiet. I don’t know really. Somebody with something on their mind so yeah.

I Right. You think of yourself as being annoying, do you think that’s important?

H Yeah.

I Yeah?

H Yeah ‘cause it let’s me know my limits with people.

I Right. Can you think of time, an occasion when being annoying might be a disadvantage?

H People might get angry with you or, withdraw themselves from you.

I Can you tell me a time when being calm might be an advantage?

H Oh if somebody needs to talk to you. I’m not very good in that area but

I You don’t think you’re very good at being calm

H No not at being calm.

I Or unstressed?

I’d like to ask you how you think other people might see you? If I were to ask, say, your mother, how what sort of person you are what three things do you think she’d say?

H My Mum?

I Yeah

H Probably untidy.

I Yeah

H Yeah. See as a sociable person too, because I’m not home much. Probably a relaxed easygoing person as well. Annoying sometimes too (mumble)

I So is this your Mum seeing you as, (mumble) mother think it’s important? Being untidy’s important?

H She doesn’t think it’s like she doesn’t like untidiness she’d rather everything be clean but she doesn’t stress about it or, she just like she might
say ‘come on Helen can you clean up for me’. She does clean a lot ‘cause if I don’t do it she’ll clean up, she doesn’t leave things. 
(17.3 m)
I She sort of sees it as important?

H Yeah.

I Why is that? Like..

H Probably, well this is her, because if like you live in a dirty house people see you as a dirty person like, she likes people to think, oh I don’t know, that’s she’s clean or something. Which she is. Like when other people come over and feel maybe uncomfortable if the house was messy, she’d like it clean (??).

I What experiences do you think she’s had that leads her to think that way?

H My Aunty.

I Yeah.

H She’s very messy and she like doesn’t really like going around, oh she goes around there but, oh I think she feels a bit uncomfortable like…

I Your mother feels uncomfortable?

H Yeah going to my Aunties because it’s very messy.

I How would she describe somebody who wasn’t untidy?

H She doesn’t hold anything against untidy people so

I Yeah but what would she see as what would she see as the difference? How would she describe them?

H She might say that the person took more pride like, in how they lived and maybe in themselves or.

I What would she see as so, sociable would she see that as being important?

H Is that to me or?

I Sorry yeah, I mean does your mother think that it’s important for someone to be sociable?

H Yeah. Like she goes out and sees all of her friends, like constantly keeps in contact with a lot of older friends and stuff so, so she’d class it as important.
I Why?
(19.2 m)
H Probably so you don’t lose contact.

I What experiences do you think she would have had to lead her to think that?

H Well now she’s lost like she used to work with a lot of close friends, and like as she’s left work they’ve moved away and they’ve lost contact so probably prevention, of that happening again. (mumble) being sick has probably (mumble) keep in contact with people more.

I How would she describe somebody who wasn’t sociable?

H Just as quiet or easygoing.

I Is there anything bad about being quiet and easygoing as opposed to being sociable.

H I don’t think so.

I No. What reasons would she give for not thinking that it bad?

H Well, she’s a bit of a quiet person too. She’s social but she’s quiet around (mumble).

I The third thing you said that she’d say you were relaxed and easygoing.

H Yeah, she always like she complains sometimes. That I leave things to the last minute and too easy going.

I How do you think she would describe someone who wasn’t relaxed or easygoing?

H Hardworking, or…

I Hardworking?

H yeah.

I Do you think she sees it as important to be relaxed and easy going?

H Sometimes, but not all the time,

I Yeah?

H Yeah. There’s got to be a limit I’d say.
I Why do you think that is?

(21.3 m)

H Maybe 'cause that's how she is kind of. She can be laid back but she's normally doing something all the time.

I What experiences do you think have lead her to, seeing things that way?

H She was brought up that way, by her parents. That's why she's like that and tries to put it onto us.

I Anything bad about being hardworking as opposed to relaxed and easygoing?

H Not unless it got to the point that you were stressed and angry from hard work. (mumble) just a combination, a balance.

I You thought your mother would describe you as relaxed, sociable and easygoing. Which of three things do you go along with? Which ones would you agree with her about?

H Probably sociable and untidy, and probably all of 'em.

I Right right. Is it important for you to go along with your mother’s views?

H Kind of to keep her happy but, I'll sort of go along with some of my own views as well. That we might have different opinions and stuff on.

I How come it would be somewhat important to along with her views?

H Probably 'cause some things, most things, she knows what she's talking about and, she like gives good advice.

I What happens when you don't agree with her?

H We have a bit of a fight

I Yeah

H but nothing major, just argument.

I If at any time you don't want to answer any of my questions you just let me know alright.

H Yeah.

I I guess I'm also interested to know, how, if I asked you again. If I was to ask say your father this time what sort of person you are what would he say?
H  Probably the same as my Mum (mumble)
I  Untidy, sociable
(23.8 m)
H  Oh not so much the untidy but probably the sociable. Probably that
would be the main one.
I  Right. You have trouble coming up with a couple of others for your
father and how he would describe you by the sound of it, nothing pops to
mind.
H  No.
I  Does he see it as important to be sociable?
H  Yeah, he goes and sees his mates (mumble)
I  What reason would he give, why would he say it was?
H  What that he’d visit his friends?
I  No no why would he say it was important to be sociable?
H  To stay in contact, I guess when they moved they moved from
overseas when they were young, to here. They didn’t know anybody and they
had to be, sociable to meet new people and get jobs. Sort of adapt, that’s
probably his reason.
I  How would he describe somebody who wasn’t sociable?
H  Much the same as me and my Mum, quiet.
I  What would be say was the bad thing about being quiet?
H  Probably that you lose contact or miss on stuff that you might need to
know, or events and stuff.
I  Do you go along with your fathers, with what you think of your fathers
idea of you being sociable?
H  He probably thinks I’m over sociable ‘cause he has to drive me
everywhere but, yeah I can understand where he’s coming from sometimes.
I  Right. So is it important sort of to go along with dads views?
H  Yeah, kind of but it’s like my Mum some things I go along with him but
other things I have my own views on and.
I  How come it would be sort of kind of important to go along with his
views?
H  To keep the peace.

I  Yeah?

H  Probably. (26.3 m)

I  What happens when you don’t agree with your father?

H  Oh we just have an argument, but nothing major. We still talk and stuff.

I  If I was to ask your sister what three things. What sort of person you are, what three things would she say?

H  Probably quiet...

I  Really?

H  yeah I’m a bit more quiet around her. She’s probably say sociable to ‘cause, we do a lot of things together. Probably very easy to get along with, not a hard person not very judgmental of people.

I  Just to start with last one first then. How would she describe somebody who wasn’t like that, who wasn’t easy to get along with?

H  Probably annoying, from my sisters point of view.

I  Yeah.

H  Yeah she probably wouldn’t bother, with them.

I  So you think it is important that your sister thinks it is important for someone to be easy to get along with?

H  Yeah, pretty much.

I  Why? Why would she say that?

H  Well most of her friends have been easy to get along with. She has had friends in the past that they haven’t got along too good and they aren’t friends anymore. They used to fight a lot so.

I  What would be so bad do you think for you sister for someone to be annoying?

H  Probably that she is very strong, opinionated. She likes things her way, or not at all sort of.

I  What reasons would she give?
For her being like that?

Yeah

Personality really, it’s just what she’s like.

So how would your sister describe somebody who wasn’t quiet?

Probably loud.

Loud.

Most of her friends are very loud, and outgoing. Adventurous.

Is it important for your sister to be quiet?

She’s not quiet.

No.

No. She’s…

So why isn’t it important?

Not sure.

What experiences do you think lead her to seeing quiet as not being important?

Because she’s always been involved in lots of sports and like activities outside of school. So she’s had lots of contact with other people her age and stuff.

Would she see anything wrong with being loud?

Nuh.

No. What reasons would she give, do you think?

I’m not sure that’s just the way her friends and her carry on everyday I suppose, it’s just normal.

You said your sister would describe you as quiet, sociable and easy to get along with, yeah?

Mmm.

What do you think she would how do you think she’d (her mobile rings) How do you think she’d describe somebody who was wasn’t like that?
H Probably laid back or.
I Do you think she thinks it’s important for somebody to be sociable?
H Probably she would because she’s out a lot and yeah like s being around other people so she probably just, yeah (mumble)
I What experiences would have lead her to thinking that. To being like that?
H Brought up that way, the people she knows and friends have a lot of influence and stuff.
I What for her would be bad about being laid back?
H She would probably get bored,
I Yeah
H She likes normally having somebody else around, even it’s it at home just Mum and Dad. She’d rather go out than stay here
I She doesn’t like being on her own
H No.
I From quiet, sociable and easy to get along with, which of those do you agree with your sister about?
H Probably all of ‘em except the quiet bit. Not very quiet but probably not as outgoing as her that’s why she might say that, a bit more timid you could say.
I Is it important to go along with your sisters views?
H Nuh not really
I No
H No.
I How come?
H Oh we’ve just got totally different opinions on things.
I What happens when you don’t agree with each other?
H We just have a bit of a fight, or an argument, not really a fight.
I Tell me if your getting too bored alright?
I just want to go through again one more time.

H Yeah probably that girl that just walked past.

I Walking through. Alright, what’s her name?

H Tanya. From New Zealand.

I So what three ways words would Tanya use to describe you do you think?

H Probably sociable, annoying

I Yeah

H and laid back.

I How would she describe somebody who wasn’t like that, wasn’t sociable?

H Probably annoying.

I Would it be important for her to see you for people to be sociable? Do you think?

H Probably yeah. I suppose it wouldn’t really matter to her because she’s pretty easy going herself. So yeah it probably wouldn’t matter.

I What sort of experiences would lead her to think that do you think?

H Probably just her life and what’s happened to her (mumble).

I What would bad what would be so bad for her about people being annoying?

H She gets irritated easy.

I What reasons would she give?

H I’m not sure, just personality. She’s been like that since I’ve known her.

I Would she think that’s an important thing?

H Yeah well we disagree on quite a lot of stuff

I Yeah?

H yeah but, we find each other both annoying I’d say.

I Yeah. How would she describe somebody who wasn’t annoying?
H Probably easier to get along with.
(34.7 m)
I What would she say was so good about easy to get along with?

H Probably less disagreements and stuff. Probably something they like like that they do that she might like better because of the other person. Not sure.

I You talk about annoying and you thought that she’d think that was important and that why because you disagree.

H Yeah

I What sort of experience would have lead her to thinking that way do you think?

H Probably met hard people in the past, who she’s grown up with, and places that she’s lived. She been in girls homes in New Zealand.

I How do you think she’d describe someone who wasn’t laid back?

H Probably hard working ‘cause she’s pretty hard working herself. Get along with a hard working person better, probably than a laid back and easy going one, probably more in common.

I Is it important for somebody to be hard working?

H Yeah to a point. Not over hard working, but achieve goals and stuff yeah.

I What would be so bad for her about someone being laid back?

H Probably she’d just get frustrated with ‘em she might want them to achieve something or they might just be too laid back. Frustrate her.

I What experiences would have lead her to be frustrated with people who are laid back?

H Probably that she’s had to bring herself up really and she’s very self dependent and she expects other people to be like her.

I What’s so good do you think she thinks about being hard working?

H Probably that you’ll achieve more.

I What reasons would she give?

H Dunno.
I Yeah it’s a hard question. Which of those three things, sociable, annoying, laid back would you agree with?

H Probably sociable, all of ‘em, from her point of view? I’d agree with ‘em all. I can be annoying.

I Is it important to go along with her views?

H Not really, I’ve got my own and we agree on most, like the majority of things, some things that we disagree on that probably won’t ever change.

I How come it’s “not really” important?

H Don’t need to go along with everything, I have my own views and stuff. My own morals.

I What happens when you don’t agree?

H We just have friendly, disagreements.

I Yeah. Now I’d like you to name three things which you think were important about you mother having cancer? If I asked you to name three things, what would you say?

H To me?

I Yeah, three things that you think were important about the situation?

H To spend time with her. Help out more, to make her life a bit easier. And probably...

I Thinking back to that time what do you remember as the important things?

H Family was.

I Yeah, that was sort of important at that time?

H Yeah.

I Why was it important to spend time with her?

H ‘Cause at that stage I guess we didn’t really know how long she had.

I If it was important, what sort of person do you think would deny that spending time with their mother at that time was important?

H Probably somebody who didn’t really know their parents that much. Didn’t really talk to them or have a close relationship.
I How do you think that might have come about that they didn't know them?
(40.0 m)
H Maybe the way they were brought up, their parents might have been working a lot and they might have babysitted or push on to other people.

I OK. So their parents working a lot and them being babysat a lot what would have lead…

H Well they don’t really form a bond, they have a bond but not a very close bond. Yeah I suppose being brought up and spending a lot of time with somebody else when you're younger.

I Now ‘helping out more’, why come how that was important then, to help out more?

H So that she didn’t worry about things.

I What sort of person would deny that helping out at that time was important?

H Probably again somebody who wasn’t very close and didn't really know them.

I Family, how come they were important at that time?

H They’ve just really always been important and at that time they were even more important.

I OK. And how would you describe somebody who didn’t think family was important at that time?

H Probably withdrawn.

I You’d say they were withdrawn?

H Yeah.

I As a personality characteristic

H Not an open person don’t really talk even when there’s nothing wrong just quietish person.

I Why might that have come about, why might they be like that?

H Just experiences, or hard to deal with whatever’s happening if there’s a problem.

I (mumble) problem?
H: They might find it hard to deal with if there was a problem, they mightn’t want to talk to anybody they might just (mumble)

I: I’ve only got one more question OK?

H: I’d like to know if you think that you’re a different person now than you were before your mother’s diagnosis. If I was to ask you for three ways in which you are different, what would you say?

H: Family close family orientated now (mumble). A little bit easier to put up with.

I: Your easier to put up with?

H: Now. I used to be a bit of a shit. A little bit more understanding and willing to listen to other people, now.

I: Do you think, going back to the first one, ‘more family orientated’, do you think that’s important?

H: Yeah. Family’s important, it’s really all you’ve got.

I: (mumble) that your different because your more family orientated and you say that’s it’s important, what sort of person do you think would deny that being more family orientated was important?

H: Someone who was brought up in different circumstances (mumble), ‘cause they haven’t had a family.

I: Sorry, say that again, ‘somebody who was brought up differently in circumstances’?

H: Yeah like a adopted then maybe told, and might feel different about their foster parents or whoever and if something happened to them mightn’t feel as close to them knowing, (mumble)

I: Easier to put up with how would you describe somebody who said that that wasn’t important?

H: Probably nuts.

I: ‘Cause their nuts?

H: Yeah. Bit laid back as well to be able to put up with things. Patient.

I: Is it important to be easier to put up with?

H: It makes it a lot easier for everybody. Yeah I think it’s important.
I Because it makes
(45.3 m)
H Life for everybody easier, really.

I Talking about the other side again about saying that someone’s, didn’t
think it was important because they were laid back and more able to put up
with things and more patient, why might they be like that do you think?

H They might have gone through like experiences or been through it
before and know how to deal with it better or know what the people are going
through or.

I (mumble) a bit more understanding and willing to listen, is that
important?

H Yeah.

I How come?

H (mumble) people I guess more open, and it’s easier for them to
understand what you’re going through. For you the same (mumble).

I How would you describe someone who said that being more
understanding and willing to listen wasn’t important?

H Don’t like expressing themselves I guess. They might have felt
embarrassed by opening up more or,

I Embarrassed?

H Mmm.

I By opening up?

H Yeah.

(46.6 m)

I In our discussion here have you thought of anything, that you think has
been sort of generally important about the experience that you have found
useful or would like me to be able to tell other kids who’ve just learnt that their
parents got cancer. Anything that helped you cope or?

H Yeah (mumble- being there (?)

I Yeah

H when they need ya.

I What’s important about being there?
(47.3)

H I guess it comforts the person, who’s sick.

I That’s pretty much all. Thanks very much for talking to me, I hope it hasn’t been too painful.

H No.

END
APPENDIX J: Interview with ‘Eve’

15 682

Study 2

I = Interviewer
E = Eve

I  OK, so I guess firstly I’d like you just to tell me, the story about what happened since your father was diagnosed, the bad and the good if there was anything good?

E  Oh OK. I am trying to remember how old I was, I think I was probably about 13 or 14. So (mumble). Yeah just sort of Dad sort of he’d trouble like his lungs, and just like breathing, he gets bad bronchitis so he just thought it was that but, eventually Mum convinced him to go check it out and he actually found he had cancer. He had radiation treatment for that, and then, they said you know it’s all in remission like it’s all going good and then sort of, he had pains under his arm like, I can’t remember how long after, it wasn’t that long after they’d said you know “you’re in remission”. And he got checked out and they actually found it was cancer in his lymph nodes, which was like Hodgkin’s disease. So then he had to have chemo, and so, it was all sort of a bit overwhelming I guess, I wasn’t like, sort of, that old. Dad’s sort of a very positive person so he’s like you know “yeah it’s alright like you know doctor said everything’s fine blah blah” so. And then with the chemo the, the chem, something to do with drugs and everything, with the chemo treatment they had a reaction with the radiation that he’d already had, on his lungs area. And it actually burnt tissue on his lungs so, that meant that that was once that gets burnt it’s like, that’s it sort of like. So that pretty much effected his breathing, and basically he’s still got breathing problems from that so it’s like a, even though he’s in remission and he’s pretty much (mumble), everything’s sweet now, it’s basically it’s life long thing that effected him and effected everyone else. It will sort of stay with everyone, for life I guess. I dunno if you wanted me to be more specific or anything I was just sort of,

I  No that’s fine

E  just summarising. He also had pneumonia a couple of times, during like the period of treatment. He was in and out of hospital for that, and he actually was pretty close to going, like he knew he was, thought he was going. Sort of a weird, it’s like looking at it now it, I don’t sort of think I really understood the whole situation. And just like, oh yes you sort of understand that like everything been taken for granted and stuff like that and, like all (mumble) he actually didn’t know he had it, so. Like, I mean, I dunno it was just, like he was just very lucky. Very unusual, he’s the family’s miracle I guess. And the drugs that he was on to help him with his breathing and stuff (mumble) a sort of steroid drug. And basically it just makes you, well it does good stuff for your lungs but the side-effect is that it makes you really fat. You’ve met Dad before?
I: No I’ve never met him.
E: Oh you’ve never met him,
I: I’ve only spoken to him on the phone.

(5.1 m)

E: OK, well see if you compare him, see we were looking at photos not long ago, of just like photos of early ’98, and he just looks like ten years younger. It just makes, it makes him look like more round like his face even now still (mumble) like yeah really bloated. And, like I mean it did good stuff, he’s on I think it’s like 60mg and, which is a lot, ‘cause one of his friends is on it and she was on 11, and she just turned into a totally different person, like I didn’t even recognize her. So he is was on pretty tuff stuff and they, I mean they’re saying now like, hopefully it should it’s probably still in his system, and they’re saying now and I think it was over twelve months ago that he was last on it so. It takes a while to get out and hopefully, you know, he’ll be able to get that like, bloatiness away, now I guess. But, yeah so it hasn’t, like he sort of, I dunno he’s always had a really positive outlook on everything and, that sort of helped everyone because, I mean if he had’ve been like a really negative person, it’s like, it probably would have put more stress on us, and he’s sort of more like, ‘cause Barry was in his final year of school. So Dad was like trying to be positive about everything and “Everything’s sweet guys, like just don’t worry about it”. It was like, you know, a house with three levels stairs everywhere, and it turns out he couldn’t hardly walk up the stairs without puffing and panting. He, it was just mind-blowing like, he’s like the fittest person you know like, you’ve ever known like the fittest Dad out of any, out of all my friends. And then to go like, someone who used to spend like, you know three or four kilometres just straight and he’s not even able to walk up a set of stairs anymore it’s sort of, it’s, I can’t explain it it’s just so weird. But it’s just really sort of opened my eyes to like, what what’s in the world, what can happen, like nobody’s sort of, untouchable I guess. You know it just doesn’t happen because you’re a negative person or whatever like, Dad’s one of the positive positives like. And even, sort of auntie’s and uncles and that they’re sort of worried about Dad more than he worried about himself you know. We’d find that they’d be asking us questions rather than asking him questions. And, Mum would sort of be upset about that because she’d think they were putting pressures on us and, (mumble) but it’s weird looking back at it and you sort of notice more things like you didn’t notice then.

I: Like what?
E: Well just sort of like you don’t sort of I didn’t sort of realise like, how bad it was. You know like, if you sort of have, I dunno I never really been exposed to anything like that like I never sort of, oh never really been told anything about cancer. Hadn’t learnt anything at school. Everything you learn at school is like, diseases is like drugs and alcohol related like it’s not, and so you know to being like, I think I was Year 8 or 9, it sort of, it’s sort of like a lot of information, it’s just like this. Yeah and people, like teachers at school sort of
treated you a bit differently, like, sort of like “Hi how are you going, how’s everything going” and like they sort of expect you to be not coping. And, they say you know “if you can’t get this done I’ll understand” and sort of things like that and you sort of, I just sort of think “Oh why couldn’t I why wouldn’t I be able to do that” like, you know. I’d just think like “Dad’s sick and he’d always gotten over whatever he was sick” so I just sort of, that was just what I could see Dad was going to get over. I guess that was what’s in you mind, you just don’t think about much else.

I No. So do you think it had an impact on your school work?

(11.0 m)

E No I don’t really like. Because, because I sort of didn’t want to disappoint Dad, make him think that, like you know ‘cause he was sick everything else was falling apart sort of thing like, I just sort of wanted to do everything and, like we always had and, keep, well keep myself like happy that I could cope with everything and sort of keep him happy like and he’ll be a lot happier knowing that, you know, everybody’s coping with it and, that they’re not just falling apart I guess, yeah.

I Do you remember anything changing at home as a result, was anything different about the day to day aspects of the family?

E Well he wasn’t working as much. I mean Dad’s sort of, is his like, his like he’s got his own business so, he mainly used to work from home so. I mean he was still at home when he wasn’t, like he wasn’t in hospital, but it wasn’t sort of like, it wasn’t like he was working. He still sort of when he could like he was still like working. But yeah like, he was sort of around more in, like around in what we were doing. It was a big strain on Mum like, she sort of took on a lot of sort stuff. She was very stress full, and Dad was sort of always reassuring her you know, it was, it was (mumble). And then that was sort of quite a humourous side to it I guess, if you could say that. I mean it wasn’t funny but, it was just sort of like, you know, Dad sort of reassuring that “everything would be alright, like I’m going to be fine”. So that was, I guess they were some of the major changes but, like everybody sort of, was a bit came a bit closer together and, talked more about their feelings, you know, if we had any problem we’d like talk to each other and, as well as like, like your aunties and uncles and grandparents, cousins and that. Like always, you know, if you want to talk about anything (mumble) definitely brought the whole family, not just our immediate family, closer together and more aware of what was going on. Not just with Dad but with everyone. So that was sort of a major change, well, not major major but like everyone, we’d sort of been a close family but, sort of, definitely brought everyone closer.

(14.3 m)

I What impact, effect, did it have on your relationships with your friends, including how much you saw them?
E I, I sort of, I probably only really talked about it to, like a couple of close friends. I mean people sort of knew, I guess 'cause you know I think teachers might know certain things maybe. Because I found I thought that only like, a few teachers knew like, but I found teachers that didn’t even usually talk to coming up to me and saying things. So I think most of my friends knew, but I hadn’t actually like, personally talked about it with them. Didn’t really have a major impact on my relationship with my friends. Still sort of did what I always had done, and they just like my close friends were just more understanding of, what I had to say and how I felt you know at that time, sort of were more aware of what was going on.

I Did it have any impact, any changes, did your father’s diagnosis have any result in any changes with how you related to your mother? I mean you said it seemed to have big impact on her.

E Yeah. I guess, we were all a lot more understanding, of her emotions I guess. We were like, we just wanted to make like, keep her happy and, we didn’t want to upset her and we wanted to like, let her tell us what she was feeling. Yes I think it brought us closer, again, it was sort of like the main thing I guess. Yeah it sort of, it did impact a bit like, we just sort of, it brought us siblings together as well because we’d sort of want to do things for Mum so Mum wouldn’t have to worry about that and she could go off and, like she could concentrate on things with Dad or, stuff like that. So, generally the closer thing, again, I guess yeah.

I So from what you were saying before, I take it that you talked about Dad’s illness with your mother and father and your brothers and sisters?

E Yeah. Dad’s sort of always kept us up to date I guess with everything that’s going on. Always we’d ask him about doctor’s appointments or whatever and he always tells us what’s going on, didn’t sort of hide anything from us. Like I mean like when he was really really sick it was like Mum telling us because obviously he just couldn’t really tell us. Because he was that like sick. But generally like we all sort of spoke about our feelings about what was going on with Dad and he’d tell us everything and Mum would tell us everything. So and if Mum were like, Dad might have been like trying to, say something really positive like, when he was in (mumble) “Oh don’t worry about it I’ll be out of hospital in a couple of days” or something like that. And when we’d go home Mum would sort of say, when we’d go home Mum would sort of say “He’s very sick it might take him more than a few days, he just sort of like, I want to keep you all positive and everything but, you know it will take him a bit longer to get better than what he’s saying”.

I She thought he was being a bit over-optimistic?

E Yeah, but she didn’t want us to get upset if he was in hospital for longer than what he’d said he would be. But yeah we’d sort of talk openly about, the illness I guess and the effects of it and everything, yeah.

I Did you think at the time that was something important?
E Yeah I think if we hadn’t talked about it, there would have been a lot of anxiety and stress and everything, like you wouldn’t have known what was going on and you’d be all uptight and worried about that, and I think that would have had a major effect on school life and my friends relationships. And sort of our family relationships as well. So I think, like it was good that we all talked about everything, because otherwise, yeah like I think life would be a different story to I think, really it’s had that much of an impact.

I At the time when you found out about your father’s diagnosis, did it make you concerned about your vulnerability of getting cancer?

E I’ve never really thought about it that way. It sort of opened my eyes as to you know not only, there’s that sort of old thing that says, you know, only old people get cancer or, only old women get breast cancer and stuff like that. And it sort of made me realise that, you know, you don’t have to be old, Dad was, late thirties and you don’t have to be old you don’t have to be frail, and a lot of people he met at the cancer clinic and, at the hospital and even at the support group that he’s sometimes gone to, they’re not old people they’re young people and, as well, and its, you know men and women and all sort of types of cancer and. It’s just very like, just so much more aware of what’s going on and you just sort of, I just sort of thought well, you know “this just doesn’t happen to other people, like it could happen to you”. But, I never sort of really thought that it, like could happen to me but, you saying that just then I guess I have but just not, like I have sort of sub-consciously but never sort of really, told myself that I thought that. If you get what I mean.

I I think so. Was there any one particular person that helped you the most when, since your father’s diagnosis, was there any one particular person who was the most support?

E Oh probably my sister, everyone else as well but, we sort of share a room so, talking like all the time going to bed and everything. But yeah we probably sort of talked the most. You know and I just think yeah, like we used to talk about everything and, she was always like make sure I was like OK and coping OK and, even though I was a bit younger I’d still sort of try and help her if she was feeling upset. Like I thought I was helping, I hope I was helping. But yeah probably, just “cause like you know, just an older sister like she’s, she knows what I’m going through not much difference in age but, she knows what I’m going through and she knows it’s, I know what she’s going through it’s like, it’s pretty much the same for both of us so, we just sort of help each other through it as well like. I know the boys didn’t talk about it as much as we probably did, they might have talked about it between themselves, but, probably I most talked about it with Cindy.

I And that was what helped, the talking about it?

(24.3 m)
E: Yeah. Yeah as I said before like if we hadn’t of talked about it, it would have been a very stressful household, and I think that if we had of sort of been a different kind of family where, you know, sort of everybody’s in their place, you don’t sort of speak up unless you’re asked to (mumble), it would have been very different. Dad probably wouldn’t have, told us the stuff he told us, we probably wouldn’t have known exactly what was going on, and I think that Dad was trying to teach us a lesson, in what had been happening to him. He still is now. You know like, just be open-minded, be open to anything and everything, anything’s a possibility and it’s, it’s not always good but, try and talk about it with people and cope with it in your own way. But, yeah so I think it would have been very hard on everybody had we not talked about it, a lot harder than what it was.

I: What about your father’s diagnosis and any impact it might have had on sport or things like that?

E: Well, we all surf together and we’re sort of a well known family down on the beach. You know where there’s one Middleton there’s another you know, and so on. And, sometimes hard, people like because Dad was sick you just could not, like all his lungs and breathing and, like he could hardly swim because of his breathing so, and it was hard for him to go in the surf so. You’d have people asking you know “Where’s your Dad?” (mumble) got to talk about it again you know. And then they’d ask questions and stuff like that. And like, because we’d always gone surfing together it was sort of weird like when he wasn’t there. Other sports? Even when he was sick he still came and watched all my soccer games and that, unless he was like in hospital. So that didn’t have a major effect on that, I was, it sort of gave me a little bit more motivation if he was heaps sick and he’d come to watch I was sort of like more psyched for the game and wanted to have a good game because he was there.

I: So you didn’t miss much of that sort of sport?

E: No no, I like, Dad’s always sort of been big on social stuff and getting everyone out, and you know getting amongst people and enjoying yourself so. And he still like came down the beach when he could and, eventually like he got back in the water and, we sort of used to tire him out. He’d get puffed and he’d just hold onto the back of our board and we’d paddle him out. And so it was good to see him like back in the water and, like still now, generally in winter he doesn’t really swim down here because of the chances of getting sick. Because of the cold and, sort of like bugs and that in the water. We tend to go away on holidays like a lot. And that sort of, another big thing, Dad’s big on like family, he’s big on (mumble), and with not being able to surf at home, it sort of, and surf with us like, it’s sort of made it we have to get away, have to go on holidays, go away as a family, and he can get back in the water for himself and he can get back in for us, and everybody can enjoy themselves. So, like it did impact on Dads’ sport definitely. And it still has a major impact on that, but, like generally he was always sort of tried to make himself available even it, like times when he was really sick so. I guess that’s just his personality, just lucky that he’s, it’s just great that he’s like that, I guess.
I suppose you’ve already answered this but, I was going to ask whether, your Dad’s diagnosis changed your relationship with your brothers and sisters, but you’ve already said that maybe (mumble)

E Yeah, yeah it didn’t sort of really, stretch us apart or anything, it definitely brought us closer and appreciate each other, and each others feelings opinions ideas, whatever, like you appreciate it more, sort of take everyone’s (mumble). It sort of, everybody sort of, was very, like comical in this house everyone sort of has joke at each other and, joke about anything but, everybody sort of takes it in because we know that like, no-one sort of harshly means anything. So it’s sort of like you know, with everybody being like that it was sort of, it wasn’t a sad place, with all this going on, everyone was sort of trying to cheer each other up, so. Yeah definitely, close relationship, basically.

I Do you think of a way in which it effected your family, for good or ill, that you haven’t told me about?

E Not really, I can’t think of anything in particular at the moment.

I If you think of anything you can let me know.

E Yeah.

I So, I’ve asked you, just sort of about how it went generally with your father and how it effected your life. But now I’d like to ask you, in order to help me better understand the impact of the diagnosis on you, I’d like to know who you are. If I were to say who are you? What three things would you say? And by way of example what I mean is, if someone was to ask me I might say, married, male, psychologist. OK, so in that sort of vein, who are you?

E OK. Single, student, check-out chick.

I Thinking back, casting your mind back to when you were, who old were you when your father was diagnosed, about 13?

E About 13 or 14.

I If you were to think back then to what sort of person you were, how do you think you would have described yourself then?

E Not check-out chick, still a student

(end of Side A tape 1)
Side B Tape 1

I Yes so you were saying that you were still, when you thinking about when you were 13, still single and still a student.

E I thought I was also a little bit naïve, in how I sort of looked at the world and look at things. As I said before it really sort of opened my eyes, to things. Even now I look at some people and I just can’t believe how, how they see things, I just sort of want to say “look you know, you haven’t seen anything” like, I guess sort of I mean. I suppose you could call it a, a disaster or a life changing experience, whatever you want to call it. Definitely like it made an impact and, I just think that, like some people just need to, not necessarily to experience it but to, see it from, like say from a friends perspective or a family members perspective. And sort of understand, what people go through. And what else, like that not just the worst thing in the world can be to like lose your job, or break up with your boyfriend. Like it’s sort of, definitely I’m not as naïve as I was and I don’t think I’m naïve at all. I just have a very open perspective on everything, much more so than I did then, so. Definitely now, I’d say, a fourth, a fourth thing to describe me, I’d say very open-minded.

I Oh that’s now?

E Yeah, now. So yeah back then, definitely totally different to what I am now. And I think, had I not sort of had that experience, I think I still would have been a bit naïve, and, I suppose selfish. I’m not, it’s sort made me think, you know, don’t always think about yourself because there are others in a worse situation than you. So, you know, it’s not, it’s not the end of the world if you know some little, you have some little fight with somebody at school you know like, life sort of goes on to bigger and better things. So, yeah like, I’ve really really changed a lot in those 3 or 4 years, definitely.

(3.4 m)

I So coming back to as you are now, as single, student, check-out chick, and you added a fourth of open-minded. Is it important for you to be single?

E No.

I It’s not important?

E It’s just (mumble), I don’t sort of really see, it’s not the end of the world if you’re single and it’s not the end of the world if, you know, you’re in a relationship. It sort of, there’s up and downs for both, I guess. At the moment I’m happy with the way I am, and, yeah why do I need to change. That’s not a big thing to be able to change, I like change. And I hate the boring stuff. Dad always says, we’re lucky he’s sort of taught us, he said “you know I could have gone and you guys could have been here, and so things could have changed a lot”, but he said “I’m here and, you’ve got to realise that you can’t just say, you know, oh I’ll do this, or I might do this in 10 years, or I might do
this in 15 years”. It’s sort of like, you know, do it when you can, do it like when you want to do it sort of thing. So, yeah.

(5.1 m)

I So, single you say that’s something that’s not particularly important to you

E No.

I it’s just what it is at the moment.

E It’s just, yeah.

I This might be a bit of a puzzling question for you, but it might help me understand you a bit more, what sort of person do you think would say that being single was important?

E Maybe somebody that has broken up with a partner, you know they might have been together for a long time. And they just wanted time apart, I guess. I don’t sort of really, I haven’t sort of looked at it like that before. Like, I can’t sort of think yeah that’s probably like who I think would say being single is important. I can’t sort of really say that I know anybody that, that sort of thinks that being single is important, or being in a relationship is important.

I You describe yourself as single, and say that that’s not important, and that somebody who describes it as important might be somebody who’s broken up with someone, broken up with a partner. You said that might need time apart, is that (mumble)?

E Yeah, yeah, I’ve sort of had friends, like, and just people in general, where they sort of, after a while they’ve broken up with somebody they sort of, they need time to themselves. They basically think, they think it’s important that they’re single, I’m not sort of, it’s not so generally, but it’s just how I’ve sort of seen things in the circle that I’m in I guess, in the community and. So it might be different anywhere else, but that’s just how I see it. Yeah.

I What might have lead them to that view, that it was important?

E Well I think that, being together being with someone for a long period of time, you tend to share a lot, with that person, and sort of, when you break up you sort of feel that you still, that person’s still got a part of you, and you sort of feel like you’ve got to get yourself back together, and you’ll only sort of do that by being yourself, not being, not sort of being with somebody else, sort of taking time to build yourself back up again I guess.

I You also described yourself as student, is that an important part of who you are?

(8.8 m)
It’s a major part of who I am, I wouldn’t, I don’t sort of, I dunno I don’t, school is just something for me to do. Ask anybody in this family and they’d say yeah, school’s very boring for me.

What year are you?

Year 12. The social part of school is like the best part. But generally like, I just, I’ve always thought this, right down from primary school I’ve always thought this. I just always found it to be boring, and. Yeah the social part is great, the social part of school is really good. But, and that would be an important part of being a student, I guess you could say that. From an education point of view, it is important, so I suppose I do place importance on that. I guess I never really thought about it, but when I say, when I sort of answered the question it sort of comes out that way. Yeah so, I guess I do place importance on being a student.

So, can you flesh out a bit more for me, why it’s important for you?

I think, well school is like a major part in my life, I go to school like 5 days a week, and I do all my work and everything. Like it’s a major part of your life and to say that, to say that it doesn’t have sort of some impact on your life would, you’d just be kidding yourself. Because, like the amount of, just to sit back and watch how everything, just what goes on at school, like if you just sat there, and nobody could see you and you just sat there and you just watched and listened to how everything went on, it’s just, it’s just an experience. And, to say that it’s, yeah to say that it doesn’t, it’s nothing, that’s just wrong like, it definitely, I guess it’s important to me because, friends, and it’s important because, just sort of self-satisfaction to get, to get good marks. And to be praised for doing good. Praise is always good, it’s good for anybody I think. School’s good for that, you always get praise from somebody. It’s good, like I guess school’s, school’s fairly important, it’s fairly important for everyone. It’s just how different people see it.

So you describe yourself as a student and say that it is in various ways important, what sort of person do you think would deny that being a student was important?

I really can’t say, I don’t know who wouldn’t say it wasn’t important. Because in some ways it is important, whether it is actually classified as important it means something to some, to everybody. Whether it’s just school or it’s like TAFE or university or something. Because, everybody, for any job you need either education or training, so training can be classified as education which can then be classified as school so it all sort of comes back to that anyway. So I don’t sort of, I can’t sort of, think of a type of person that would not classify it as important.

The third thing you said was check-out chick.

Yeap.
I Is that an important thing?

E Yes, because I get money.

I OK.

E Money is good, I need money. It’s fun, it’s a fun job, I mean it’s, it’s sometimes very (mumble), but it’s fun in the different people that you meet all the time. Like sometimes you serve the same people but, it just sort of, like some people sort of, I sort of greet everybody with the same sort of “How’s it going?” sort of thing. And it’s just sort of fun to see how people react and, you might have the really posh people who’ll be like “Oh fine thank you” you know. And you’ll have the like really rough looking sort of people, who’ll be like so nice like, and they might give you a tip or something and you’ve got to sort of hide it so the supervisor doesn’t see it, because you’re not supposed take that. But, like it just sort of, like there’s some people, and also there’s definitely people there who don’t place importance on it. And I can’t understand why they’re there. Because they whinge about money, they whinge about people that come in, and they whinge about everything. So I don’t

I So that’s what I was going to ask you

E Yeah

I so you think it’s important so what sort of person would say that it wasn’t?

E Well I can give you names

I No, name don’t help

E Exactly exactly, it doesn’t help.

I I’m just trying to describe these people, sour-faced people these girls are. I don’t think I’ve ever seen a smile on their face, no. And it’s, it’s sort of, it’s hard for everybody else because people will come through and, they’ll sort of be served by them, and they’re not very nice to the customers. And they’ll sort of go “Oh well, it’s just a job what’s the point of being nice”. But it’s not, they’re there “Oh the company makes heaps of money, it doesn’t matter it’s not important”. But I think it’s, it’s more again it’s about self-satisfaction, and you want to do, well this just like myself, I want to do the job right, I want to be nice to people and I want to get paid for doing my job right, being nice and doing everything right, and keeping people happy, you know even the really grumpy people that try to get everything for free. So, yeah the people who don’t think it’s important, I think they need something to open their eyes, and see, you know, working at Woolies is not going, to be some sort of depression, something that, something bad in your life because you chose to work there and it’s sort of, something that’s really, I sort of think that
something that gets you depressed shouldn't be something that you, you've
chosen yourself and you keep persisting at. If your depressed you should
change, you change yourself I guess like, change what you're doing. If your
not happy sort of change it, so. So that leads straight back to the cancer, it's,
you know, Dad always said “Have a positive outlook and things will be
positive”. And, he had a positive outlook and, what's happens like you can't
whether it was because he was like that or because it was luck, a miracle or
whatever. You don't know, but, yeah you can't be depressed.

(17.9 m)

I That's sort of answered this to some extent, but, you described yourself
as a check-out chick, said it was important then said one way you might
describe people who said it wasn't important was that they're sour-faced
people. How might it have come about that they'd be like that, that they'd be
sour-faced?

E I think it comes back, I think it generally it, and I hate to generalise but,
it might come back to family I guess, and how, how the family interacts with
each other. I notice that a lot between friends. Like a lot of my friends have a
closer relationship with my Dad than they might with, with their own parents,
you know, and. I think it sort of comes back to family and how, how your
parents sort of treat you, how you treat your parents, and how your
relationship is with your siblings, and all your cousins and grandparents. If
you're not happy at home I don't think you're going to be happy anywhere
else until you get that sorted out.

I What might have lead them to not being happy in their family?

E They might have been, themselves they might have, these people I'm
talking about are probably all about my age like 17, 18 a little bit younger.
Well one of them looks like a typical spoilt child. So I guess you could say,
their parents not being around, working a lot. That sort of thing that that Dad’s
always tried to be around all the time. And Mum sort of works part-time so,
she’s always sort of been around as well so. Once again the importance on
family, and, I really sort of think that, some, just generally some people just
take for granted what they have. These people at school that you know, the
might just sort of have a little bitch about their parents and all this, and just
sort of, you know that they're just, they just want something to whinge about.
And you sort of see the typical, we do this in one of our subjects at school,
you know, it's a general, generally we generalise about everything in that
subject. It's sort of like a social sort of thing. And you know, the typical you
know the adolescence whinge about anything and everything just because
they can, sort of thing and want to win arguments, stuff like that. And I think
that some people, just fit straight into that, and I think that's where people get
that from. And I think that might be people that, these sour-faced people at
work. They sort of take things for granted and just want to, (mumble) and bitch
because they can or they think it's right thing to do. And I think if they act like
that, they've probably acted like that for a fair number of years, and, they'll just
be treated like that because they, they sort of treat themselves like that I guess.

(21.8 m)

I And another thing you said was open-minded. Important?

E Yeah.

I How come?

E I just take in everything. I just, I’m very, I dunno I just listen to everything that’s said I, I just take in everything I have, I have an opinion on something I listen to people’s opinions, I take it all in and decide, you know. I’m not always right, and I mean, no-one likes admitting when they’re wrong. But, I can admit when I’m wrong, unlike Barry, oldest brother. Who always fights to the death. But, yeah I I just sort of, and I think that comes from Dad definitely. You know there’s always a light at the end of the tunnel, that old cliché but, it’s very true and, you’ve sort of got to look, sort of got to look beyond what’s straight in front of you, like. Don’t sort of just have a straight line just go for a look around see what’s going on in the world and, take the good and the bad in and, change, change is always good I like change.

I So how would you describe somebody who wasn’t open-minded?

E Narrow-minded, selfish, there’s a lot of those people around. I’m aware of them at school. And, once again I’m generalising, I do that a lot. But, I think that a lot of girls at school, not the boys really, all the girls just are very selfish. And, I think it depends how they’re treated, how they sort of see things, in a lot of, I think most, I’m just trying to think. Most of the girls at school are, generally (mumble) not really boys. I think that it’s about balance as well. I don’t know, I don’t know why it’s like that but, people change I guess but, at the moment I just it as, a lot of the girls are very narrow minded they’re set on their own path and they don’t want anyone to get in their way and. I think it might just be a school thing maybe like, struggling to be the best ‘cause girls are very competitive and, a lot more so than boys I think. I sort of think that, because of that competitiveness, they’re just sort of, very selfish.

(25.6 m)

I What might have led them be competitive?

E Anything, grades, marks in tests are very big. Very competitive on marks. I think it comes back to your parents again. Expectations, it’s sort of like, I’ve sort of I guess, Mum and Dad have probably sort of had high expectations of me, not so much like to pressure me but they know that I have ability and they just want to see me do my best. And, it’s to get the best, it’s not to get like the highest mark in class it’s to get the best mark for myself. So, I’m not sort of worried about, you know, getting the top mark getting the number one, but it’s always nice when you do get that. But, yeah I think,
people like, just I think anything generally if people like sport like soccer and netball like, with soccer I play with a different club to the girls at school and, I used to play them they were very competitive and my team always won. And they’d sort of always be dirty about that and, you know we’d always get higher than them in the competition and get in to the final and they wouldn’t, or whatever and, it’s very it’s all very competitive. I don’t know why but it’s, it’s just one of those things. And competitive for guys as well. The guys like that with girls but, things get really sort of bit chy and stuff, everyone sort of (takes care of themself ?) I guess. But, I dunno it’s one of those things you can’t sort of have a straight answer for

I Yeah, it's hard isn't it.

E you sort of just think about things and, (mumble) I dunno.

(28.1 m)

I Well this time I’d like to know not just who you are but what sort of person you are. If I were to ask you what sort of person you are what three things would you say? You know what I mean by the distinction between who you are and what sort of person you are? Like, I’m looking for how you’d describe your personality, as opposed to who you are.

E Outgoing

I Seems to run in the family.

E wouldn’t be shy of a word. Sort of a happy personality, don’t like depression. Understanding.

I This is the same drill as before. How would you describe somebody not like, you said outgoing and not shy of a word. How would you describe someone not like that?

E Sort of shy, a hermit. Yeah I guess just shy like, I know a lot of shy people. I think they find it easier to be in a group when there’s people around that can just talk (mumble) and they’ll be just fine sitting there and just listening. Yeah, so (mumble).

I So is it important for you to be outgoing and not shy of a word, is that an important thing?

E Well that’s important to me, because that’s who I am that’s a leading part of who I am. I like meeting new people. I just, yeah it’s important because, I dunno I’ve always been like this I’ve always seen it as, I’ve had to just grab (mumble). I just, it’s just been important for me. It’s not, like if I was a shy person probably would say that I’d like to be outgoing but, but because I am I dunno it’s just sort of been like that.

I How might a person get to be shy, a hermit.
That was really bad wasn't it?

No (mumble).

I think, maybe just who they are, it's just like they were born that way, I think some people are just born that way. Yeah some people just enjoy their own company, I mean I, I, it's not like I'm going to die if don't talk to somebody,

No.

or see somebody. Like it's nice to get peace and quiet around here, because it doesn't happen very often.

Right.

But, yeah like friends that are like only childs and that, they hate, they sort of hate being at home by themselves. I'll go, I'll be like “Great I can go home and have a couple of hours by myself before everyone gets home”. They'll be like, “Oh why do you want that, I hate that”. It's, it's sort of, it's different, they'll hate peace and quiet at home but, they'll sort of still be a very reserved person. I just, I like quietness sometimes, but yeah so. I dunno (mumble), I think maybe it could come back to family again.

I was going to ask what kind of experience might have led them to be like that?

Yeah they, they could have parents like (end of tape – side B Tape 1)

Yeah it's hard to generalise because you can say that some people have really conservative parents yet they're really rebellious, and do like to do the wrong thing all the time. So it's hard to say, it's hard to generalise but, you know it's a lot, I think a, all factors combined it could be parents. They could come from a big family, there might be a big age difference between siblings, and they could just be like that, just, I've got a cousin like that,

She's in her, she's the oldest in five and she just would rather read a book. We have a big family gathering all of the kids running around, and she'll just be quite happy to sit in the middle of it and read a book and just be totally out of it. So it's, it's hard to generalise because there's so many different factors that could combine to that and, she hasn't been treated differently to
any of the other kids. You could say that about everyone so, I think it’s all in the mind as well.

(1.6 m)

I  Could you tell me a time when you think being outgoing might be a disadvantage?

E  Yes, at, sometimes at school its, you’ve always, you’ve always got something to say about something and you want to say something but you know like you can’t because it’s not the right time, you know. If somebody important’s talking, having a lecture or something, and you want to, you’re itching to say something and, and you know you can’t and you’re sitting there going (mimes holding her mouth shut), you just want to say something so, I guess that’s a disadvantage. And I just like, once you get out of that situation you just say, say everything that you wanted to say at the moment really. It doesn’t sound as good as you thought, but. I dunno, I can always control myself, so I’m not sort of, I guess if I was guy I’d say that is was disadvantage that I’d probably get beaten up. Because (mumble). Yeah like a lot of guys get beaten up because they’re very outgoing and, other guys get jealous of that but.

I  Can you tell me time where being shy might be an advantage?

E  Yeah when you’re in a lecture you’re sitting there taking it all in. Also like maybe in a big group situation, and you’re shy and because, generally, if there’s if say there’s a big group of people sitting around a lot of conversations sort of going on here and there. So, it’s not like, their (mumble) was going to be let down. They can sort of, have a talk amongst a couple of people but in a big group situation and not feel, sort of, uncomfortable, in what they might of (mumble), you know say uncomfortable with people in a group you know. Like, you can still have a whole lot of different people in a group, but they don’t feel sort of, I dunno, overwhelmed by it. (mumble) shy people (mumble) around different people, around people that you’re comfortable with, shy people, will talk to certain people more than they’ll talk to other people. When they drink they talk a lot more, as most people probably do. But, I dunno, I think, I think in a social, in a social scene, shy people, it would be an advantage because you wouldn’t have to talk to as many people as you don’t want to talk to. And you’re not expected to talk to as many people I guess.

I  The next one you said was a happy personality.

E  Yeah, I hate depression. Oh there are so many people with depression at school.

I  So how would you describe, that the next question I suppose in a sense, but firstly we’ll come down, we’ll say is it important to be a happy sort of person?
Yeah well first of all, I described myself as happy ‘cause I am. I'm happy when I'm happy, that sounds really dumb but it's true. I don't like being sad. I like to be happy I like to make other people happy, I'm sort of a, a larriken I guess you could say, always making a joke, making people happy. Cindy would say “well you shouldn’t be having a joke at them”. But, yeah like it’s important for me to be happy because that's who I am, that’s, if I wasn’t happy I wouldn’t sort of be complete I guess. When it’s sort of, yeah sort of when I, I don’t like seeing people sad. Because it makes you feel sad and you don’t, you know when you don’t like other people being upset because you know how it feels to be upset, you just don’t like it. And when I see other people upset I think, like if people are upset all the time I think you sort of tend to be taken down a bit, and see if people are happy all the time then you sort of, other people get lifted up a bit. (mumble whole sentence).

So you describe yourself as a happy personality, so how would you, what word would you use to describe someone not happy?

Sad, depressed. Or maybe just, in the middle I guess, a balance between not over-happy not sad, I don’t know a word to describe in the middle of that, I don’t think there is a word. Yeah somebody not happy, I think happy the, is definitely not happy is how you describe it, to yourself, it’s how you think of it (mumble) to you. Some people are happy like with money, and some people are happy with family or whatever. So it’s different types to describe, some people are saddened about money (mumble). I think, just if you’re not happy I think that, you know, you’re not sort of complete within yourself, I guess.

Yeap.

That’s just how I’d describe it.

How might someone get to be like sort of not happy personality, that sad, slash depressed, slash in the middle person. How would they get to be like that?

I think, not being happy with, their life in general, maybe not very happy with who they are, or what they’ve achieved. They might have, they might have lost, you know, sport or something (mumble), but that would sort of be a short term sadness I think for most people. Losing I think would last one day. Yeah sort of, sometimes being around sad people, could just make, can just short of bring people down, you know, if their household isn’t happy, you know their parents aren’t happy, they been fighting or

That’s how they might get (depressed?)

Yeah they might be fighting with a parent, they might be fighting with friend or, partner, whatever. Sometimes just, it's hard to say like sometimes people can, seem like they have everything and they're happy but, well they're not. They sort of put on a big happy smile and they're sort of sad
inside. And I think, it might sort of come back to your expectations of yourself. You might have high expectations of yourself, and, (mumble) people think they have, (mumble) sad

(10.7 m)

I Can you tell me an occasion where being a happy personality might be a disadvantage?

E Amongst sad people.

I Amongst sad people?

E Yeah, maybe. I don’t know, I just think there’s certain situations, where being serious in you can’t sort of avoid like. Like it comes back to the cancer again, you can’t always be serious about it but, you can’t always, sort of, like be happy. You not all going to be happy about it, you’ve got to sort of find a medium and, you got to take in your mind I suppose, the seriousness of cancer, and the effects of it on other people who have it, and who’s around it and, just, you can’t always be happy but it’s nice to be happy.

I Can you think of a time where being sad or depressed might be an advantage?

E An advantage? I can’t, no really I can’t.

I So the third word you used to describe yourself was and understanding person.

E Understanding yes.

I Is that important

E Yeah.

I to see yourself that way?

E Yeah. I think that, you take into, you know, you take into account everything that you feel, but you also, (mumble) you can’t always be right, and everybody’s different and everybody sees everything different, and you’ve got to be understanding of other people’s opinions, like feelings. You know they might not see the world or something as you see it but, you’ve still got to respect their, opinions and feelings. And generally, I’m definitely in the middle person, when there’s fights and things going on, I’m always in the middle, everybody involves me (mumble), probably I don’t.

I We’ll come back to that issue

E Yeah we’ll come back to that.
OK. So it's important to you because?

It's important because, people come to you with problems and you're like, like you know there's no final solution, but you like to just be there, they can just tell you everything you just sit there and they'll talk and talk and you can just listen. And, that's it can just be good for them, and it's good for you like, you know what they're thinking and feeling. And you'll be more understanding of, them like in the future you know, if you want so (mumble).

How would you describe somebody you wasn't an understanding sort of person?

Come back to the narrow-mindedness, the selfishness, yeah. Yeah somebody who just, is always right. Somebody can't admit wrong some, someone who is always like picking, not generally physical fights but, verbal fights like, always sort of trying to be the, the powerful one (mumble), the dictator. Yeah somebody like that.

How might a person get to be like that?

I just think (mumble) everything. Like I said before you know, it can't always be the one thing it can be family, it can be themselves. It might also be how they see things, they might, personally they might just not want to, take the time to care like, I just think they might be too busy to see what's going on. That happens and (mumble).

So, about being understanding, when you said that (mumble)

Yes people involve me in the middle of things all the time. Even when you don't want to be involved. Doesn't matter if they're big or they're problems or whatever, sometimes you just don't want to be involved. I mean you're understanding to either side, but to be brought into the middle of it, and have you know one person, you being the messenger to another person sort of thing you know, it's, like it's one thing to be understanding of the problem and the person's feelings etc, but it's, you know, you've got to sort of try and explain to the other person that, you know, I'm understanding this person's feelings as well. And, I can't sort of pick a side, I can't sort of not talk to somebody, and you know. I think it doesn't just relate to school bickering, it can get related to anything you know, the workplace, social scene, anything. I don't sort of think, you can't always, you can't always have your own way (mumble) you've got to be understanding of other people, and just sort of. I think it comes back to respect as well, respect for other people.

When might being narrow-minded and selfish be an advantage?

When you're put in the middle, of these situations and, and try to be forced into choosing a side I think.

To be able not to choose and just walk away, is that?
Yeah. Just so say you know, “forget it”, like “I'll listen to your feelings etc, but really I don't want to be involved”, and yeah that'd be nice.

To be able to say that?

Yeah. I mean you could say it, but it's a choice between saying it and meaning it.

You can't mean it?

I can't mean it, I can say it

(mumble)

I can say I can pull off the lie, but, like deep down you can't mean it, and you sort of feel bad if you say it. (mumble).

I'd like to explore with you now, how other people might see you. For example, if I was to ask your father, what sort of person you are, what three things would he say?

I'm a chatterbox, I don't shut up. I think he'd probably say I was understanding. Open minded, I'd say he would say I was open-minded.

Chatterbox, understanding and open-minded.

How do you think he would describe somebody wasn't a chatterbox?

Somebody who stopped talking. Yeah, I dunno, somebody who, just didn't have as much to say as I do. Yeah I dunno, I haven't sort of thought about it. Somebody not like me.

Does your father think it's important for to be a chatterbox?

No, I don't think he does.

No.

I think that's just, that (mumble). I'm not always a chatterbox, but, generally I do talk a lot. I have some things to say.

Why do you think he wouldn't think it was important?

Once again everybody's different and, Dad always, you know, you don't always need to talk non-stop like, you can just (mumble) sometimes it's nice to be able to sit with somebody and you don't even have to say anything. Yeah it's not always important to talk, sometimes people think it's, that they have to talk, you know, sometimes you're in like a position where you do. But, yeah some people think it's important to, that there has to be a conversation
going. And you find that the conversations just is about nothing, people just talk about nothing, just for a bit of sound. Yeah but like, I don’t think he thinks it’s really important, and I don’t think that’s important, but it’s just a part of who I am I guess.

(22.4 m)

I What experiences do you think lead him to that way of seeing things, that it’s not important? Because everyone’s different you said.

E Well his family is open-minded, more so open-minded than I am. He’s seen a lot more than I have, in the world and (mumble) people. He’s a lot older than me and he’s a lot wiser. Yeah he’s, I think he’s had a lot to do with people and knows that, you know it’s, it’s not important to have meaningless conversations like, to have a real conversation like, you don’t it doesn’t have to be just, babbling on about nothing, which I do well sometimes. But yeah just to have, I dunno like, it’s not always important just to talk talk talk. It’s more so what you say and how you say it. Rather than how much you say. If you get what I mean.

I So would he say that there was anything, it doesn’t sound like he’d say that there’d be anything bad about being not like a chatterbox?

E No. I don’t think, (mumble) yeah sort of has different friends I guess, that are different, some are (mumble) chatterboxes and some aren’t, so it’s not something that he sees as important it’s more, I more sort of the qualities of the person, in people that he sees as important rather than how much they talk. Yeah.

I So the next one you said was “understanding”. Does your father think it’s important for somebody to be understanding?

E I think he does, yeah. I think he knows that, and think this is what he’s tried to teach like all of us, you know you’ve got to like know what you’re thinking, what you think, but you’ve also got to know what other people are thinking, not just like, you know, (mumble) like respect it. As I said before just taking what anybody says, don’t always disregard something because you think it’s crap basically. You know just take in what everybody thinks and, irrespective of what have, what their opinions are understanding of every person, and you know, everybody (mumble) appearance isn’t sort of always everything. And sometimes, the roughest looking people are the nicest people and have the best qualities, you know so you’ve, I think to be understanding of not just what people say it’s how people feel, their personality, and everything sort of together with that. And I think that’s what he thinks is important and that’s what he’s tried to teach us.

I So, that’s that’s sort of why, what experiences do you think lead him to see things that way?
Well he came from a big family, one of seven, and they didn't have everything, they, his parents (mumble) they tried to bring them all up the same, you know not one person gets more than the other sort of thing. And, I think he sort of, he sort of took in a lot of what they tried to teach him and he’s sort of passing it off onto us. Just the importance of how, (mumble) people, and you’ve just sort of got to take in everything because, I think, I think as like you know, he was like a middle child so he wouldn’t be like at the end or at the start but seeing from both ways. You know he sort of saw like the youngest sort of thought they had it the hardest, and the eldest thought they had it the hardest. So, I think he sort of took everything in and, and I think he owes a lot to his parents I guess, he said that, so. Once again it comes, I think it’s a big part of family and this is what sort of part of the M family it all comes, they’re big on family and that’s where all the understanding comes from.

I How would he describe somebody who wasn’t understanding?

E Yeah, somebody selfish, back to that again. Yeah, basically what I said before about, you know, not sort of caring too much about other people’s opinions. Back on that straight line again, looking out of their side vision. Yeah, I dunno, probably what I said before, I’m sure he could probably elaborate on it. Yeah just generally people with no respect for others opinions and feelings, and, just, I suppose not that they don’t see it, but they don’t care, they don’t want to see it, what’s going on with other people. Yeah, that’s probably it.

I What would he see as being bad about that?

E Bad about not being understanding?

I Yeah, about being not understanding.

E A lot I think he’d go on for ages. I think he would probably say that it’s important to understand everybody as well as yourself, and if you don’t understand yourself you can’t really understand others. So, understanding is an important part of that, and as well as towards others, and I think, you know, he he just places great importance on that and people that aren’t understanding, he just sort of have a lot of time for them. Yeah people that aren’t, if people are very selfish they, they go out of their way to be selfish, Dad’s very spiteful of that, he doesn’t like, he likes togetherness. Everybody sort of, everybody being happy, everybody saying what they feel, and everyone having respect for each other, and I think it’s to the family again, like it’s a big family thing, and he just wants to keep it going, along the line, and that’s great.

I And, open-minded was the third one.

E Yeap.

I Does he think that that’s important?
Yeap. I think it comes back to understanding again, in, you know you’ve got to basically open your eyes and see what’s going on. See how you see things, and how other people see things. And, taking it all in, not sort of having a, a black and white answer for everything, like there’s got to be some sort of colour in there somewhere.

Why is that?

I think, you can’t just sort of say something’s, either, saying like black and white thing, something can’t be black and something can’t be white. Everything is seen as different. You could, you know some look at a leaf and say it’s green, somebody could say oh it’s grass green, or bottle green or whatever. Someone could say it was red because they might be colour-blind. It’s, it’s like it’s all, you got to take in what other people say, you can’t just sort of say “Well no that’s, that’s just green, there’s nothing else”. I dunno that’s just, that’s just how, I see it.

What experiences might have lead him to believe that (mumble)?

Probably experiences as a teenagers, maybe experiences in the family, and I think, I think it might be to do with career as well. He’s a salesman so, you see a lot of people you see a lot of different people, and have to deal with a lot of people whether you want to or not. And I think, to do what you want to do you have to take into account what other people think. And I think that, that’s a great importance on career as well as on life. And also you know coming back to the cancer again, like how you just sort of been on that straight line, you know you wouldn’t have, you might not have, you know, been as well as he is today. You know, you don’t even know what goes on and you don’t know what grade of things are out there but, definitely you’ve got to be open to everything, and that’s what Dad’s trying say, and trying to teach us and I think that’s what he, I think what I am (mumble).

How would he describe somebody who wasn’t open-minded?

Somebody on that straight line. Somebody who just, has no regard for other’s opinions. Like a lot of people (mumble). Yeah they just, you know, want, want for them not for anybody else, greed, I suppose you could say greedy. Yeah they just (mumble).

For your father what would be so bad about being like that?

I think that, it’s not that he finds it, bad, just to see somebody like that, I think that, he just knows that there’s so much more, like so much more things going on like, he doesn’t want people to miss out. Like he’s experienced a lot, and, he knows that you sort of just can’t take things for granted, and you can’t sort of say “Oh I don’t feel like doing this”, or “I won’t go on holidays with the kids ’cause I’ll work ‘till I’m 50 or 60 or whatever and then I’ll retire and then I’ll do whatever I want”. And, like, I just think he, he just doesn’t like seeing
people like that, he likes to see people enjoy themselves and, just take in everything and be happy in life, not, not be depressed not be sad, and enjoy people and enjoy people's company. Like, he's very big on the social kind of thing, like my brothers and sisters and I are too, that's sort of something that he's like, just got in us, it's just there. And you know you see it yourself and you "Oh wow that looks great, I want to be like that" sort of thing, you know.

(37.3 m)

I So of these three, chatterbox, understanding and open-minded that your father would describe you as, which ones of these would you go along with, would you agree with?

E All of them.

I All of them. Is it important to go along with his views?

E Oh as I said like there's difference of opinion, in every situation, I mean it's fun, it's, we have like fun, you know, trying to see who's right in something you know, have a, just sort of keep going to see who's right, or who's got the best idea or something. But, you know, I don't think that, he thinks that it's bad for me to be like this, to be like one thing and not another. I just think he wants us to be, just aware of what happens, of goes on, and be open to change. Not, not be the same, do the same routine, it depends what routine I do for school you know get up at a quarter past seven every morning but, you know you've got the weekends to change things and, the afternoons and everything. School is just sort of like a, a stepping stone as he would say, he would say that. Stepping stone onto bigger and better things, that's his saying, he says a lot. So it's not like, we're pressured into thinking anything, it's not, it's not like his opinion is always right, if he thinks what we're saying is better than what he's thinking he'll say it. And if he thinks that you know, we're doing something wrong or something that he thinks, you know could be done better, he'll just, you know, give a suggestion as to what he thinks could be done and what we could do ourselves and if we want to do it we can and if we don't well (mumble), it's our own personal, it's our own loss I guess. You learn from your mistakes, he says that a lot. And you learn what you could do, or what you could have done, and how to do it better next time. So

I Doesn't sound like, it sounds like you're saying that it's not really important to go along his views?

E Well, in a sense it is, like, I dunno, it's not like we have to, but we like to I guess. He has a bigger view of things, and I dunno he just seems to know a lot about everything and, it's not that we have, it's not that like we have to agree with what he's saying or that we feel that we have to. It's that we just do, and you know like, if we don't, if we don't agree with it, it doesn't, (mumble) bother me, it doesn't bother him unless you know it's some sort of major thing like, a major thing like getting into trouble at school and I think I didn't do anything wrong if I did, you know sort of thing. So I mean I do place importance on his views and he places importance on ours, as well as his.
And, we all just try and work together and I know he sort of sits back sometimes and he watches what we’re doing and he sort might think that, you know, we’re doing it wrong but, he also wants us to experience things for ourself. And, you know so it’s not always important for him to tell us what to do, and it’s not always important, I mean it’s important for us, it’s important for me to, listen. I always ask him what he thinks about things, and it’s important for me to get his opinion and to take in what he says, and I just, yeah I find that important, that we can talk about that, and I don’t have to do what he says but I can do what says, you know. So that’s good that way.

I You sort of answered this but, what happens when you don’t agree?

(42.5 m)

E Oh it’s funny. It’s sort of like, you know, it’s sort of like, who can win. But, if it’s a major issue, and it’s serious it’s not so fun but, there’s a funny side to it afterwards, but. Yeah there’s, if we disagree, I mean he’s my Dad, he’s the parent, you know I’ve got respect for him and, respect for what he says, and if he say, you know, “I don’t think we should do this”, or he says “I’m not going to allow you to do this”, generally I’d say, I (mumble) wouldn’t do it. And like, I’m just saying that now like that’s just how I feel at the moment, if, if he’d said like, I mean if it’s a major major issue, I suppose there’d be arguing but, generally I would, I can’t recall a moment that I’ve had a major fight or an argument. So it’s, it’s not sort of been a major issue, (mumble) we’ve always sort of talked about how we feel so it’s, it’s not like, sort of things get built up and then it just erupts into a big argument. Which is also good because sometimes it’s hard talking about things but it’s better to talk about it at the time than, to have a fight, that’s what Dad thinks, and I think that’s sort of brushed off a bit.

I OK. SO up to this point, other than having you tell me what happened to your father when he was diagnosed, I asked who you are, and what sort of you are and what sort of person your father thinks you are, I’d just like to ask you a couple of more specific questions, we shouldn’t be too much longer.

E Yeah, no that’s fine.

I Now I’d like you to name three things that, you think were important about the situation with your father. If you were to name the three things which stick in your mind about your father being diagnosed and everything, what three things would you say?

E His attitude. Just how’s he saw everything, how he wanted us to see things. Also like, you know, just the family I guess. Family is like, important.

I So his attitude sticks out for you as important in the situation

E Yeah

I and the family?
E And the family, and. And sort of myself. Yeah how I sort of felt about everything I guess.

I Coming back then to his, attitude. You say it was important, what sort of person would deny that your father’s attitude was important?

E I don’t, I don’t know who would deny it. Everybody that I ever talk to about it, that’s had anything to do with cancer was like, just couldn’t believe how positive he was about everything. And, I don’t see where it, like, I suppose maybe doctors, some doctors could feel that he was too positive, you know when he was really really sick, but I don’t see that you can be too positive about, about being sick, you know about getting better. I don’t feel that you could be too positive (mumble mumble).

I OK. How might it come about that they might think he was too positive?

E Well they might not think that he was serious like, that he didn’t fully understand the seriousness of it. But, I just think that you know, (mumble)

Side B – Tape 2

I OK so, the second thing you said was important was, family. That was something that you picked out as important over that time. What sort of person do you think would say that family wasn’t important at a time like that?

E I suppose somebody that didn’t see the family as being important, somebody that makes, somebody who didn’t see much of their family that often, maybe because of, just that they don’t want to, that they don’t like, they just don’t like their family. Yeah I just, people, I dunno, people are (mumble), I guess.

I How might it have come about that they didn’t like their family?

E Maybe like fights I guess, difference of opinion. Non open-mindedness, we’ll make that into a word. Not understanding each others, ideas and accepting the differences and stuff like that.

I What might have lead them to being like that, with that view?

E Well it could have been no fault of theirs. They maybe, maybe they had like a parent or a sibling or something that just, didn’t get along with them, like they might have tried their best, that person just didn’t get along with them. Or, they could have just, experiences as a child you know, didn’t, didn’t like the family, didn’t think it was important. Yeah.

I We’ll go back. You were saying about, family as one of the reasons it was important, that way in which you might describe somebody who said family wasn’t important is that they don’t see much of their family, and all that
sort of stuff. You say family is important but how come you think family is important?

(2.6 m)

E   It’s like a, it’s a support system. It’s like your own support group in your own household. It’s always there. You know you can go and wake them up at any time of the night, they might be angry for a couple of minutes, but they’ll get over that tiredness. They’ll always be there to listen, like they might not want to listen but they’ll, they’ll because that’s just who they are. You know they’ll always sort of make time, make the effort. Yeah I just, family’s just important like that. It’s like a big coming together sort of thing.

I   The other thing you said was about his attitude was important to you as one of the things that stands out, so how come that was important?

E   I think, had he been a negative person, it would have been very different. The family support would have been different, I think, we sort of would have been, yeah more stressed out about it, he, see him being so positive has a positive effect on you. You think everything’s going to be great, it’s all going to be OK like, you know, it’ll all work. If he had of been a negative person like, like I think it would (mumble). You know he might not make it out of this, like “What’s going to happen”, you know like “What are we going to do without him” sort of thing, it’s going to become very stressed. Be stressful and everyone will be stepping on each other’s toes and, not wanting to hurt anybody else and, and I don’t think that, I don’t think we would have talked about it as much as we did had he been negative. Because if he was negative then you wouldn’t have wanted to bring it up. Like, I just, it’s was just weird, it was a very different experience.

I   So the third thing you said was, about the experience that was important was yourself. Can you explain a bit what you mean by that?

E   I think just as an individual, you sort of try and comprehend what’s going on in the situation. I think you’ve got to understand yourself, you’ve got to like work it out in your own mind, what’s going on and how you’re going to cope with it, who you’re going to talk to, and because not everybody can have an answer for everything. (mumble) you’ve got to do things yourself, and I don’t think you can just, go up to somebody and say “Oh how am I going to cope with this?”. Somebody will say “How are you coping with this?” And you’ll sort of say, you might say “We’re talking it out and everything in the family”, and they’ll say well, and then you might say “Oh what else do you think I can do?”. Like you’ve got to start somewhere yourself, and you can’t expect everybody else to do everything for you, and you can’t expect people to think for you. And if, like if you don’t place importance on your own opinions I think it’s hard to understand other peoples, as well, if you get what I mean?

I   I think so.

(7.4 m)
E Like Ok, if, if sort of I hadn't, I hadn't sort of thought about everything when Dad was sick, I hadn't thought about everything myself, to myself, and just sort of, I would have just been a mess like, just running around thinking like, “What’s happening, what can I do?”, like “What’s going on?”. And you’ve got to have time to yourself I and think about, think about what you’re doing and think, you know, “If go running around stupid, all a mess, like what’s this going to do, what’s this going to do to this person, like what’s this going to do to Dad, I have an affect on his attitude to everything”. See in thinking about yourself you’re also thinking about your own actions and how they’ll affect other people.

I And that's how that's important

E Yeah

I so that you can get all those things (right?) (mumble).

E Yeah.

I What sort of person would deny that the impact it had on yourself was important?

E I dunno, I think a lot of people wouldn’t think that it was important, I think. I don’t think that there’s generally just one sort of way you can describe, one person for this one. Because everybody values different things, and, some people might just, think that (mumble) selfish and you’re not thinking of the other person, but, oh it's hard to say because. I mean everybody copes with everything differently, but it’s just sort of like a personal value, and, like yeah everybody’s different and so, generally like I couldn't say just one particular person. But, you know somebody that doesn’t, sort of, somebody that values other people’s opinions over their own, I guess. Could be a way to describe it. Yeah.

I So someone perhaps who values their own, other's opinions sorry,

E Over their own, yeah.

I how might it come about that they would do that?

E I think that they’d just be looking for acceptance from other people. You know, it’s hard to say why they’d do it, I guess because, there could just be numerous reasons for why they are like this. Yeah like again, everybody’s different, and it’s very hard to generalise. But, yeah I think they just generally want acceptance, from other people rather than accepting themselves, over others first.

I Last one. Now I’d like to know, whether, you think you are a different person now, than before your father was diagnosed?
If I were to ask you for three ways in which you think you’re different, what would you say?

I’m grown up. I’d say I’m more outgoing. And yeah back to the understanding, coming back.

Understanding, you’re more understanding?

Yeah definitely.

So you think you’re more grown up, is this an important difference?

Oh yeah it’s not just like growing up as in, you know, getting older, it’s grown up as in, attitudes, yeah perceptions of people, things. It all comes back together again like, it just, just seeing everybody else, seeing how people think. And, just respecting other people. Like, basically, that’s, that’s just, I’m just a better person for it I think.

So you’re more grown up not just in an age sense but in your attitudes to things.

Yeah.

What sort of person do you think would deny that being more grown up was important?

I don’t think some, I don’t think anyone would say that you weren’t more grown up because,

Not so much that you were grown up

Important,

Who would deny that being more grown up was important?

I don’t know, really, I don’t know. I think that it would have some sort of importance for everybody because everybody, from experience like everybody grows from it. In different levels in different ways, so I don’t, I don’t know like who would say that, you know, there’s not great importance on it. There’s importance on it but in different levels.

So more outgoing as well, is that an important difference?

Yeah I think so,

How come?
I think I’m just, I’m very accepting of people. I just want to meet new people all the time. Just to learn like how different people are, you know different experiences people have. You know, through through the cancer Dad’s met so many different people from different backgrounds and that, and it’s just, it’s fascinating to think you know one, a life threatening thing can bring people together like this, and you sort of think “Well you know if that can do that, well why can’t I just, go out and people just come together so no reason, like no important reason”. Like you don’t have to come together in times of crisis like, you know it’s good to have fun and, having fun is also important (mumble).

How would you describe somebody who thought that being more outgoing wasn’t?

Maybe somebody who’s like traumatised by the experience. They may have like lost a loved one. Or somebody who had the illness may change their personality because they (mumble). They might not think that it’s, better to be outgoing, they might think that it’s better to just, stay who you are, or like, you know, they might be less outgoing, it’s, you know you don’t know but. You know again everybody sees things differently, and, you know some people just might not think it’s important to, to just get out there and see different things in the world, they might just like things, want things to go back to normal, as if nothing ever happened before.

How might that have come about? That they’d see it like that?

Maybe they just didn’t, they didn’t learn anything from this experience. You know they lost somebody, they might just want to out it in the past where you lock it away you know, not sort of address the situation. Or they might just not feel that it’s important, they might just you know, if, if their partner or family member survived they might just feel it’s important to concentrate on them and, nobody else, not like, not nobody else but, not expanding, concentrating on their current circle. I suppose.

So you’re more understanding? Is that important for you?

Yeah. Like knowing, knowing what Dad went through like I have absolutely no idea. Like,

(mumble)

what, I have no idea, like how, like I mean you know how he, how he feels but, not, not like, you know how he feels to tell you and how you see things going on with him, but you don’t, you don’t know what’s going on deep inside. And you want, you want to know you want to help. I just sort of, like I want to help people more, like you know people, like when people are upset I want to help them. Yeah I’d say definitely more like more understanding, I listen to people a lot more, and I don’t sort of tune off as much as I would, but
then you know, you get stuck in a room all night for that. Generally speaking, it’s better to be more understanding than than not, I think.

(19.4 m)

I Because? It helps you to get to understand other people?

E Yeah. You know, again understanding myself, understanding how I see things, and, understanding others how they see things and being (mumble), like. Understanding it all and respecting other people. And somebody who wouldn’t say that that was important, maybe somebody who, just doesn’t want to be in the middle, doesn’t want to, doesn’t want to listen maybe they’ve had, they sort of think they’ve had their dose of listening to the big problems. You know they might have got sick of listening to all this, problems of the person with cancer but, you know, some people are like that, I don’t, I can’t see how they could be like that. But, then again you’ve got to understand that they, that they could be so. They might have just, you know, have, they have just had a bad experience with it and they might have just not, not wanted to learn new things from it, not wanted to grow from it, and just wanted, once again, to get back to normal get back to their routine, their life beforehand and not take in the experience. And they don’t sort of, want to know people’s, don’t want to sort of help because they think they’ve sort of done their, done their bit. That’s what I think.

I Alright, well I think we’ve been through them all. The only other question I guess you is, if I was to ask you if you had any advice for, for anybody who’s going through now what you went through then, what, would you have any particular advice for her?

E Talk to people, talk to your family, talk to your friends. You know, talk to like teachers if you want to, talk to your Mum and Dad’s friends. There’s not sort of like, a, there’s not sort of an awareness about, like I mean there’s like the Cancer Society and stuff like that. But there’s not, like it’s not sort of, I think there’s I think you need to learn about it at school. It’s something that, I mean a lot of people are effected by cancer, and a lot of people die of cancer, I think there needs to be more awareness of it. It’s not, the whole, you know the whole, PD education is just about drugs and smoking, and alcohol you know. It should also be about illness, like, you know not just like AIDS and stuff, they do AIDS, they pump the AIDS thing a lot. Yeah they, there needs to, if there was also like, you know, a little subject in one thing that goes for a term whatever, just to be aware of it because, really I think, I mean I had no understand of it. And I think that, I don’t think that many people would until it sort of effects them. Or effects somebody around them and then they’re sort of, like well it’s there, it’s a thing happening and, you can’t sort of really do anything about it.

I Is there anything you’d like to add, anything that you’d like to tell me that you’ve thought of that you think is important, or, I haven’t asked you that you’d like to tell me, or anything like that?
(24.1 m)

E Yes, I think I’ve said it all. Yeah I think I’ve said it all.

I Alright, thank very much, I do appreciate it.

E Yeah, it’s all for good cause.

I Yeah, it is that’s right.

END.
APPENDIX K: Interview with ‘Barry’

Study 2

I = Interviewer
B = Barry 18 year-old, was 21 at diagnosis

I I’d like you to cast your mind back to when your father was diagnosed. And, I’d like you to tell me what happened when your father was diagnosed, the bad and the good, if there was anything good?

B Well I suppose the first thing was shock.

I (Moving the table and tape recorder closer to Barry) So you were saying that the first thing with your father was you were sort of shocked.

B Yeah and especially, like I was in year 12 doing HS or you know leading up to HSC, so it was a bit of extra pressure I suppose you could say. With studies and then worrying about Dad being sick. Through the treatments I think it was basically his, outlook, that kept all us going because he was just so positive. He was “yeah, don’t worry about it, feel good”

I He sounded like that on the phone.

B Yeah, it never really, never really got him down. He never it get on top of him. And for us four, you know all at school I think that kind of helped us out. Since then, I mean there was couple of times there where he was basically gone. Once he got bronchial pneumonia, then was up in intensive care for 8 days. They basically just pumped him with a cocktail of drugs, and then 8 days later he’s walking around the hospital. And the nurses, they were like “we should have put you out in a body bag”. So there were a couple of close calls, for us, I know especially for Mum, and the others it was kind of hard. Yeah and you know they basically said “you know you’ll find it hard to walk again and you won’t surf and all the rest of it. And (mumble) surfing, like playing tennis, (mumble)” I suppose the positive outlook for me, it given me a lot better lease on life, I really just do what I want now. Because of that. You know he was 38 (mumble), so it’s, my outlook on life now is, “do it for the moment”, because you know I might not be here tomorrow. (mumble) what I want if I can, because some other time you might not be able to do it, or you might be sick and you won’t be able to and you’ll regret it for the rest of your life.

I Did he have any, surgery?

B No it was basically radiation, treatment, and then the chemotherapy. They may have taken a gland out, because it was a lymphomic cancer. But yeah no real other (mumble) yeah, it was basically just a weekly radiation, of which he’s got a big hairless patch on his back. Big square which we all laugh about now. And then yeah the chemo, which really knocked him around.
I: What did you say it was, what did they call it initially?

B: Oh to be honest I don’t remember. It had something to do with the lymph glands, and that’s how it spread, or that’s how it got big. That’s where they’re lucky they got it when they did, ‘cause otherwise it would spread to the other glands, and then you’re basically screwed ‘cause it would have been, you know, throughout the system. It was basically the size, about three quarters the size of a football, the tumour.

I: Where was it?

B: On his front chest. Basically in front of his heart, pressing onto the lungs. And that’s why they got it because it was pushing onto his lung pipe.

I: Make it difficult to breathe?

B: Yeah, and so he went to the doctors and his GP said “oh something’s not right, get some chest x-rays something doesn’t look right there, see the specialist” and bang they got it. And they are lucky they did it when they did, otherwise it could have turned out very nasty. He’s got 60 per cent lung capacity or thereabouts now, that’s resting, just basically from the radiation permanent lung damage. He’ll never get above that. But as I say he’s learned to live with it, and he’s playing tennis every week, surfing when he wants when he can.

I: Does he have a paid job?

B: Yeah. He’s a, he runs his own business. In sales. It’s basically performance contracting, to like with X systems. To school, clubs, hospitals, that kind of thing. A lot of effort sometimes for not a lot of money, ‘cause you miss (mumble), but I think it’s, for him I think it would probably be rewarding. You know saving X and all that kind of stuff. Anything’s rewarding after what’s he’s been through so. To be able to wake up in the morning and go “I’m still alive”. Yeah.

(5.6 m)

I: You mentioned before that you were in year 12, when he was diagnosed, did it have any impact do you think, on your schooling?

B: I think it did, to a certain degree. I mean I won’t lie I wasn’t exactly that, fussed about school. I never really wanted to, I was in year 12 and I really wasn’t working at my full potential, I was lazy I couldn’t be bothered. I basically studied as much as I needed to and did assignments and that was basically it. And I think after he was diagnosed, I mean a lot of time would have been spent just, not so much worrying, but just thinking, you know, what if, or you know, I wonder if he’s alright today. Not so much effect on me but just passing moments your sitting there in a class or something, and you just kind of start thinking about it. It really didn’t effect me to a greater degree, as in you know, I didn’t study or anything like that. It just kind of changed the way
I operated. Like I’d, you know, I’d make sure I was home to see him or, if (mumble) get up early and go and see him before I went to school.

(Mumble…but I probably asked him if he missed any school because of it?)

Not a lot. The only times would have been the couple of times when he was really sick. You know I’d go up there and see him, in the morning, and I’d get home and I wouldn’t want to go to school. You know ‘cause I you know I was vice-captain at school so it was kind of hard just to take time off as well. You know being in a role of responsibility, so. That would have been, you know, couple (mumble) you know one (mumble).

Did you talk with your Dad much. Did you talk with him about his diagnosis?

Yeah, to a certain extent. Like we talked about, what it was, you know, what he was getting, radiation, like we used to talk about, like he told us you know about the radiation (mumble) specialists and, having (mumble) really had no secrets, it was all, you know, put on the table. I mean because we were old enough to understand so, you know we were from 18 to 15 so. Sorry 18 to 14. And so you know there was really nothing they could pull over our eyes.

No.

I imagine if we were younger it probably would have been a lot different. (mumble) everything, yeah, was on the table and everything was explained to us. With Mum being a nurse, you know

Oh she’s a nurse?

Yeah she’s a, a registered nurse up at X.

What’s X?

X private hospital.

What sort of nursing is she involved in?

Oh she’s just general nursing. She’s on, the what they call the X wing there, which is basically a lot of older people and it’s a respiratory ward.

Right.

It kind of tied in with what was going on with Dad. With his pneumonia and everything else. I mean she’s just done, what do they call it, palliative care.
I Oh she has done some palliative care.

B Yeah.

I Some training about it?

B Oh some training and doing it.

I Oh right.

B Home calls and things like that.

I So she would have been familiar with cancer then.

B Yeah. Even that with that, still wouldn’t have made it easier for her.

I No, no. Because that’s not just a job.

B Well that’s right, it’s it’s basically effecting you, so.

I What about with your siblings, did you talk with them? About it?

B Yeah, I mean not like every day or we wouldn’t sit down and have a chat like, if say myself or Cindy were walking from school or, you know, I’d be driving Mal to a mates house or, you know whatever, be in the surf. Whatever, like we wouldn’t go out of our way to chat, just during the day when we crossed paths, something’s going on (mumble). Especially at home like ‘cause we all share rooms, like you know the boys had a room and the girls had a room so, living in close quarters, you know you tend to chat so. It was talked about.

I (mumble…but I think I asked “Was it good to talk about it?”)

B I think yes, basically because, you know, you really can’t bottle up your emotions, you’ve, if something’s going down you’ve got to get it out. No matter who you talk to, even if you just talk to a wall. And if you’ve got someone there to listen to you talk it’s a lot better. And for the four of us you were going through the same thing (mumble). So are (mumble) like why him, and are things like that. I think it did help.

I What about activities like, you look like someone who’s into sport, did it effect any of those sort of sporting activities or?

B Probably I got into it a bit more, as an outlet. Surfing, basketball at that stage throughout school. Like it was kind of a shut off. Somewhere where you could just go and not have to worry about anything. So you could really say you know through yourself into forty minutes of basketball, and not have a worry in the world. Just to kind of just to turn off. And, or go out surfing for a couple of hours and just shut off and be, you know, out in ocean and worrying
about anything. As I say right through school like when your studying and all that, they say it’s good, you know to have a release. Same kind of thing, when you’re going through something like that, close to home. I mean it’s good to have somebody to talk to and everything else, but you need something that you can do on your own, or you know as a team sport or something else, just to, you know, even weights, going to the gym and doing weights just to, get it out of your system basically.

I That’s something else you do?

B Yeah.

I What about your friends, was it something that they knew about, did you talk to them about it?

(11.5 m)

B Yeah most of my mates knew about it. ‘Cause Dad, ‘cause he’s (mumble) my mates. And him being so young, you know, like all the boys know Ken so. And most of them had like all been out together, once we all turned 18. Like for my close friends, they knew about it and, again same kind of thing like I could talk to them. Like you know my, my three or four good mates, as a circle of friends, most of my immediate friends at school, guys and girls knew about it. A couple of close teachers, they knew about it ‘cause obviously the four of us at school, you know, like the year adviser and things like that so. There’s always, there’s actually pretty much a support network I suppose, friends, school, the whole thing. There’s always someone there to talk to, basically. (mumble)

I You said you spoke about it with your father, and you spoke about it sometimes with your brothers and sisters but not as a formal type thing. What about with your mother, she was involved pretty regularly in talking about it with you as well?

(12.9 m)

B Pretty much the same as Dad. Basically we’d come home from school and, ‘cause they’d be going together to the therapy sessions and the radiation and then to the specialist and stuff like that. So they’d both be there and like chat about it and she explained things so. I mean I think she took it a lot worse, than we did. Even probably a lot worse than Dad did. She’s not really as strong as he is and that showed so. Yeah we talked about, as you say not formal, we didn’t come home at 6 o’clock and have a chat. But yeah there was always, you know everyday or every second day we’d be talking about something. You know, we were kind of, as listeners for Mum as well because obviously she was in a lot deeper than we were. So we were more on the other end of the stick I suppose you’d say. Not a bad thing, just, you know, just to get someone else’s perspective on the situation that you were going through as well.
I Was you father treated at Y Hospital?

B Yeah. He had his treatment over there, and when he was sick he up at X Hospital.

I Has your fathers’ diagnosis made you wonder about your susceptibility to getting cancer?

B Oh I mean it would’ve for, you know, a fleeting moment when it happened. As I say I mean, since then my kind of outlook on life’s changed you know, live life for the moment kind of thing. And I believe a lot of things happen for a reason. So if, if I do get cancer well, you know that’s obviously my path. I mean obviously you can get concerned about it and things like that but, you know if you worry about things, you know, things are bound to happen. (mumble) kind of stuff, so. I mean, yeah I would have worried about it, not so much as in “oh my god like I’m going to get cancer is this thing like kind of hereditary”, that kind of thing, it’s basically more of, “well you know I might cancer, well you know just try and live your life and you know, if you do you do, like you go down”. One of the boys from our surfing club he was, doing the HSC, and he had X cancer and he was 18. I mean he’s alright, but you know having chemo and all that at 18. So I mean it really, it opens your eyes up to a whole, you know. I mean you really, it’s like the world’s not so, you know, nice and it can happen to anyone. You know you can smoke until your 80 and still die of a heart attack. Or you know you can be 38 and have cancer. So.

(15. 7 m)

I This is a bit of a strange question and you’ve touched on it a bit but, did you worry about your father?

B To a certain extent. Like the times when he was, really really sick, and in intensive care. He was you know underweight and basically looked like crap. And after, you know growing up with a healthy fit Dad, it was a shock and it kind of set me back a bit. But it wasn’t long before he started, you know, he’d come out of that and he’d get a bit of colour in him, and he’d be back to his old self, he’d be working and everything else. And, just his attitude I think, helped me to not really worry about it because, I think if he’s not really worried about it I shouldn’t be.

I Right.

B you know, and he’s the one that’s, you know, who’s all sick. You know we’d be in the hospital and be laughing and joking and. So it was hard not, like it was hard too worry just because of what he was putting out. I suppose he kind of set us at ease. I think probably the tides would have changed if he was, a bit like “oh you know I don’t know if I’m going (mumble)”, well it would have been completely different for us. I suppose (mumble).
I So it sounds like the way was, more acute at certain points, like when he was particularly ill and he went in

B Yeah

I that was really when you remember worrying and other times was just sort of something a bit on your mind sometimes.

B Yeah yeah, I mean, 'cause, he wasn’t actually sick all the time. The times he was really only sick was when he had his chemo done for that couple of days, and he’d look really pale and he just wouldn’t look himself. But after a couple of days he’d be fine he’d be back to his normal self and be, you know, he’d getting around the house he’d be doing a bit of work, you know, at his computer or he’d come home and he’d be on the phone talking to someone or wheeling and dealing or whatever. And it would really be like, “well, this isn’t happening, ‘cause its you know everything’s normal”. But then he’d get sick and it would all change. And as you say then you’d be back to, “shit like is he going to, go” basically. But you know, another week and a half later he’d be back at home and, and it was all good again. Really he wasn’t like sick sick all the time.

I No

B I imagine it would have been a lot harder if was, you know, in hospital for 6 months, as a lot of people are. I suppose, you know, he was, and I suppose we were lucky. From that fact.

(18.4 m)

I It sounds like, you know, you were saying that, you found that the talking was that communication was sort of helpful, with the situation with dad but I was wondering if there was anything else that, that people did for you? You mentioned sport?

B Yeah I mean an outlet is is probably the best thing you can, the best thing I could have. ‘Cause I have my licence so I was, if I got home and I’d been to see him or I was just having a shitty day, you know I’d just chuck the board in and I’d go for a surf, or I’d grab ball or go for a run or do something. I, just for me, I don’t about the others, but I found a bit of solitary sport, kind of helped me just, cleared the mind get focused. Put everything into perspective. You know, or even just take the dog for a walk. You know you’re walking along your on your own your mind’s, like you’ve got no-one talking to you. A lot of times, like a lot of people who knew about it, that weren’t really really close to the family (mumble… would say?) how’s your Dad, all that. Like it really started to get, not so much on your nerves, but you kind of get sick of it, people asking you all the time. I mean ‘cause you’ve got like you know your Dad’s immediate friends and like guys that we surf with and that. You see the thing is like, ‘cause we know, through surfing we know half X (suburb) and all that. So you couldn’t go out anywhere without like “oh Barry how’s your Dad” and rah rah rah. Just go “oh you know good”. You’d want to just get a tape
recorder you know, you know like “My Dad is fine, he’s doing good, rah rah rah”. So, I mean, but that’s the down side. Because, but then it’s really not that bad because you know you’ve got that many people, that know and support and are concerned for you. That’s just kind of, being selfish, I suppose.

(20.3 m)

I     Do you think it’s changed your relationship with your father?

B     Not really, like we’ve always been close. Like he does a lot for me. If anything it brings us closer, as I say like we’ve always had a really close relationship, so, you know, being out of home like I still talk to him probably nearly every day. I mean I was living in Queensland, and we’d still talk, you know, every week. If not every couple of days. So, I mean we’re really, and you’ll probably find this after speaking to everyone, like we’re really close nit family. So I don’t think it’s really changed anything, if anything it’s brought us, again, closer.

I     Well that’s what I was going to ask you about your relationship with your brother and sisters?

B     Oh yeah as in everyone, the whole family I suppose. Coming together as a unit. To kind of, you know, pull in. Like especially like for us younger kids and that like pulling in at home like, doing just cooking or doing the cleaning and stuff like that. I was driving so you know I’d, I’d take Mal to work or Eve to a friends house. Rather than you know Dad have to get up in the night or, you know ‘cause we’d be sitting there watching TV and you know it’s 11 o’clock it late it’s cold. You know “oh it’s cool I’ll go and pick him up” or whatever. So yeah I think, it we are close, and I think that’s probably the only thing just to bring us closer together. We’re able to talk more I suppose more openly, as a family unit. Probably matured slightly, like the younger kids. Just grew up a bit I suppose ‘cause we had to.

I     You mentioned things around the house, like cleaning or cooking or something, did you do more of that once he got sick?

B     Yeah I mean, we’ve always from a young age, done that, like we’ve always had a roster you know, kitchen duties basically all of us. But it was more, you know vacuum or, like the girls you’d come home and the girls would do the cooking and we’d do washing or, (mumble) to help out Mum and Dad. ‘Cause you know Mum was working as well so, you know Dad would be sick or whatever so. You know Cindy would come home and cook tea, or you know Mal would do the lawns, and I’ll be the taxi driver so. We all kind of just chipped in just to make life easier.

I     I’ve asked you about, sort of, about that general stuff about the impact it’s had on your life, but in order to help me better understand the impact it had on you I’d like to ask you a few more specific things about you?
B  Yeah.
I  Stop me at any time if you don’t want to carry on.
B  Yeah, no worries.

(I wondering if I asked you to tell me, if I was to say Who are you? What three things would you say? Like to give you an example, if someone asked me I might say male, married, psychologist. I wondered what three things you’d say?)

B  (mumble) worker. That’s my whole life at the moment.
I  Yeah. These questions are going to sound a bit odd, but that’s academia for you OK?
B  Yeah.
I  Is it important, do you think it’s important, you said, the first thing you said was male, do you think that’s important?
B  Not really, it was just basically the first thing that came in my head. I mean I’ve got no problems with, (mumble) I suppose. Male’s just the first thing that came to my head, and I’ve got salt-water in my veins so that was the next bit.
I  So to talk about the surfer. Do you think that’s important, is that an important part of who you are?
B  Oh definitely. Definitely.
I  How come?
B  Oh it’s just a lifestyle. We’ve lived on the coast basically our whole lives, we were brought you know as water kids I suppose. We grew up on the south coast, down near W, you probably know it. (mumble) so you know we could see the ocean we were basically swimming down there everyday in summer. Probably started on the body board when I was about 10, and progressed onto the longer boards, like on a standup so. And, basically we all surf except for Mum, all of us. Cindy and Mal do competition, they’re sponsored riders. So it’s, yeah it’s a way of life for us. You know holidays we, you know we go surfing trips. Like ’97 we did a trip to Perth, travelled the whole coast line, and that’s what we did just surfed the whole way. And that was, when I was in Queensland, that’s why I moved to Queensland, just to bum and surf for a year. That was, I just wanted to get away from Sydney, get away from everything. Like you know, at the moment, or pretty much the last two years, basically my life is, you know, got work, and the next thing is my
surfing. And that’s how I arrange my life, I go out working, and now I’m surfing, well it’s a toss up between surfing and girlfriend, it depends whose around. But it’s, probably stems from that, like from that period when Dad was sick, just being on your own sometimes.

I  What sort of work do you do?

B  I’m a courier. Sub-contract courier, so some days can get a bit stressful, not so much stressful but, you know you just get, fucked around you know. You go somewhere and something’s not there, or whatever. So I’m driving home and I’m all like tense, and listen to my heavy music and come home grab my board and go for a wave. Get an hour in the water and I feel fine. Just to be on your own in the water. I mean the Billabong label, it says “only a surfer knows the feeling”, I think that pretty much sums it up.

(26.7 m)

I  You describe yourself as a surfer and say it’s important, what sort of person do you think would say that being a surfer wasn’t important?

B  Probably someone that doesn’t have a passion, I think. Someone that doesn’t have something that they do that they really love. You know nothing that they can, you know just say spend the whole day doing. Or a whole week doing. Just something that’s I can do on my own, I can do with the boys, obviously with the family we go away on family trips, we surf and it’s all quality time. You know if there’s no surf well we’re all together, if there’s surf we’re all in the surf together. It’s just a huge social thing. Also the competition side of it as well.

I  You enter competitions?

B  Yeah I mean it’s all amateur stuff. We’ve got X club the local one down at X (suburb). We have kind of like a, what they call a (mumble), which is where we all surf against each other, once a month. In competition, basically you could pretty much do one them every weekend, up the east coast from Victoria all the way up to Noosa.

I  Right

B  ‘Cause basically all the clubs have an annual comp, so it pretty much works out you know one or two a month. It’s just a huge social thing, like I know people basically from that huge area like I know guys in Toorkey, Wollongong, Newcastle, Cresent, Queensland, Noosa the whole thing. So it’s a social thing, it’s a competition, it’s just a laid back.

I  You said, you described somebody who said that surfing wasn’t important as somebody without passion, how is it do you think that that might come about that they wouldn’t have passion?
B Well not so much passion, but some, like a passion for something. Something which they love, like you know you might have someone that just absolutely loves squash. They would play squash everyday if they could. And yet people that don’t play squash that wouldn’t understand that, and they say “oh squash”. It would be the same thing. You know, where you’ve got guys that love their golf. You know like, I know, like my girlfriend’s friends they can’t understand how I can get up at five o’clock in the morning and go surfing. But I love it. You know, and like my flatmate he’ll get up at six o’clock and go and play golf. And I go “Well you’re a fucking idiot”. But see I love golf because it keeps guys out of the water. So

I That's right if everybody surfed it would be a bit crowded.

B Oh bloody oath. So it’s not so much no-one with a passion, it’s something that doesn’t love something. Doesn’t have something they can do to get away from, work or family, or something, even like a Playstation. Just to sit down and, be on your own for half an hour a day.

I How do you think it might come about that something wouldn’t have a passion for anything?

B It would be very weird. Because I think everyone does have a passion for something. Girls, cars, you’ve only got to look around, like you have you’re Summer Nats, like you know everyone that loves cars comes together. You know you have knitting festivals, like.

I That’s true it’s a wide world.

B Yeah, I mean, you pretty find everyone has something which, they just love doing. It’s very rare that you find people that, you know, even if it’s someone who loves drinking, I mean you know everyman to themselves. But you know I think everyone has something. Whether it be legal or illegal or, immoral.

I Yeah. OK. Coming back to the first one you said male, and you said “no it was the first thing that came into your head”. How would you describe, and this is a puzzling question for you I guess but, what sort of person do you think that would say it was important to be male?

B Probably someone who was a bit insecure in themselves. Someone that would have to say, “well like I’m a guy, I’m a girl”. (mumble) who they are.

I Self-conscious?

B You know they’ve really got to reaffirm it, not so much to someone else but to themselves. We’ve been brought up to basically, you know, be, you know, at one with yourself I suppose. You know like, you love yourself and people will love you. To a certain extent, you can’t love yourself too much. But you’ve got to like who you are for people to like you. It’s like a confidence
thing. You know I think people that, that would say it matters that they are male or female or (mumble) affirm that they are who they are. (mumble).

(31.6 m)

I You talked about, saying you’re a worker, is that an important thing to you?

B Well it is and it isn’t. Obviously it keeps me in a roof and it keeps me out of trouble. I mean I enjoy working, I mean a lot of people (mumble). But I suppose if I wasn’t working I’d be surfing. So, I mean work is good, again it’s like another release, especially my job because I’m not doing the same thing all the time. You know I like getting up in the mornings and going (mumble) “What are you doing tomorrow? Got no idea”. I could be home at 2 I could be home at seven.

I Right

B So I suppose, working for me at the moment, it’s like a lucky dip. You know I get up in the mornings and go “I wonder what I’m going to do today”. Whether I’m going to be flat out or I’m going to be, you know take one box to somewhere and that’s it. And that’s what good about it. I mean obviously, after coming straight out of school and into work, that was a lot different, it was basically working, you know, to go somewhere. (mumble) last couple of years things have changed and I’ve kind of grown up and, you get a different perspective on life. You don’t look at work as work, ‘cause if you look at work as work you get sick of it and you don’t like it. (mumble) harder to work. You get guys going “oh fuck got to go work today”, you know, so.

I OK. So it sounds like your saying that to be a worker is sort of important, there are some things about it that are important to you life, how would you describe somebody who said it wasn’t important at all?

B Well I mean, I wouldn’t really be worried about it because if someone’s not really worried about work, obviously they’re happy with their life, they aren’t too concerned if they’re working or if they’re not. I don’t know if that’s a good thing or a bad thing, with all the dole bludgers and stuff. I suppose I mena, work as I say is, is obviously has different meanings to different people. You know work to some people like you know, it’s a career. Other people are like you know “well work’s just a way to live, just a cheque at the end of the week”. Other people, because I’ve actually got a second job, the second job is, is spending money. I mean it’s at X shop like there’s a good crowd there I enjoy working there. I just love mucking around there on a Saturday or a Sunday, you know for 8 hours with the guys, have a bit of fun, do a bit of selling. And you know that basically looks after my rent. Like my boss said to me the other day, he said “I’ll have to cut like your shifts down, probably just one a fortnight”, that’s fine. I said like I don’t really need the money, because I do well enough out of my other job, it’s just an extra bit of spending money. And I enjoy working with the people that I work with.
I So this time I’d like to ask you not so much, who you are, but I’d like to know what sort of person you are. If I was to say to you What sort of person are you, what three things would you say?

B (mumble)

I What sort of person, yeah like, happy?

B Easygoing, (mumble), (mumble)

I How would you, describe somebody not easygoing?

B Uptight, someone that doesn’t smile. Is, not so much sad but just always look unhappy. Always whinging. (mumble)

I You describe yourself as easygoing, how important for you is it to be like that?

B Very I think. It comes back to the way you live your life. You know, you don’t worry about things there’s no stress. The other thing it’s a joke that I say to my Mum all the time, I say “Stress is for the week”. I mean I don’t really believe it to an extent but, you know why worry about something that that’s you know something’s gunna happen something’s gunna happen. You know things happen for a reason. (mumble) and obviously things are going to work out, so. Easygoing is basically you know, I’m not really worried about a lot of things. I’ll just get up and live my life. You wake up everyday and think “Well cool I’m still alive”. And you just go on.

I So it’s very important to be easygoing because, that?

B It’s important to me, just because of the way I live. I, get on with basically, like I have very few enemies you know, you know everyone’s your mate “How ya goin’”. You know you talk to people you don’t even know, like as my job like as a courier, you know I see different people everyday. I like you know you chat to someone in a lift you don’t even know, for five minutes. You never see them again. Like you know “Oh how ya goin’, what’s it like outside rah rah rah”.

I It makes your life as a courier easier?

B Yeah

I Being able to be easy going?

B Because, because I’m on my own all the time, you know it’s that contact you now you’re in the car, and you get out and if can chat to someone for a minute well it makes your day better. And then in that sense, and like,
because, and if you start going, I mean I’ve got a lot of regular deliveries that we do.

I Right

B So you go back to the same place you know you might go there once a week or twice a week or something. And you get to know the people. You know you drive in you go “oh how’re you goin’, how’s your weekend” you know you stop and have a chat. And it just makes your day better. You know you’re not, like you don’t get (mumble) by people like, you know (mumble) makes you feel good, makes your day better and you get home and your like “cool how was your day, I had a sweet day you know, talked to a few people, easy day you know”. And you’re not so much stressed, but you don’t have this anger and, yeah.

I Alright somebody who wasn’t easy going was “somebody whose very uptight and doesn’t smile”, how do you think they might get to be like that?

B Well it could be any number of things, I suppose, upbringing, just the kind of person that they are. I know one of my girlfriends friends she’s kind of like that. You rarely see her smile.

I Right

(37.9 m)

B Like we go out, you know for a good night to a pub or, you know out on the piss. Rarely see her smile. But that’s just the kind of person that she is.

I Well that’s the next question, what kind of experiences might lead them to be like that? Sounds like you’re putting it down to sort of a personality thing?

B Yeah I mean it could just be the way they are, could have had a negative upbringing, negative parents. Any number of things, but can’t really think of them, ‘cause you know I haven’t been there so. A major contributor would be the way that they were brought up, you they hung around with. Where they grew up. Like I mean you know, you get kids say from the X shire, would be a lot different to say Blacktown or Greystaines or something like that. Just the general area that you live in. You know I know you drive around like out, out west the inner west and that, it’s a whole new world. And if you grow up you know over here, and you don’t go there, you’re kind of sheltered to an extent. You get in the big bad world and it’s like a shock.

I Can you give me an example when that might be a disadvantage, to be easygoing?

B You could be taken advantage of I suppose. I don’t think I have been, but, like if you know, if people think well you know “oh Barry’s cool, he’ll do it
for us, or he’ll, you know, come pick us up, or and he won’t worry about it” and things like that. I think that’s probably (mumble).

I When do you think it might be, an advantage to the opposite, to be uptight not smiling?

B I don’t think there would be.

I No?

B I think that, if you’re happy, if your, even just a smile. Basically you beam that to everyone else. Sad people, or just you’re in a room full of you know glum people, if someone walks in who’s a real happy go-getter, chances are the room won’t stay like that for long. It’s infectious. And it’s, I think again it comes down to, upbringing, not so much just the immediate family but, like my Dad’s side. My Dad’s one of seven,

I Right

B and I’m the eldest of 21 grandchildren. So it’s, I think it’s just that whole family thing. You know. (mumble .. We’re ?) getting older and we still always get together. We were up at X like two weeks ago at a X meeting, for the whole family. So it’s, I think again it comes down to how you (inaudible).

I Yeah, the next thing you said was, not shy. Is it important for you to be like that?

B Yeah. It’s who I am. I (mumble) work, even surfing. You know, you have to paddle out to, I was at Longreach yesterday, started chatting to some guy in the water. It’s part of the surfing thing. But it’s, at least it’s an easy way to get through life. You know it’s also for career wise like depending on what you do. But there’s a lot people who just can’t talk to people. I know guys like that through school, girls and guys whatever, they found it really hard to, like we’d go to parties, you know like, they’d co-come with me and I knew a couple of people and whatever, and they’d basically be on their own all night.

I went to school at X, I knew like kids from primary school, and (mumble) I pretty met half the year at W (nearby high school). And then through another couple of guys at there I met a whole heap of guys at Z and Y, like, and you just know people. So, I guess it’s a good way to live.

I How would you describe somebody, the opposite, or not like ‘not shy’.

B Shy. Yeah someone that would, oh not so much like a not nice person, but that has trouble talking to people that they don’t know. Would probably have trouble like finding words, you know. Say for example, you know two people in a lift. If you’re shy, there’s no way that you’ll talk to someone, in a lift. I’m basically the opposite, you know pretty much if I’m in lift even if it’s just in passing oh you know “it’s bloody hot outside”, or if they’ve got lunch it’s like “oh smells good”, you know “what time’s lunch on”. Even if it’s a passing comment.
How would somebody get to be like that, shy and have trouble talking to people?

I think it’s a confidence thing. Probably, you know, upbringing. If they didn’t have a close family life, if you know, say both mum and dad worked you know, sixty hours a week, only child, or you know if they didn’t have any friends at school, or if they changed schools fairly often. Things like that. So I think having you know, a brother and two sisters you know at a very close age bracket, there was always someone to speak to, someone to play with. So I think that’s kind of where you get it. Like you know, you’re not really, and ’cause you know you know all their friends, like I know half my sister’s friends, and all my brother’s mates, you know you surf with them you see them in the water, they go “oh Barry”. (I get verbal diarrhoea, it’s (mumble) present, sometimes. ??)

I take it your mother’s not quite as outgoing?

No, no. I mean sometimes I do ramble on. My mates just go “Barry, shut up”.

When do you think, it might be a disadvantage sometimes to be like you are? (mumble) not shy?

Well maybe in a work situation. Not so much in my line but, say in like an office situation. You might talk and then you might say too much, say the wrong thing, say something (mumble) “what am I saying, who am I talking to”. That’s probably the only thing that comes to mind. Just basically something that’s inappropriate, like you know if you’re at a funeral, or somewhere (?) where you shouldn’t be speaking. That could effect you, or just harm your reputation.

Another question is when might it be an advantage for somebody to have trouble talking to people?

(I’ve got nothing…?)

Ok. You describe yourself as energetic. How would you describe somebody not like that?

Slob

Slob?

Lazy. No. Yeah I’m always doing stuff. Whether it be surfing before work, going to the gym, doing weights, I doing weights again. On alternate days, like Monday, Wednesday, Friday. On the alternate days you know you go for a run, or a (mumble) or a surf. Obviously with work you know I’m in
around carrying stuff, lifting stuff. Then again some days you wake up and you just don't want to do anything.

(45.8 m)

I No.

B You just sit around all day and play Playstation and watch a DVD, and like. I think again it's, you know, who I am. I'd a family, you know, played football played soccer played cricket. Squash. Basketball, like you know, played everything basically. Surfed. Always doing stuff you know you go down the park, you fool around. Surfboarding, bike riding.

I Yeah. So it certainly sounds like it's important for you to be?

B Yeah, it's just good to, basically sweat. Again it's, coming back to that, you know, getting a release. You know if you've had a bad day or something you go for a run you clear your head. Or you do your weights (mumble) you're having a shitty day or you had a fight with someone. You know, do a couple of bench presses and you feel a lot better. And just to sweat, like you know you, (mumble) in your system, like I give blood, every now and again, and I fell great after I do that. Obviously morally, but my system. You know you're getting rid of, the impurities in the blood and it's replenishing. Like when you're exercising, you know you're sweating, your getting rid of a lot of body fluids, and you're replenishing (mumble) and you, you know you feel revitalised. So.

I How would a person get to be a slob/lazy, the opposite to energetic?

B Oh I suppose someone that was probably depressed, sad. (mumble) something like that. Or some people are just lazy, like that they don't like to do stuff. I know my brother's mate he's, he's kind of got like that after school, he doesn't want to do a lot and he's, put on a couple of kilos and he used to be a real fit bugger. I mean sometimes it can just happen, you know you might just, something might happened in your life, you really don't feel don't feel like doing (end of tape)

Tape Side B (0.0 m)

B Say someone in the same situation that didn't have the support base or, like the support network. Didn't have the family around, you know would just maybe sit at home and, wallow in their swallows.

I (mumble) doing much.

B Yeah. Just feeling sorry for themselves. You know and a lot of that's confidence and easygoing and that, you know. The not being shy and that so, it all links up.

I When might be being energetic be a disadvantage?
(0.6 m)

B Rarely I would say. (mumble) like being energetic you’re always up for something. Whether it be, you know you’ve worked all day and then, you know like, ‘cause we do weights that we do after work, you know so you’ve worked the whole day, come home and then you go out and do an hour of weights. No worries. Also with work, you know it’s there’s a lot of physical weight, in the work. I really can’t see a bad side to being energetic, it’s obviously good for your system, like being healthy, burning the kilos and all the rest of it, so.

I OK. When would being lazy might be an advantage?

B When it rains.

I When it rains.

B When there’s no surf.

I Because they’re not worried by that? You mean?

B Yeah. Being a slob on occasions is great. Like I know if you have a big weekend, a big Friday night, on the Saturday you might sit at home all day. I mean I like to do that occasionally. But like I’m that kind of person that hates wasting a day. Like I remember a girl from basketball, and she very rarely on a weekend would be up before 12 o’clock. It was a shock, I thought you know “I’ve been up I’ve had a surf, I’ve done so much stuff, and she’s only just woken up, she’s wasted half the day”. I just, yeah I mean hate wasting a day, like daylight anyways. Because we’re so, outdoor types. And that’s come from the family upbringing.

I I would like now just to explore how you think, other people might see you, if I were to ask your father what sort of person you are, what three things do you think he would say?

B He’d say probably the outgoing, the talkative, yeah the surfer or like the sporty the outdoors type.

I The outgoing, and then surfer/outdoors type. (mumble)?

B I’m the same as him, that’s where I got it from.

I Alright.

B If I see something I’ll but it, on the spot, I if I want it I buy it. Sometimes (mumble) credit card comes into play.

I How do you think he’d describe somebody who wasn’t impulsive?

B Someone who is very careful with their decisions.
I Right.

B I get that from him, obviously being the bang bang on the spot, making decisions. Like I hate, you know, people "what are we going to do what are we going to do". I'm "Pick something and we do it" you know like.

I You don't like indecision?

B Indecision no it's crazy, waste time to.

I Yeah

B But then on the other side I'm the biggest waster of time ever, so. There's the Playstation there, it does that OK. That's one we've actually got two in the house.

I Right

B Yeah. I've lost it?

I Yeah I asked you how you would describe somebody who was, who wasn't impulsive, and you said careful with decisions.

B Yeah somebody who basically thinks everything through. Very very carefully. Like, my best mate's kind of like that. Does all his research, his used prices, insurance with everything, he's basically thought everything through, and now he's doing it. Whereas if it was me, I'd probably look around, get a couple of prices, couple of quotes and go yeah I like that car and go and buy it.

I All over in a weekend?

B Pretty much yeah. Which is a good thing but then sometimes, it works the other way.

I Your father thinks it's important for someone to be impulsive?

B To a certain extent. Like when I went to Queensland that was an impulse.

I Right

B I basically said, "Yeah I'm going to Queensland". I didn't have job, I just went up there, I took (mumble) couple of weeks, within two weeks got a job, within another week and half I had my own place. I wasn't worried about it. People were like "Oh have you got a job?". "Get one when I get there".

I So why do you think that that it is that you're father thinks it's important to be impulsive?
Well, I wouldn’t say so much important, to be impulsive as a whole, just to have that kind of a quality where you, basically if you want to do something then do it.

Right sort of not so much, impulsive but it’s important to make decisions it sounds like you’re saying?

Yeah, yeah. I mean impulsive decisions sometimes are good. He does the same thing like, he buys cars and then comes home and Mum’s like “oh why did you blah blah”. So I suppose on that side it’s bad but in more like a, yeah decision-making, and you just go bang. You do it. Like you know you don’t mess around, you go “I’ve made my decision, I’m going to do it, and that’s it”.

What experiences do you think lead him to be like that?

To think about (mumble)?

Yeah yeah to to see things that way?

Well Queensland would be one. My shopping habits would be another. I like to buy things. Like if I got to X shopping centre it’s very rare, if I’ve got money it’s very rare that I will come home empty handed. If I see something I like I will buy it. Credit card statements over the last couple of years are probably testament to that as well.

Yeah.

Not that that’s a bad thing like, you know like I bought a computer when I was in Queensland that was two grand, big deal. Like you know, it’s only money. And again that comes back to work. Why do we work? So we can enjoy ourselves.

Yeah. What would your father say was bad about being careful with your decisions?

Bad about being careful?

Yeah.

Probably nothing, the only thing would probably be, that like if you spent too long on making a decision,

Yeap

And by the time you made it, the opportunity had passed. Like you know the window of opportunity. And if, I mean on one hand you can make a decision and jump through the wrong window, but on the other hand you can make the right decision, but take too long to make a decision, and the windows are closed.
Yeap. Back up to talk about outgoing, how would you’re father describe somebody not like that?

B Not outgoing?

I Yeah.

B Like the shy quiet type I suppose. Something you won’t, rarely find in our family. Immediate and outside. It’s just the X (surname) persona I suppose. You know we could all talk each other under the table. (mumble) get going they don’t shut up. They are actually worse than me.

I Does your father think it is important for somebody to be outgoing?

B I’d say yes. There’s, you know, career wise and personal like social wise as well.

I How’s that?

B Oh because, you know, you’re outgoing you make friends. You know, basically you know people. And you basically broaden your support network. Which again comes down to, you know, if you’re in trouble, like you’re the kind of person you are people like you. You know people rally around,

I Yeah.

B as we did see a couple of years ago when Dad was sick, so. Obviously that’s where I get it from, ‘cause Mum’s, not so much quiet but she’s not as outgoing as Dad, so.

I Difficult for two people to be really outgoing together perhaps?

B Well yes and no. They probably clash I suppose, but on the other hand they both, you know, ready to go raring to go like all the time. So I suppose if you add the two opposites, you know, one would probably keep the other in touch. But then if you add the two sames well, like two outgoings you’d probably have pretty crazy times. If you get two quites it would be bloody boring, so. I suppose I think that, probably having the, one (mumble), the quite one keeps the two outgoing one in line, and the outgoing one kind of pulls the other one up a bit.

I Yeah. What experiences do you think lead your father to, to thinking like that, that outgoing was important?

B For me, or for ?

I Yeah what kind of experiences do you think lead him, to seeing being outgoing (mumble)

B What my experiences or his experiences?
I yeah his experiences, what lead him to think that sort of being outgoing was important?

B I suppose for him probably just his work.

(10.5 m)

I Yeah.

B (mumble) just a lot of social contact, well not social but like work contacts, like a lot of person to person. You know and, if you’re not kind of talkative and, you know, trying to get out there, you won’t get your foot in the door. And if you’re there going “Hey how ya goin’ rah rah rah?” they might kind of go “oh who’s this bloke”, and listen to what you’ve got to say. You know like it would be very hard if you’re a salesman if you were a quiet person.

I Yeah I was just thinking that.

B I mean you know my Dad could probably sell ice to the Eskimos kind of thing like that’s the kind of person he is.

I Yeah.

B So, I mean it’s you know, three generations or whatever of sales, so. I guess it runs in the line. But then, you know and those (mumble) skills then relate to personal skills so.

I What’s bad about being quiet and shy?

B We’re all kind of, all of us are you know, ready to go. It wouldn’t be such a bad thing, as in like “oh my god like that guys quiet”. It would be more just a bit of a, “oh he doesn’t really talk much”. Not so much people that you avoid but people that you really, you know like you wouldn’t want to go out with ‘cause if they’re quiet, you know you’d, you want someone who’s like “yeah let’s go come on”, like gets raring to go.

I Surfer, outdoors type, how do you think he’d describe someone not like that?

B Someone that’s not in our family. Someone that’s, I dunno like, an indoors type I suppose. You know someone that’s not really into sports, likes to, you know, sit at home and watch TV or, go and watch and opera or something. People that don’t like to get their hands dirty. You know someone that doesn’t like to break a sweat.

I Which of these views of your fathers do you go along with?

B As in his views of me?

I Yeah, you said that you think he’d see you as outgoing, surfer/outdoors, and impulsive. Would you go along with those?
Mmm, by all means, yeah.

Is it important for you to go along with his views?

Not so much important, I mean I agree with them, and that’s great. You know if I didn’t, I don’t think it would be the end all, and you know, be all, because obviously you know, just because you’re father and son you’re not going to agree on everything.

No.

And you have different (mumble). The fact that we kind of, maybe on the same line I suppose of thinking, probably just reinforces, you know how close kind of we are, and.

What happens when you don’t agree?

Very rarely.

Yeah?

Up to this point I’ve asked you, what’s happened since your father’s diagnosis, I asked who you are and what sort of person you are, and what your father thinks, you’re like. I’ve just got a couple more questions a little more specific about the situation with your father getting cancer.

I’d like you to name three things that you think were important, about the situation with your father. If you had to pick three things out of your father getting cancer and what’s happened since, what would you name as the three most important things?

Three most important, OK. As in from my perspective?

From your perspective.

Well obviously outlook on life. Positive attitude. (mumble) importance of social circle.

You said ‘outlook on life’. How come you’d say that that was something important?

Well it made me realise that you don’t live forever. That you could basically out here tomorrow and get hit by a bus and dead. So its, basically kind of changed the way I look, well not so much live, but the way I, like I live my life, like the way I make my decisions, like I go “OK, I’ll do this because, I want to”. You know like, buy a TV because I’m earning money and I want to.
Like, I just do things because I want to. (mumble) “…you can’t do that now, you can’t do that”. (mumble) you go and spend $150 bucks on dinner. You know I’ve got the money, and I want to enjoy life now. Tomorrow I could be dead.

I So you say that that, it’s changed your outlook a bit in that way, and that you know, that that’s important, what sort of person would deny that having a changed outlook was important?

B Someone that’s kind of negative. I mean, some like, someone that hasn’t gone through it would probably understand. Like, you know, like obviously like a lot of my mates, (mumble) basically one of us anyway. And yeah he’s pretty much in the family and you know, he would understand. But if you’ve got someone that say, you know doesn’t have a good relationship with their Dad, or (mumble) not like a hypochondriac but you know someone that just, doesn’t want to look at life and go “Oh OK this is great”.

(16.4 m)

I How might it have come about that that, (mumble) they haven’t been through it and what’s why they mightn’t (mumble)?

B Yeah, they haven’t been through it, like the negative attitude again, you know, coming to an upbringing. (mumble) parents are like everything’s a drama, or if the parents are fighting.

I Positive outlook was the second thing you said. Was that important? Something important came out of that?

B Yeah. Positive thinking, the power of positive thinking, I think had a lot to do with his recovery. His, his views that it wasn’t going to get him down, that he was going to get back. That, that helped him and it helped us as well. It helped us cope because we saw that, he was coping. So he helped us to kind of, “Alright well he’s, you know, he’s doing good, you know we’ll do our best to help around to make life easier for him”.

I What sort of person would deny that having a positive attitude was important?

B Again probably someone that hasn’t been through it. Someone that hasn’t really experienced it first hand, like someone close that’s sick. And probably someone like a pessimist I suppose, someone that doesn’t believe, you know in the power of thinking and, you know, kind of mind over matter kind of thing. My girlfriend was telling me she’s, she does (mumble)

I Oh yeah

B and she’s over RPA at the moment on prac. And one of the tests they did, not in her unit but, basically you have the person standing up, and with their eyes open they reach back with their arm behind their back, you know like this, just without turning, to see how far they can get their hand straight.
Without moving their body. And then they do it with their eyes shut, and they actually get further than what they do with their eyes open.

I    Wow.

B    Every time. And it’s, you know it’s all in the head. Because their not looking at it going “oh that’s where I am”. Next time they’re like, they’ve got no idea where they’re going. And it’s all, it’s all up there.

I    So they’re inhibited by their mind?

B    By their sight, yeah. So, the eyes just sometimes decept, like you know, deceptive.

I    I’ve done, as I said before, psychology, and there’s lots of examples of how your eyes fool you. Things aren’t always as they appear.

B    As they seem, that’s right.

I    The important of the social circle was the third thing you said. How would you describe somebody who who would deny that that was important?

(19.3 m)

B    Someone that doesn’t have it. Like that support network, i.e., friends, work mates, colleagues, family. Obviously coming from a big family, the family side is very important to us. And you know due to the like my easygoing, you know, kind of not shy, the social network is quite large. As I say, you know, I’ve got friends from that many different schools it’s unbelievable. It’s, (mumble) and the kind of person that would deny that would be some that’s the opposite end of the sick, maybe a single child, people with a single parent maybe, someone that didn’t really enjoy school, that was like a loner at school. Doesn’t get on with other people and they really wouldn’t understand that. ‘Cause they’ve never had it. And you wouldn’t, you obviously you don’t miss what you’ve never had.

I    Last one I promise. I’d like to know, I guess this is tied up with the last question, fairly strongly. Whether you think you are a different person now than before. If I were to ask you for three ways in which you are different now or you’d changed, (mumble)

B    (mumble)[Matured]. Like you know I’ve grown up I suppose. To a certain extent.

I    Yeah.

B    Ask my Mother. Obviously that, the positive, you know, the positive outlook. And the way, the way I live my life. The best things that have come out of it for me.

I    Do you think this is an important different?
I think yes it is. It was, you know, like it wasn’t a great deal, but being the oldest of, you know, of the four, (mumble) not to a great deal but you know, I had to pull my socks up and go “OK well, you know I’ve got to start doing a bit more around the house, and stop being such an idiot all the time, and (mumble) when to say, what to say, when to say it”.

I So it was important in order to be able to help out?

B Yeah, yeah to help out and obviously that just helped with everything else. With, you know, (mumble) relationships and, you know, everything basically.

I What sort of person would deny that that was an important change?

B (mumble) obviously someone that hasn’t been through it. Wouldn’t know, kind of what you go through, like you, (mumble) and probably some that’s older, that would go “well you were 18 you should have been mature anyway” kind of thing. Whether it’s someone younger than that, like in the early teens, until they kind of went through it wouldn’t really understand.

I Positive outlook. That was something that was important? Was that an important change?

B Yes. Basically my way of thinking. Obviously that I’ve inherited from Dad. Just, you’re always thinking, you know, the cups half full it’s not half empty. As they say. You know, out of everything bad there’s always something good. Like just after school, I was like not even 19. I got done DUI, and I was real estate had a company car, and I was like “oh shit” and then I thought “well, you know it’s obviously happened for a reason, I wasn’t meant to be in this job”, or you know something like that. And I just copped it on the chin and took it. You know like, someone that didn’t have that outlook may, it probably would have really got to them. It got to me to a certain extent, but then you know after a couple of weeks I figured well, “big deal, there’s nothing I can do about it, it’s been done, just got to cop it sweet and just get on with life”. That’s it.

I (Mumble)?

B Different job, I’ve only been unemployed for about three weeks since I was 14. (mumble) the working thing, the working thing is important, so.

I How would you describe somebody who would deny that a positive outlook was important?

B A negative person. Someone that always looking at that, you know, half empty cup. Yeah that everything’s like bad, kind of, the hypochondriac kind of person that thinks that, you know, if something’s even minutely wrong that’s, you know it’s a drama, everything’s a drama. And that really comes back done to stress and they worry and, and they don’t enjoy life.
I: How would they, do you think it would have come about that they would be negative?

B: (mumble) Oh it could be a number of things, people they hung with at school like growing up, you know again family life, how they were brought up, or they could have, you know their parent's could have always been fighting.

I: The last thing you said was the way you live your life. Is it important that change?

B: Yeah, I mean they all kind of those three basically tie in together. The positive outlook, you know the decision like the way I live my life, the way I make my decisions. That, you know, alright well, you know I might not be here next year so I live today for today, I don't live today for tomorrow, or today for yesterday, I live it, you know, right now. Obviously the past's in the past, what happens tomorrow well that happens tomorrow, so you live for now. And I think, obviously from personal experience I think that's the best way to live. I mean to a certain extent, you can't just go and blow money and, all the rest of it. But, you know you make decisions based on, you know, what you want to do. Not like "oh you know I'll wait five years and then I'll do it". No regrets.

I: (mumble) the impact on the way you live your life was important? (this must have been the What sort of person would deny, question)

B: Probably someone that hasn't lived their life I suppose, someone that just kind of floats through. The kind of person who just works to keep living. Doesn't really, you know, isn't really ambitious career wise, not really in a relationship to speak of, is kind of just floats through life and doesn't really (mumble) just kind of (mumble).

I: (Mumble)? (I probably asked here, following the interview protocol, how it might have come about that they thought that)

B: Oh like social group (mumble) You know, like family influences like parents who are the same like could be, you know, in that (mumble) cycle. You know if the parents have got no ambition well it's, very rarely that you'll see the kids have ambition, because there's nothing that's drummed into them. (mumble) that, that you know those teenage years when they, where they're vulnerable to ideas and, everything else and fall into the wrong crowd, and well, it's basically all over.

I: I guess that's pretty much all I wanted to ask you, we've been at it a while. If I was to, is there anything you'd like to tell me about the experience that you think was important or, that I haven't asked you about or that you haven't told me?

B: I think that pretty much covers it. I mean that last question basically covered the whole thing. (mumble) changes the person, the way I live my life.
I  If I was to ask you to give advice to an 18 year old who was in the same circumstances tomorrow that you were in three years ago, what would you say?

B  Well, find your outlet, because you need it. You’ve got to have someone to talk to but you need to be on your own. Even a tree in the park you can go and sit in, and be on your own for 10 minutes a day. Always have that social net, that support net. Someone to talk to at all times. And just try and be as supportive as you can. No matter how much support you give you’re going to get it back from your network.

I  Thanks very much. That’s great.

END (28.5 m)
Appendix L: Barry’s WAY? tables

Table 8.3.1 Barry. Root Question 1: Answer i.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Male

Exploration 1

a) “Is it important for you to be X?”

Not really (p. 229)

“What sort of person would say that being male was important?”

Someone who was a bit insecure about themselves. (p. 231)

b) (Why might that be?) – not asked.

Table 8.3.1 cont. Barry. Root Question 1: Answer ii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Surfer. (p. 229)*

Exploration 1

a) “Is it important for you to be like that?”

Definitely.

“How come it is important?”

It’s a way of life.

Exploration 2

a) “You describe yourself as a surfer and say that it is important. What sort of person would deny that being a surfer was important?”

Someone that doesn't have a passion...that doesn't have something that they do that they really love. (p. 230)

b) “How might that have come about?”

It would be very weird. Because I think everyone does have a passion for something. (p. 231)

c) “What might lead them to that view?” – not asked

*See Appendix K for the transcript of the interview with Barry to which the page numbers relate

^If an answer is in brackets ( ) then this is due to, either, them clearly meaning ‘yes’ without uttering the word, or the answer given is an abbreviation of their much longer and often rambling response.
Table 8.3.1 Cont. Barry: Root Question 1: Answer iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

A worker.  (p. 232)

Exploration 1

a) “Is it important for you to be a worker?”
It is and it isn’t.

(“How come it is important?”)*
It keeps me in a roof and it keeps me out of trouble. I mean I enjoy working.

Exploration 2

a) “What sort of person would deny that being a worker was important?”
If someone’s not really worried about work, obviously they’re happy with their life. (p. 232)

b) “How might that have come about?” – not asked.

c) “What might lead them to that view?” – not asked.

* If the question is in brackets ( ) then this is because it was answered without actually being asked.
<table>
<thead>
<tr>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial response (Elicited Pole)</strong></td>
<td><strong>Easygoing – Uptight, someone that doesn’t smile</strong></td>
</tr>
<tr>
<td><strong>Exploration 2</strong></td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td>Very I think.</td>
<td>Well it could be any number of things, I suppose, upbringing, just the kind of person they are. (p. 234)</td>
</tr>
<tr>
<td></td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td>b) (“How come?”)</td>
<td></td>
</tr>
<tr>
<td>Because of the way I live. If you can chat to someone for a minute well it makes your day better. (p. 233)</td>
<td></td>
</tr>
<tr>
<td>[It] makes you feel good...And you’re not so much stressed. (p. 234)</td>
<td></td>
</tr>
<tr>
<td>Exploration 3</td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td>c) “Tell me when this might be an advantage?”</td>
</tr>
<tr>
<td>You could be taken advantage of.</td>
<td>I don’t think there would be one.</td>
</tr>
<tr>
<td>b) (“How might that be?”)</td>
<td>d) (“How might that be?”)</td>
</tr>
<tr>
<td>If people think...”oh Barry’s cool, he’ll do it for us, or he’ll, you know, come pick us up, or and he won’t worry about it”. (p. 235)</td>
<td></td>
</tr>
</tbody>
</table>
Table 8.3.2 Barry. Root Question 2: Answer ii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td>Not shy – Shy, has trouble talking to people. (p. 235)</td>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td></td>
<td>It’s a confidence thing. Probably upbringing. (p. 236)</td>
</tr>
<tr>
<td>Exploration 2</td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td>If they didn’t have a close family life, say both mum and dad worked sixty hours a week, they were an only child, or didn’t have any friends at school. (p. 236)</td>
</tr>
<tr>
<td>Yes.</td>
<td>c) “Tell me when this might be an advantage?”</td>
</tr>
<tr>
<td></td>
<td>(No).</td>
</tr>
<tr>
<td>b) “How come?”</td>
<td>d) “How might that be?”</td>
</tr>
<tr>
<td>It’s who I am. It’s an easy way to get through life. Also career wise like depending on what you do. (p. 235) But there’s a lot of people who just can’t talk to people.</td>
<td></td>
</tr>
<tr>
<td>Exploration 3</td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td>c) “Tell me when this might be an advantage?”</td>
</tr>
<tr>
<td>In an office-work situation. (p. 236)</td>
<td></td>
</tr>
<tr>
<td>b) “How might that be?”</td>
<td></td>
</tr>
<tr>
<td>You might say too much or the wrong thing.</td>
<td></td>
</tr>
</tbody>
</table>
Table 8.3.2 Barry. Root Question 2: Answer iii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exploration 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
<td></td>
</tr>
<tr>
<td>Energetic – Slob/lazy (p. 236)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exploration 2

a) “Is it important for you to be like that?”

Yes.

b) (“How come?”)

It’s good to sweat. To have a release. (p. 237)

c) “How might a person get to be that way?”

Being depressed or sad. Some people are just lazy, they don’t like to do stuff. (p. 237)

d) “What kind of experience might lead them to be like that?”

Sometimes it can just happen, something might have happened in your life.

Exploration 3

a) “Tell me occasions when this might be a disadvantage?”

Rarely. I can’t really see a bad side to being energetic. (p. 238)

c) “Tell me when this might be an advantage?”

When it rains. When there’s no surf.

b) “How might that be?”

Not asked

d) (“How might that be?”)

Because you aren’t worried that you can’t go out.
Table 8.3.3 Barry. Root Question 3: Answer i)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>Impulsive – Someone very careful with their decisions (p. 238)</td>
</tr>
</tbody>
</table>

a) Exploration 2
“Does your father think it is important for someone to be like that?”

Yes, to a certain extent.

The only thing would be if you spent too long making the decision. (p. 240)

d) “What for him is so bad about being X?”

b) “Why do you think that is?”

It’s important to make decisions.

By the time you made the decision the opportunity might have passed. (p. 240)

e) “What reasons would he give?”

c) “What experiences do you think led him to that way of seeing things?”

(He didn’t answer the question. He talked about his experiences, not his father’s experiences).
Table 8.3.3 Barry. Root Question 3: Answers ii) and iii)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer ii)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td>How would he describe someone not like that?</td>
<td>“How would he describe someone not like that?”</td>
</tr>
</tbody>
</table>

(p. 18) **Outgoing – Quiet shy type** (p. 241)

| a) Exploration 2 | d) “What for him is so bad about being X?” |
| “Does your father think it is important for someone to be like that?” | You don’t want to go out with them. (p. 242) |
| Yes. | |
| b) “Why do you think that is?” | e) “What reasons would he give?” |
| Career wise and to make friends and broaden your support network. (p. 241) | You want someone who’s “raring to go”. (p. 242) |
| |
| c) “What experiences do you think led him to that way of seeing things?” | |
| A lot of person-to-person contact in his work. It would be very hard to be a salesman if you were a quiet person. (p. 242) | |

<table>
<thead>
<tr>
<th><strong>Answer iii)</strong></th>
<th><strong>(p. 242) Surfer/outdoors type</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Indoors type” (not really into sport, don’t like to get their hands dirty or break a sweat.)</td>
<td></td>
</tr>
</tbody>
</table>

a) Exploration 2 – (this construct was not further explored)
Table 8.3.3 Barry. Root Question 3: Exploration 3

a) Which of these views do you go along with?
   **All.** (p. 243)

b) Is it important to go along with his views?
   **Not so much.**

c) How come?
   I mean I agree with them, and that's great. You know if I didn't, I don't think
   it would be the be all and end all, because obviously just because you're
   father and son you're not going to agree on everything.

d) What happens when you don't agree?
   **We very rarely disagree.**

Table 8.3.4 Q. 5. Barry. Answer i.

"Now I would like you to name three things that are/were important about the
situation with your father?"

Answer i) **Outlook on life** (p. 243)

Exploration 1

"How come it is important?"
It made me realize that you don’t live forever. That you could be hit by a
bus tomorrow and be dead.

Ex. 2)
a) “You say X is/was important. What sort of person would deny that X was
   important?”
   **Someone’s that's kind of negative.** (p. 244)

b) “How might that have come about?”
   **Because they haven’t been through it.**

c) What might have lead them to that view?"
### Table 8.3.4 Q. 5. Barry. Answer ii.

**Answer ii)** **Father's positive thinking** *(p. 244)*

**Exploration 1**

“How come it is important?”

*It had a lot to do with his recovery. It helped us cope because we saw he was coping.*

**Exploration 2**

a) “You say X is/was important. What sort of person would deny that X was important?”

_A pessimist._

(b. “How might that have come about?”)

_They haven’t really experienced it first hand._

c) “What might lead them to that view?”

Not asked.

### Table 8.3.4 Q. 5. Barry. Answer iii.

**Answer iii)** **Importance of the social circle** *(p. 245)*

**Exploration 1**

“How come it is important?”

Not asked.

**Exploration 2**

a) “You say X is/was important. What sort of person would deny that X was important?”

_Someone that doesn’t have…that support network…a loner._

(b. “How might that have come about?”)

_They may have been a single child, or have a single parent. Didn’t enjoy school._

c) “What might lead them to that view?”

Not asked.
Table 8.3.5 Q. 6. Barry Answer i.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i) I’ve grown up. (p. 245)

Exploration 1

a) “Do you think this difference is important?”
Yes. (p. 246)

If ‘Yes’- “How come it is important?”
“I had to pull my socks up and go, ‘OK well...I’ve got to start doing a bit more around the house, and stop being such an idiot all the time.’ To help out and obviously that just helped with everything else.”

Exploration 2
“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”
Someone that hasn’t been through it. (p. 246)

a) “How might that have come about?”
Someone older would say, “well you were 18 you should have been mature anyway”.
Someone younger “like in their early teens, until they went through it wouldn’t really understand”.

b) “What might have lead them to that view?” Not asked.
Table 8.3.5 Q. 6. Barry Answer ii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer ii) My positive outlook. (p. 246)

Exploration 1

a) “Do you think this difference is important?”
Yes.

If ‘Yes’- (“How come it is important?”)
“You’re always thinking…the cup’s half full not half empty…out of everything bad there’s always something good”. If someone doesn’t have a positive outlook things can really get to them, but if there’s nothing I can do about it I’ve “just got to cop it sweet and just get on with life.”

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”
A negative person. A hypochondriac type person.

a) “How might that have come about?”
The “people they hung with at school.” “family life, how they were brought up, or…their parents could have always been fighting.” (p. 247)

b) “What might have lead them to that view?” Not asked.
Table 8.3.5 Q. 6. Barry Answer iii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) The way I live my life. (p. 247)

Exploration 1

a) “Do you think this difference is important?”
   Yes.

   If ‘Yes’- “How come it is important?”
   I live today for today, I don’t live today for tomorrow, or today for yesterday, I live it, you know, right now... I think, obviously from personal experience... that’s the best way to live... But, you know you make decisions based on, you know, what you want to do... No regrets.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

“Someone that hasn’t lived their life.”

a) “How might that have come about?”
   Their “social group...family influences.”

b) “What might have lead them to that view?” (not asked)
APPENDIX M: Interview with ‘Cindy’

Study 2

I = Interviewer  
C = Cindy  
19 year-old, was 16 at the Dx.

(Side B)

I  I’d like you to tell me, to cast your mind back to when your father was first diagnosed. And, I’d like you to tell me about what’s happened since your father was diagnosed, the bad and the good if there was anything good.

C  I think I was in year 11 at the time. It’s the sort of thing you don’t think’s ever going to happen to you. Like Dad was one of the healthiest guys you could ever meet you know, tennis, squash, surfing everyday just real fit. And you sort of don’t think about that sort of thing, you hear about it and you think ohh you feel really sorry. I’ve had friends who’ve had parents or people they know with cancer or that but you just you sort of don’t think it’s going to hit that close to home and it’s sort of. It shocked everyone we were you don’t think it’s real you sort of. It’s like ‘wow’. And then, it was just really hard and it’s brought us all a lot closer, and we’re a pretty big Catholic family like our grandparents and everything like that so that sort of everyone’s faith sort of pulled in there. Priest came in and talked to Dad and bless him and things like that sort of makes you think about the whole world and how everything goes around and stuff like that. But it definitely brought everyone closer together it’s made me more grateful for my family and sort of everyday that you spend with your Dad you’re stoked that you got to spend an extra day with him and things like that. You sort of I was really close to Dad anyway but, you know it brings you a lot closer, and just makes you think about everything that you do, how you live your life and, how you sort of everything that makes you set goals more. Like you sort of think “well shit what if that happened to me when I was like 40?””, I think he was 38 when he got diagnosed, 38 or 39. You just think “God what if that happened to me”. He was the same he was like you know “I can’t believe I haven’t done all these things I said I was going to do” and now he gets out there, he’s got these goals he wants to achieve and things like that. He’s just doing his thing he’s getting back into his tennis and surfing and things like that so just, it just makes you think about everything that you want to achieve and sort of makes you a bit more determined to do things. Just get out there and sort of live your life day by day instead of going “Oh I’ll just do it tomorrow”. You know it makes you think about how you treat everyone else and you sort of, just even saying something like “I love you” to your parents or something like that, you know. It just makes you more grateful and makes you a lot more caring and empathize with people a lot more, you’re able to listen and things like that, and be a lot more patient with things. I mean I can’t stand hospitals now I hate them, like after Dad was in intensive care for a long time and it was just, you know it makes you think about what everybody else goes through, and just little things that happen you’re like, you know if you have a fight with someone you’re like “Oh it’s nothing”. You don’t worry about things you get on
with things you don’t live in the past and try and just deal with what’s happening now, and help everyone.

I What thing’s changed?

C Everything.

I Yeah?

C Dad was sick for a long time and, well we used to go surfing pretty much everyday. You know before school go down for a wave it was sort of 5 o’clock go down for a surf

I When you say “we” you mean you and your Dad or?

C Me Dad, Barry, Mal, Eve we all used to go down.

I All of you.

C Just, you take for granted all that just that time that you spend together, it’s just something we always did so you don’t even think about it. Get up go surfing go to school, and then that just stopped. Everything stopped, sort of Dad wasn’t able to even walk upstairs without getting puffed and things like that so. Being really active that’s, we were a really active family so that slowed everything down a lot. Dad’s probably one of the most positive guys you could ever meet and he stayed like that. And that’s what I think sort of helped everyone get through everything. It did it definitely brought everyone a lot closer together like I said before. Everyone sort of took on the role of Dad looking after everyone and ...(mumble) driving everyone everywhere and, since Mum had to work a bit more and yeah obviously a lot of things we did together and just things like going out that all stopped because the extra money wasn’t around. We had a lot of people visiting, everyone bringing around dinners and pre-cooked meals for you so you don’t have to worry about things like that and. You know everything changed just the whole way of life changed. Just slowed down dramatically. Six months, sort of six months here then he’d work for a little bit more, and he got crook and

I (mumble) ..the longest stretch was about six months?

C Oh yeah probably, maybe more. ‘Cause when he first started having the radiation he wasn’t working and then, then he was having chemo and he wasn’t working then, he couldn’t actually go through a whole thing of chemo because he got too sick. So he wasn’t working for a while. He tried to keep himself going by doing bits and pieces, he can’t sit still for two minutes so. So we’d take things in, files and things in there for him and he’s do (mumble) he wasn’t working much, sort of once he got a bit better he was working again but, sort of, it wasn’t so much the financial burden it was just the actual being in the hospital he’s never been in there so. Dad never ever got sick, never
even picked up the flu, to not do anything was just, you know, very difficult, very challenging for everybody and very frustrating.

(6.6 m)

I (mumble)

C A lot yeah. I’m probably not the most patient person you’ll ever meet but, sort of you learn to accept the changes and just get on, and

I (mumble… Speak with your Mum?) about it?

C Yeah sort of hard to speak with Mum because she took it pretty hard. And because she’s a nurse she knows a lot about things like that and she knew the possibility of him not getting better and things like that so. She probably took it a lot harder than what we did

I Right

C You just, it was hard to talk with Mum, we’d talk amongst ourselves, we’re all really close like brothers and sisters so, (mumble) speak to you know (mumble) you’ve got friends you can confide in, and just others relatives. I’m really close to one of Dad’s sisters so we used to speak all the time. (mumble) grandparents so.

I I was going to ask you about relationships with your friends, whether you talked about it with them, it sounds like you did?

C I had some friends. Some of my really close friends I wouldn’t, wouldn’t speak to them about it because they’re just not the sort of people. You know the sort of people you can talk to, (mumble .. They’re?) good friends but, in that aspect they just, not able to cope with things like that. My boyfriend at the time just couldn’t deal with it, just didn’t want to deal with it so that that wasn’t a real help. (mumble)[It?] just went down like a tonne of bricks.

I He wasn’t very good at dealing with that sort of thing?

(8.1 m)

C No he just wasn’t a very sort of, open emotional sort of person, didn’t want to (mumble), had an attitude like “oh it’s going to be alright don’t worry about it”. That was pretty much all that was said, so. He’d ask how he was and, you know come and visit him but (mumble).. get everything off your chest and (mumble) we’re quite close. (mumble) we used to speak a lot.

I Your father’s sister?

C Father’s sister. We’d sort of grown up with their kids we were sort of similar ages and,
I (mumble)

C yeah we used to speak to her,

I Your aunt?

C My Aunt, and my Grandparents they’re all the most loving caring people you’d ever meet,

I (mumble)

C Father’s parents yeah. So they’re easy people to talk to we used to talk about things all the time and ask how (mumble). There were some teachers at school that I was pretty close to, and we used to chat and they used to look out for us and, (mumble..I talked?) to her quite a bit.

I One of your teachers?

(9.1 m)

C One of my teachers was my mentor in Year 12, at a stage where Dad was a bit crook for a while, and we used to speak, she just asked me how he was, you can tell when you’re having bad days and just sort of let me know that she was there if I needed to speak to her. And the principal was really good as well because Mum was involved with the school. And, she was in the P & C and all that so the principal knew the whole situation. We had a meeting with her one day and she basically said that, you know, if we needed any support at school (mumble) so that was really good that that helped. There was a counsellor at school but we never really got to the stage where we wanted or needed to speak to her, we had a great network of friends and relatives so. That’s that’s great, a lot of people don’t have that though, so it would be a lot harder for people whose families aren’t super, sort of, tight like ours is. We’ve got a pretty huge extended family so.

I You mentioned before about not going surfing anymore and I was going to ask you about sport and that sort of stuff. What sort of impact it had?

C Well we still went surfing but just without Dad and, for a little bit we stopped because it just wasn’t the same.

I Right

C Sort of just feel like something’s missing and it was something that we always did together so it was something that we sort of didn’t go surfing because it was frustrating for Dad because he couldn’t. In that same sense he didn’t want us to stop, but it was frustrating every time we went out so, we’d just try and work around that, and try and do other things with Dad. Which was hard because he couldn’t do, his breathing wasn’t that great so. ‘Cause there was a lot of scar tissue in his lungs from the chemo (mumble), so that cut out a lot of things we did with him.
Because he was a very active man.

Very very active very sporty so, we didn’t altogether stop but it sort of cut it down, for a while. And when he started to be able to come surfing again that was, I remember the first time I went surfing with him again it was (mumble) we were both sitting out there with grins on our faces and you know it was just one of the best things. But it was very hard for us to go surfing without Dad, and do things without Dad because he was always there, just (mumble) around with the dog and kicking a ball with the dog, he couldn’t even do that, so.

It was a bit harder, it wasn’t so much that you talked about with your mother how hard she took it, but it sounds like you talked about it, what was happening with your Dad?

Yeah talked about it with Dad. Dad’s, is open if you sort of initiate talk, he’ll say “Look I’m here if you want to speak to me, or you want to talk about it”. And when he first got sick, Mum and Dad sat us down and we all had a talk about everything. Dad’s one of the easiest people to talk to so it was something that we knew we could always talk to him about but sometimes you felt like talking but you didn’t want to because of what was happening, and he’d been a bit sick or something like that and you didn’t want to just tire him or you didn’t want to just, you know, if you sort of think well if that was me I wouldn’t want everybody talking to me about it all the time. So, sometimes you sort of steered away from that, but. Certainly Dad was open to talking about it, and sort of got to know when he had to go and have his check-ups and things like that and sometimes we used to go to the hospital with him when he had chemo. We were all really involved with it so we all knew what was happening and when it was happening. I suppose that wouldn’t be the same for everyone a lot of people they can’t go and do the hospital thing. It’s a scary thing but it’s something you’ve got to deal with and it’s a lot, you’ve got to think about how they’re feeling, like. It’s happening to everybody, it’s effecting everybody but it’s not actually happening (mumble) how hard it’s hitting on you but you got to think about (mumble). His positive attitude was definitely what got him through it, and what actually helped all of us get through it. There was a lot of times where it was really hard and it was touch and go for a while so.

He was in intensive care for how long?

About a week yeah

You’ve got to be pretty sick.

He nearly died a few times so that was pretty (mumble) for us all, you know. Really difficult for us and, because we’re so close it sort of made it, it helped but it made it worse in the same sense because you’ve got close and you think about how easily everything could slip away what (mumble). It’s, in
that sense it was great that we were all there for one another and were all similar ages were brothers and sisters so (mumble) we're not that far apart, in age so you're on the sort of same wave length and everybody can, tell what's happening. You know you sort of (mumble) when your going through your teenage years everyone's sort of all emotions and hormones and you all know where everybody's at you sort of, you've either been there or your looking forward to going through that bit so. Everyone was there to support each other so that, that was a good thing.

(14.7 m)

I Did you father's diagnosis effect your schoolwork or your attendance at school?

C It did for a little bit, the attendance. I remember one day where I just couldn't handle going to school, just knew that I'd be a mess so I just went and sat at the hospital all day with Dad which, probably didn't make me less of a mess, but made me feel better 'cause I was there with him and I knew what was happening.

I This was one day when he was particularly sick was it?

C Yeah, when he was in intensive care one day when he was really crook. You sort of think when they're in hospital you don't want to go to school, you think if you're going to miss out on something or what if something happens and you don't get to see him and you don't say what you want to say and things like that so. I, pretty much, I didn't miss much time at school I sort of just went there and dealt with it. I had my outlets, I had, you know, I went surfing if I wasn't feeling good or, you know sometimes you'd go to the pub or you'd do something like that to make yourself feel better, but most of the time I just went surfing or I'd draw and paint so you'd just get into that. So just let it all out or talk to somebody. It's a really important time to, so I knew it was important for Dad, for me to be at school and they wouldn't want me to miss any school so. It helps you to get through it when you've got things happening you don't tend to think about it as much. School wasn't really affected.

I Do you think your schoolwork sort of suffered very much, the actual work that you were doing?

C The work at home, probably.

I Right.

C Not actually at school. Some some days you just couldn't be bothered you'd just (mumble) nothing much was really said, unless something was actually really wrong, but. Home work and things like that assignments and things I'd try and get them done at school, so you want to come home and (mumble) and, you know you didn't want to be sitting there doing Home Ec when you could be (mumble), even just sitting there watching tele with your Dad, something like that, that you took for granted before, you'd just jump at
the chance to, just even sit there and next to him and read a book or something, just to be in his company. So try and get everything done at school so you’d have all that time at home to just be free to do what (mumble).

I As your father got sick did you and your brothers do any more around the home, like cleaning?

C We, my sister and I cook anyway so, Mum usually cooks but we have our certain dishes that we like to cook and if someone feels like that we’ll cook. We probably did a lot more cooking when Mum was up at the hospital, and we’d cook and take things up. People, neighbours and things would, I remember someone across the road brought around a meal for us and, things like that ‘cause just other friends would bring around meals so you wouldn’t have that extra worry of cooking dinner and things, so. Did a little bit more cooking, the boys obviously did a lot more of mowing the lawns and things like that, but they all used to sort of pitch in and do that anyway. It didn’t change too much at home because we all pitch in and do everything when Dad wasn’t sick anyway so in that sense it didn’t change too much.

I What helped the most? In terms of when your father was diagnosed what, did other people do that helped, I mean you mentioned about (mumble) things that other people did?

C Well sending cards and things like that, just just letting you know that they’re thinking about you. And the odd phone call, although there was a stage when he was in hospital where we just took the phone off the hook, ‘cause we just got sick of telling people how he was and it would just make you upset. You just got to the stage where you didn’t want to talk about it. You know if they really wanted to contact you they’d find another way, they wouldn’t or they’d know. But you know we had it off for a reason. Just things like that, bringing around meals or. Little things like hugs.

(Side A)

I What did you do that helped?

C That helped me or that helped?

I Yeah that helped you?

C That helped me. I used to go surfing a lot, that would help me. Just, you know you just sit out there and do your thing and not have to worry about everyone else. I played basket ball to, so that helped as well you could let out a lot of frustration or anger there. I mentioned before my art I used to paint and draw and do things like that, that would help a lot with however you were feeling if you were happy or whatever or sad. Talking about it with friends definitely helped, although sometimes you just wouldn’t. Most of the time it would make it better. You sort of talk about it and try and talk about the positive things that are happening.
I What about your relationship with your brothers, did it change anything about that?

C We just became a lot closer. We were all super close anyway, we’d do anything together, I mean we’d go out on the weekends together and things like that. Definitely brought us all a lot closer, it makes you appreciate what you’ve got, and do a lot more things together. Even just, you know, even if it’s just hanging out you, you’d sort of, I went through the stage where I’d prefer to stay at home on Friday and Saturday night watching videos with them rather than going out with all my friends. That sort of didn’t really help my relationship with my boyfriend much, but you know. But, you know, if he didn’t like that well my Dad was worth a lot more to me than what (mumble). Just being together just doing the things we always did but just letting each other know that we were there and you know (mumble).

I This might sound stupid, but did you worry about your father a lot? Was it something that you constantly did?

(1.6 m)

C Yeah, yeap. Just, you have dreams, actually not that long ago, like a week ago, I had a dream that he died I don’t remember how he died or, what happened I just remember us organising everything, and everybody (mumble). I remember holding his hand and him actually going but I don’t remember the whole thing. Oh I woke up at about three o’clock in the morning and I was just blubbing away. The next day I just felt really weird and I sort of got up and went and checked to see if Dad was there, I knew he was going to be there but you know give him a hug and (mumble). You know I said that to Mum and she’s like “Shit”. You know little things like that. Even now you think about things like that “What if he got sick again?”, and but you just try and, I don’t think about that so much now. But back then its you do think about it a lot. You think “well try and do something like go for a surf”, we’re out there and we’re like we just you’d stick right next to him and you’d be like “You just stay here with me” you don’t want to let him out of your sight in case something happens. You know it makes you a lot more wary. You’re just aware of the situation and your just a lot more cautious about the things you do, and what you say.

(3.1 m)

I Did he have any surgery?

C He had surgery to remove a lymph gland under his arm I think. That was the only surgery he had. Because the actual tumour was tangled around his heart and his lungs, so they it was too delicate, too risky to do surgery. So they had the radiation first to shrink it and then they did the chemo after that. That’s the only surgery that he had. A lot of his lung’s scar tissue

I From the radiotherapy?
One of the drugs from the radiation, reacted with one of the drugs from the chemo.

Ohh.

Apparently it’s a one in a billion happens to one in a billion people. But that reacted so that killed off a lot of tissue in his lungs. They thought he’d never get over about fifty six or something percent lung capacity but I think he’s got about 72 now.

Right

So basically the doctors just think he’s a bit of a freak, but. He’s got quite a bit of it back, he still gets puffed. But you know he plays tennis and has a really good run around once a week, and. Yeah he didn’t have the surgery because of the delicacy.

Too delicate too difficult to do it.

just couldn’t do it. Had his last check-up a couple of months ago and got the all clear and doesn’t have to go back for (mumble)

A year?

Yeah a yearly check-up. I think it’s also been two, two and a bit.

OK, well I’ve ask you sort of generally you’ve told me generally about what happened and I’d just like to ask you a few more specific.

Yeah no worries

things now alright? A bit about who you are. That might help me understand what impact that had on you to know a bit more you.

Sure

If I was to say to you who are you, what three things would you say? So, (mumble.. giving myself as example) male, that’s who I am. What three things would you say to describe yourself?

Myself or my personality or?

Yeah yourself, we’ll come to personality in a minute. What are the three when you think of Cindy that you think are indicative of who you are?

Honest
C A uni student, single, female.

I How, is it important for you to think of yourself as single?

C In terms of my age in terms of not being married, that single. I’ve been with my boyfriend for about 18 months and I suppose if, well I know, if we weren’t at uni and, if we were a couple of years older we’d be married, it’s just the situation we’re in you know (mumble) and things like that. I suppose it’s a pretty important thing.

I OK you describe yourself as single and say that’s important, what sort of person would you say would you think that that wasn’t important?

C A lot of people that are (mumble) or they don’t (mumble) their marital status is just not an issue. And I suppose, living in the family that I am it’s, it is something that you think about, and it’s something, along the way it is just something that you’ve always thought about, “I’m going to get married eventually, and you’re going to have kids” (mumble) like that. Some people just don’t think about those sort of things, and it’s just not (mumble..what?) concerns them. We have a friend like that, he’s never really had he’s never had a partner he’s always, just just something that he doesn’t miss. You know if I’ve (mumble) like to think that they’d go through life then meet somebody then get married and go through the whole thing. That is something that is important (mumble) so, yeah.

I (mumble)[How might that have come about that people?] go through life on their own and it’s not an issue?

C I suppose it’s how you’re brought up. How your brought up and the immediate environment like your household and where you go to school and, the sort of social groups that you end up, associating with, and sort of. Family is a big thing. I am the way I am because of my family. And, you know some, I’ve got friends who hate their parents and friends who just wouldn’t be seen (mumble). I go out with my parents, I go to dinner with my parents, go and see movies on a Saturday night, and things like that. But, they weren’t cool when you were 15 but you don’t mind doing them now, but. Some people are just not interested (mumble), the relationship that your parents had would have a big impact on that as well (mumble) parents weren’t in a loving relationship (mumble) grow up and end up marrying somebody that I (mumble) something that they’ve just no inclination to do they’re just not interested (mumble) somebody. And end up like that, so I think that people’s past plays a lot (mumble) going to do in the future.

I The other thing was a uni student, was that an important thing for you at the moment?
C Yeah well (mumble) make a life for me I suppose in that sense once I
finished my degree I'll be able to teach, that will be my career. I'm doing early
childhood so, you know when I finish I'll be able to either teach in pre-schools
or infants school. So that basically will probably form my lifestyle for a good
ten or twenty years, depending on what I want to do or if I go (mumble), you
know. It's a big part of your life especially, so you come straight out of school
and you've got big decisions to make about what you want to do. Go to uni
and it's a different life. It's, being a student helps me, to sort of plan my life as
well. I get a lot of free time, a lot of time to go away and go surfing which, sort
of makes the lifestyle that I have. Going away and going in surfing
competitions and things like that, finding weekends here and there in-between
assignments (mumble) and then come back and deal with having to do exams
and it's a big stress relief in that sense. Not that I get super stressed but, you
get stages when you just don't want to be at uni (mumble) the uni lifestlyye is
something that's a big part of me at the moment. The whole holidays thing
and, you know having to do your exams at the end of the year and things like
that (mumble). Things like that it is, sort of forms my lifestyle and will for the
next two years, so that is a big part of who I am at the moment.

(10.6 m)

I You describe yourself as a uni student and say that it's important it's
about making a life for yourself, how would you describe somebody who
would deny that being a uni student was important?

C I know a lot of people who say "oh you're a bludger you're only at uni 3
days and do this and you know you're bludging tax-payers money and this
and that" and I say well you think of it you set yourself up four years at uni,
sure you have the holidays but you put in hard yards and you get your degree
and, you're set for the rest of your life because teaching is an institution,
education is an institution that's always going to be there, doesn't matter what
happens in the world your children are always going to need to be taught. You
know their, whatever it is english maths, just taught about life in general so,
it's something to me the reason going into that was something that was
always going to be there and even if I decide after 5 years or, one year, it's
not what I want to do, for the rest of my life then it's something that you can
fall back on, it's something you can go overseas (mumble). People who are
ignorant, I sort of feel people are ignorant when they say things like that, sort
of "you're only at uni to have a little free ride" and

I So that's how you would describe people

C yeah, ignorant. But it's their choice, people who want to go out in the
workforce straight away and work that's their thing it's, you know

I How might it have come about that they would be ignorant?

C Oh it's probably the same your upbringing, definitely. A lot don't think
education is important, you find that a lot with people leaving school and kids
who don't go to school and parents who don't reinforce that education, sort of
generally in these years gets you to where you need to be. Gets you going places and sets you up for life. It’s definitely your parent’s attitude (mumble), other people go to uni because are going to uni and a lot of people don’t want to go to uni because their friends aren’t and if their friends are going to work well they want to work because (mumble) they don’t want to be seen to be going to uni because it not the attitude or the idea that their circle of friends has as what’s your life’s going to be, so. It definitely has a lot to do with your peers and, your parents and your family, probably your brothers or sisters as well. Just where you grow up as well. I mean around this sort of area is, I wouldn’t say everybody’s affluent but, it’s sort of middle, middle class, to sort of upper class in some areas. Whereas if you tend to go out maybe Western Sydney, lower class families out there, working class families who probably don’t think that education’s such an important thing in life.

(13.6)

I The third thing you described yourself as was female, is that important, is that an important thing?

C (mumble) [It affects?] where you’re going to go and what you can do. Sort of restrictions that are placed on you. Things like that. It probably a big, I was a real, real tomboy when I was little. I always used to, I used to want to play footy with my brothers and do things like that, and I didn’t want to go to ballet and things, so I suppose that was the thing for me when I was little. And, sort of, I’m not a real girly girl so it’s probably still is a big thing for me now. Surfing is a more male dominant sport. It’s starting to become really big surfing, I’m usually the only girl out in the water, and things like that, so, it’s, and it makes you who you are too. They might not treat, they might, my parents always open to if, “you want to go and play football you go and play football. I’m not going to stop you from doing what you want to do”. Whereas some other parents would be like “You’re a girl you can’t do that, do your gymnastics and things”, so that is it is a very important thing for me.

I How would you describe somebody who said that being female wasn’t important?

C Probably ignorant as well because, your gender does determine a lot of what you do. The sort of job you have, where you live a lot of the time, you know what sort of car you drive, sort of house you have and the clothes you wear and certain gender assumptions on what you should do and how you should behave. It sort of makes the world go around.

I Somebody who was ignorant of that, how might it have come about that they were ignorant? Why would they be?

C I suppose you could turn around how my family brought me up and say that that could make somebody ignorant because, being open being free to be able to say well “Ok you can do certain boy things, you can go and play football or you can climb trees, play with trucks if you want to play with trucks” and still be able to do the Barbi doll thing and, do the dancing or do whatever
you want to do. Wear the clothes you want to wear, that could go the other way where people could be like "well isn't important because I can, you know I can do all these things without having to worry about that".

I Right.

(16.4 m)

C It could turn around I suppose

I The other way?

C Yeah.

I I asked you who you are, and of course a lot of times when I ask that people go on to tell me what sort of person they are

C Personality traits, yeah.

I yeah, personality traits. So what three personality traits would you give yourself?

C Happy person. Loyal person.

I How would you describe someone you wasn't happy?

C Unhappy. Discontent. Almost like, not depressed I wouldn't go that far as to say depressed but, denying themselves something if they're not happy. (mumble) next three years of your life the most three years you'll ever have, so. Other people might have issues with things that, make you unhappy I suppose.

I You describe yourself as happy is that an important way for you to think about yourself?

(17.3 m)

C Oh definitely. Just a smile brightens up your day you she someone smiling you smile back it’s, if your having a bad day and someone smiles at you I mean it’s something as simple as that can, can turn your day around. Happy, I'm just happy because I've got my family I've, I'm passing uni I've got, you know, got a great boyfriend I'm just happy with how things are going in my life. Because I just, life's so much easier if you're happy and you've got a positive outlook, it's (mumble) before you're denying yourself something if you're not happy. Obviously you've got to make things work to (mumble). Everything that happened with Dad was definitely made me a, a more a stronger person. And, makes me happy that we’re all close together and that, you know we know that, we can count on each other and, it's just it's definitely, it's a negative thing has turned into a positive thing so (mumble).
I The next thing you said was a loyal person. How would you describe somebody who wasn’t like that?

C Who’s not loyal? Untrustworthy.

I Untrustworthy?

C Yeah. (mumble). (mumble) being loyal is a very strong trait I think. It’s something that you either have or you don’t have, it’s not sort of an in-betweena.

I Right.

C Sort of, like we were talking about before, when you asked me who I spoke to, what friends I spoke to about my Dad and his sickness. You know friends who are gunna, who you can confide in and who you know what you say stays with them.

I Obviously an important thing for you this.

C It’s a very important thing and something that my family is it’s a big family thing, something that they’ve instilled in me as as (mumble) through life. Loyal friends often help (mumble) it’s a big big thing for me. I need to know that there’s people out there who are very (mumble) niggly thing with me. People who steal from their families and things like that, that’s just, you know something that often probably couldn’t describe ‘cause it gives you the shit’s so much, can’t really think of the words today, but.

(20.1 m)

I How would someone get to be untrustworthy? What’s sort of experiences might lead them to be like that?

C (mumble) abuse often leads people to be very, disloyal and untrustworthy and. (mumble) you sort of think “well if people treat me like that why should I be like that and then be able to get hurt or abused’ so they just go the opposite, don’t put themselves in that sort of situation. A lot, it all come back to your parents I suppose and your background. If being loyal isn’t a big thing at home, and the environment that you grow up in your not going to think it’s a big thing when you get out there, your just sort of a lot of what you see is what you take on to be your morals and beliefs so. You know if your not taught to be, to be loyal and trustworthy a lot the time you don’t pick up on that (mumble).

I The third thing you said was loving. Is that an important thing for you? To think of yourself that way?

C Definitely. I think that the strongest feeling is definitely love.

I How come that’s important?
There's nothing better than knowing that you're loved, it sort of makes you, you feel happier and it makes you feel like you're special and that you're wanted and, (mumble) get you through situations where you wouldn't get through if you sort of didn't have people there that you knew loved you. It's more important since Dad was sick. Because you sort of, you want to tell them you just want to tell them constantly how much you love them, you just, you know, (mumble) something that you take for granted and that you want to, (mumble) My family are a very very loving family and it's, my grandparents are the most loving people that you'll ever meet. (mumble) a big family and we're all close and loves just something that's always been there and it's just something that, that I couldn't live without. It's something that sort of makes you really empathize with people that, that don't have that in their lives, it's sort of, does make you a lot happier and a lot more stable. A lot more secure in a sense.

How would you describe somebody who's not like that?

Who's not loving themselves?

Yeah. You say you're loving and you think that's important, how would you describe somebody who wasn't?

Dark I suppose, empty.

Dark, empty?

Empty.

How do you think that might have come about?

Life experience I suppose. (mumble) their relationship experiences. People who have, often people have bad relationship experiences just, you know, they just turn the opposite, they've put their heart out on the line and you know they've been hurt so. You know they just don't want to get close to people they don't want to love people. (mumble) people who have been abuse are a lot like that, they don't (mumble.. put?) themselves in a situation where they can get hurt so loving's just not an option.

Back to happy and unhappy, can you tell me (mumble) [But I must have asked, "Can you tell me an occasion when being happy might be a disadvantage?"]

I don't think there is an actual situation or a time where being a happy person is a negative thing. I think being overly happy can sometimes be annoying, some people who are overly happy just all the time, almost, it
almost seems like an act because there’s no, there’s just you can’t be happy all the time there’s always times in life where you’ve, where you’ve got the shits or your unhappy or your sad or. Everybody goes through stages where they’re, you know, not depressed but sort of a bit down from where they usually are. I don’t think that, there is a time where it’s bad to be happy. Happy’s a good thing.

I Can you tell any time when being unhappy is an advantage?

C Being unhappy (mumble) you’re a lot more emotional when you’re unhappy. It can often make you feel free, if you have, you know if you’re unhappy (mumble) a lot of anger if you have an argument or something like that, or if you cry it lets out a lot of emotions and a lot of the time it makes you feel better. If you bottle things up it just all, sets you off and a couple of nights down the track you’ll just explode, or do something that you wouldn’t usually do or, you know you end up hurting people you don’t want to hurt if you bottle things up so. It’s easier to do that than have a big blow up and say something you don’t mean to say.

I Yeah. When would being loyal be a disadvantage? Can you think a time?

C Yeah, sometimes you can be too loyal. People can take advantage of that. (mumble) you’re really easy going and sort of whatever happens happens and that sort of, been strengthened by what’s happened in the past with Dad. (mumble) tend to say oh you know things are said and, you know certain situations arise and people go “oh Cindy will be alright she’ll be alright, everything’s OK and she’ll get on with it” and sort of people, somebody tells you something and they don’t want you to say anything we’ll I won’t say anything. (mumble) situation where if something blows up and you’re in the middle of two friends, you’re trying to be loyal to both, that can be a disadvantage. Or someone said something and it comes out that you knew and you didn’t say anything that can be a real disadvantage, it can put you in a bit of a spot. (26.6m)

I What about a time when being untrustworthy might be an advantage?

C Well with like suspicious people that you see around, like on trains and things like that. I travel a lot on the train and, (mumble) people come up and sort of small chit chat and you know they’re a bit dodgy and, you sort of just say what you say and move on. Being, being untrustworthy in those situations would definitely be an advantage because you’d be like “oh stay away from them”. Situations like that. (mumble) even things like with, with money and things like that, having secret hiding place for your money and, you know not leaving your door open when you run outside ‘cause you don’t trust people that would probably be an advantage.

I What about loving, when would, can you think of a time when loving, being loving would be a disadvantage?
(mumble) someone close is dying. It’s not a, a wouldn’t go as far to say it would be a disadvantage but it doesn’t help. It doesn’t make things very, sort of you go through a lot of pain or, (mumble) a challenge. Something’s happened to them or you know they, (mumble) it’s not the, you’d almost rather not, not care as much so you wouldn’t be in that much pain. At the time.

I So probably help you with all your pain?

C Yeah.

I Not being so loving at times.

C Yeah, definitely.

I (mumble) perhaps being the opposite of loving, you called it ‘dark and empty’, when would that be an advantage? Is that the opposite to what you were just saying?

C Yeah, in situations like that, I mean when you hear, things on the news. Like say, like the big terrorist thing, things like that, it would be like “oh well, you know”. (mumble) really don’t, they can’t empathize, people who can’t, who just don’t feel love or don’t, just don’t care.

I They don’t feel the pain either.

C Yeah they don’t, you know, normal, can’t say normal but you know, people like you and I you see things like that and, you sort of your heart almost stops or skips a beat you think “oh all those lives lost”. (mumble) even situations where people close are dying or, even things like that if if something that you suppose you wouldn’t have to worry about you’d be “oh well you can deal with it, it’s just your problem”. (mumble) put themselves in the situation where they have to worry about things like that (mumble).

I Yeah. I would to just explore with you now briefly, how other people might see you. If I were to ask your father what sort of person you are, what would he say about you?

(29.8 m)

C The things I just said. Loving and caring, trustworthy, loyal, everything I said before.

I Right, OK. How do you think he would describe somebody who wasn’t loving?

C Probably unhappy.

I Unhappy?

C Yeah. Dad’s a big one for trust, probably low.
I: Low?

C: Yeah, just sort of

I: A low life?

C: Yeah, not not as far as low life but, you know just, (mumble) someone you don’t really want to associate with. (mumble) probably the same. Someone who’s just (mumble) do you know what I mean?

I: Someone who you wouldn’t give the time of day to?

C: Yeah just

I: Is that how he would describe them?

C: Someone like that. Loyalty in my family is a big big thing. (mumble) sad, you call someone who’s loyal (mumble).

I: I presume your father thinks it’s important for someone to be loving and caring?

C: Yeap.

I: Why?

C: Why?

I: Yeah.

C: That’s how he’s been brought up those sort of values and traits have been instilled in him. (mumble) they would have to be one of the, sort of, I mean caring bunch of people you’ve ever met. It’s a really important thing for Dad because that’s how he was brought up, and that’s how you know, (mumble) when you’re happier and when you just, I dunno (mumble).

I: What would be so bad, you describe your father as saying that somebody who wasn’t loving or caring you’d say that they were unhappy. What are the bad things about being unhappy, what would he say?

(31.7 m)

C: What from being unhappy?

I: From being unhappy yeah, what would he say, how would he describe it?

C: When you’re unhappy you sort of, you have a whole different perspective on things. (mumble) the time you tend to put yourself down
(mumble) things that people around you have done, (mumble) sort of feel sorry for unhappy people.

I You also said ‘trustworthy’, when you told me how it’s a big thing in your house (mumble). What, your father would obviously consider that important, and why would he say that was important? What reasons would he give?

C Being trustworthy, sort of, gives you a sense of security. So, if you know you can trust someone you know that you can confide in them, you know that, they’re going to be there if you need them. And (mumble) we’ve been in in the last few years with Dad. (mumble) not much further your relationship can go if (mumble).

I You’re saying, that, part of the situation with your Dad (mumble)

C (mumble) With everything that’s happened (mumble) you know you can, you know that, if Mum rang me and said “we need you to come home right now” or “I need you to get his x-rays”, or. There was a time when Dad first went into ICU when Mum rang and said “(mumble) bring everything up, all his records, everything”. She knew she could trust us to do that and that we, you know, we’d be up there straight away we’re not the sort of people who’d be like “oh we’re out, sorry”. You know what I mean. Sort of, they know they can count on you.

I What for your father would be so bad about being, he described somebody who wasn’t trustworthy as “low”, what would be so bad for him about that?

C Like I said before if, (mumble). There’s only a certain point your relationship can go to, if you can’t, it’s hard to describe. Trust and honesty are the two biggest things (mumble) relationship between my Dad and I, or between brothers or sisters or boyfriend, I mean if you can’t trust somebody it’s pretty much over. Yeah being untrustworthy is just something that is obviously a result of you life experience and things like that. (mumble) people who are untrustworthy, you know, you wouldn’t want to associate with because, because of things like background maybe like sort of, not necessarily saying that all untrustworthy people are criminals or things like that. But a lot of the time it’s got to do with things like that. Different (mumble) sort of hard to be friends or sort of know people who are like that because you’re on totally different wavelengths, it’s really hard to (mumble).

I Yeah. I guess this is tied up with trustworthy, but about loyal, I guess he would say that was important?

C Mmm. Along the same sort of lines, he’s been brought up to be loyal and it’s a big big thing in our family to be loyal. (mumble) I don’t think twice about it, I would never turn my back on my family or I’d never go against my family. (mumble) same sort of (mumble)
I: About being brought up about being loyal or something?

C: It’s sort of the same with trustworthy you know that you can count on them, you know that things sort of, what you see is what you get. Sort of you know that, if something happens, they’re going to be in there for the long run. If there was a situation where, say if someone got into really bad financial hardship or something like that. If you were loyal to your family, I mean you’d do everything, within your limits to be able to support them or help them. Someone who wasn’t would be like “tough luck you got yourself into that situation”. Along the same sort of lines as being trustworthy you know. A lot people who are trustworthy are loyal, sort of goes together.

I: What would he say was so bad about being, the opposite of loyal, you said "wouldn’t give someone the time of day, they’d be sad".

C: (mumble) if you’re loyal you know that people can count on you, and that’s a big thing.

I: If you’re the opposite people can’t count on you?

C: Yeah. Well you know that in times of trouble and, situations, like that that people wouldn’t think of you as someone to come to if you’re not loyal, if they can’t, if they know you’re not going if there’s a chance that you’re not going to be loyal to them, and their not going to be able to trust you they’re not going to come to you. Knowing that friends can count on you and family can count on you is (mumble) sort of create a sense of, you know you can be content with yourself knowing that people can count on you as you can count on others.

I: Loving, trustworthy, loyal, which of these do you go along with, of your father’s (mumble)?

C: (mumble… I seem to remember that she said “All of them”)

I: Is it important to go along with his views?

C: Oh I go along. Dad is a very very good judge of character. And usually if Dad doesn’t like someone the chances are that I’m not really going to like them either. I’ve picked up a lot of traits of my father’s and, the best way to describe it is that we are on the same wave-length. The way that Mum and Dad have brought me up I’ve, picked up sort of and built on their morals and beliefs and, how he sees me is very important. (mumble..He is?) the person I look up most to. And the person I most admire out of everybody I know. How I look through his eyes is what matters the most to me.

I: What happens when you don’t agree with him?

C: When I don’t agree with him, about me?

I: Oh no just when you don’t agree with him about different things?
C We have little disagreements here and there. We're both fairly laid back so if something happens we're more likely to say what we say and then, you know that's that. Going through you're teenage years you always have disagreements with your parents (mumble) Dad because we're more alike.

I You and your?

C Me and my Dad are more alike in personality, than what I am with my Mum so, sort of more easy going so it's, you know. Something happens I know how he thinks. Or how he sees me, and we know each other that well that if I did something he wouldn't have to say anything I'd know that I did (mumble.."the wrong"?) like that.

(39.5)

I Up to this point, I've asked you to tell me what's happened with your father since the diagnosis, and I've asked you who you are. I'd just like to ask you a couple more things that relate, now, a bit more directly to your father being diagnosed with cancer. I'd like you to name three things that were important about the situation with your father. The most important things. What three things would they be?

C About the situation or about Dad or?

I Yeah about the situation of your dad having cancer, looking back what are the three that stick in your mind as important?

C Appreciating things, not taking things for granted. Looking, sort of changing the way you live your life, sort of trying to make yourself a better person. A better awareness or understanding of how other people are feeling.

I Appreciating or not taking things for granted?

C Yeah.

I Trying to make yourself a better person, and

C And sort of having a greater awareness of (mumble)

I What sort of person would deny that appreciating and not taking things for granted (mumble)

C (mumble) situation. Like me, like us. Someone who hasn't (mumble) life of someone they love so much placed in jeopardy hasn't sort of (mumble) [been?] in that situation or even think about that situation.

I (mumble) yourself a better person. How would you describe somebody who would deny that that was important?
C (mumble) being sort of, almost seeing somebody’s life cut short, and it makes you think about how you live your life and how, what you want to accomplish, sort of thing so.

I Your saying make yourself a better person and it’s it’s why is it important?

C It’s important to it’s important to me to make myself a better person because (mumble) want to live you life and how you want to make other people feel. Dad just made you feel like a better person that’s ever lived. And I want to be able to do that to somebody else. Just things to make people feel better or somebody (mumble) sort of.

I People who would deny that making yourself a better person was important, what sort of person are they?

C (mumble) Not empathetic not sort of, almost selfish. Making yourself a better person so you can (mumble)

I How might it have come about that they’re not empathic and that they’re (mumble...‘almost selfish’?)?

C (mumble) don’t, like I said before who aren’t in situations like this, who sort of who just go by without having, the possibility of losing loved ones. (mumble) had sort of at a younger age, you know it’s it’s a horrible thing but it makes you a stronger person, and people who haven’t had those sort of life experiences (mumble) being able to (mumble) the same sort of situations.

I A greater awareness of other peoples’ feelings. How come that’s important?

C When Dad was sick (mumble) when people knew, they knew when you didn’t want to talk, you didn’t have to say anything they just knew, just, it’s important because. You know how, it helps other people get along it helps other people deal with with situations whatever it might be, even something like stress or, you know, back to being happy or however they were before the situation (mumble). Greater awareness that you know (mumble) certain situations that can help to (mumble)

I How would you describe somebody who said that a greater awareness of feelings wasn’t important?

C I feel you’ve got to look at how other people feel. Got to look at the consequences of your actions if you do this how might that make other people feel or what might it make them do. Sort of how everyone feels is what makes the world go around, it’s what makes things happen and not happen. Being able to sort of, just be more aware that in certain situations that you should back off or you should say something or just (mumble)[selfish or ignorant?]?

I How might people become selfish or ignorant?
C Some people just, they just have the knack, they just can, they just empathize and sympathize and they just know (mumble). Other people who care for elderly people and for young children just got the knack, a lot of mothers have that same thing, sort of nurture and care. (mumble) when they were younger. Maybe they weren’t loved and didn’t pick up the instinct almost.

I Do you, I’d like to know now, like before the diagnosis. Like if I were to ask you three ways in which you think you’re different now, to before your father was diagnosed, what three things would you say?

C Stronger, more aware, challenge things a bit more.

I You’d challenge?

C Like not just necessarily go with the status quo, sort of tend to, question things a bit more.

(46.2m)

I Do you think it’s important that you’re stronger?

C Yeah, you sort of

I Is it an important change?

C (mumble) fairly strong to (mumble) help other people and I’m able to (mumble) I know how to get through certain situations, I know that you use your outlets like your sport and your, whatever you’re going to use to (mumble). Being stronger allows you to be there for other people. You know when to step in or know when to say something.

I How would you describe somebody who said that, who would deny that being stronger was important?

C (mumble)[Weak?] I suppose.

(47.2 m –end of tape)

I “Weak was a strong word but”?

C It’s, it is a strong word but, being stronger allows you to to deal with things, it allows you to help other people deal with things, and, thinking that being strong is (mumble) you could say that is sort of, it’s weak it’s almost, not ignorant but, just. If something like that to say that being stronger doesn’t make you a better person or doesn’t make you.

I How would that come about that they wouldn’t see it?
Culture. Certain religions. Males, in a lot of religions and cultures dominate and they’re the stronger and females the weaker, that would probably have a lot to do with, how people see being a strong person as a good thing. It depends, those that are abused may not think that being strong is a good thing. I mean had to deal with things like that had to just deal with it I suppose that would make them stronger but they wouldn’t think that (mumble).

I So what about more aware, how would you. Is it important that you’re more aware?

C Definitely, I’m more aware about everything, about just life.

I (mumble) [How come?]

C Just more aware that you’re not invincible I suppose. It’s probably because, you realise that you got yourself (mumble) of reality more close to home anything’s possible anything can happen. Someone who doesn’t think like that would probably, I suppose hasn’t been put in situations where they had to realize that, that you know, that life’s short and things happen to anyone. Anyone can drop dead, you know, like.

I How would you describe them, people who thought that being more aware wasn’t important?

C Well they’re sort of denying themselves something I suppose. If your sort of able to go through life with a sort of, you almost expand your horizons if you’re able to go through life sort of thinking about the possibilities and knowing things like that can happen so you sort of prepare yourself for it. If you don’t do that you’re almost denying yourself almost the right to, to live a full life I suppose.

I Well how might they have become like that do you think?

C I suppose I wouldn’t be as aware as I am now if Dad hadn’t have been sick. You know your sort of, until something like this happens you sort of plod along and do your thing and you don’t think that anything could ever hurt or damage what you’ve got. It, I suppose people who who aren’t in situations like that don’t really get the chance to, to really think about things like that. People who have been in life-threatening situations, like car accidents or things like that would probably be a lot more aware of (mumble).

I You said that you challenge things more, is that important? This idea of challenging?

C Yeah, a lot of the time (mumble “you think”?) it’s better to go along with whatever’s happening and, it makes it easier. I think it’s important to, speak your mind and, what you think and how you feel and, it’s good to have a bit of a debate every now and again.
I Why is it important to let people know how you think and feel?

C Because that’s who I am that’s, (mumble) you are how you are because of the way you feel and, you know the situations you’ve been in make you feel the way you feel so, everyone’s different and it makes it a lot easier when you know how people feel because then you can avoid certain situations and. And you know sort of like a good way to find out interests, common interests and things like that.

I How would you describe somebody who denied that challenging things was important?

C Not being true to themselves I suppose.

I Not being true to themselves.

C Yeah. We all know that everybody has different views and way they feel about certain things. It’s sort of again they’re sort of denying themselves.

I How might they have come to be like that?

C Your immediate surroundings, sort of, like when Dad, I was never one for people who smoked, I don’t like it I think it’s gross. And

I Was your dad a smoker?

C No not at all. Maybe like when he was 17 or something you know, do the cool thing. But I was never one for smoking anyway, but when Dad got sick and his, it was no choice of his to, for his breathing to be all basically taken away from him. I got cranky all my friends were smoking because, excuse the language, it really pisses me off that, they voluntarily taking away their own air whereas Dad sort of had it taken from him and he’s never abused that right or that, you know. So that’s a big thing I sort of, bugs me and sometimes I can’t open my mouth about it, but. Yeah, things like that and people who, who are just couch potatoes and abuse their bodies, alcoholics, drug addicts things like that who just abuse their bodies where, you know, Dad never did any of that and he’s almost an invalid so, issues like that really work me up. Certain issues like, like people who are on the dole. Realistically Dad could be earning more money on disability pensions, there’s a lot of money in that, the sort of pension that he’d be entitled to as compared to the money that earns at work. So, but he chooses not to because that’s the way he’s been brought up and he doesn’t believe (mumble) he’s able to work so he’s not going to (mumble) for nothing. So people who are on the dole really, really shit me because, you know Dad could have easily done that and, bludged off the government when he’d choose to go out there and work so, that’s another thing that gets me really worked up. Issues like that, sort of, things that I challenge people about. Things that get me going. Probably people who haven’t been in situations like me just don’t think about things like that. Friends of mine don’t really think about it until I say something to them, and then they’re like “oh I never thought about it like that”. And a lot of them
don’t, they know how I feel, and they know how my Dad feels so they don’t smoke around us anywhere. Which is a good thing, people come to respect, when you speak your mind, people come to respect that and, you know people who don’t speak they’re denying themselves that. They’re sort of, almost disrespecting themselves in a way.

(9.5 m)

I Sorry, I’m not paying as much attention as I should.

C That’s alright.

I Is there anything that you would like to tell me about the experience, that you would like to tell me that I’ve missed asking you about?

C (mumble) it’s really important to have a support network. Have a really big support network. That’s what got all us guys through this situation. Somebody with a positive attitude that always saying you know “I know everything and here’s what we’ve got to look forward to”. Just knowing that there’s people there. It’s a situation that a lot of kids are in these days, there are a lot people that are getting cancer now. Dad’s got a few friends, had a friend that passed away last (mumble). He’s got a friend now that probably won’t be around for that long. It’s a situation that a lot people will be in and its just really important to know what’s happening and to know that there’s people, if it’s not you’re family. Maybe like counsellors or something like that. Support groups, that would have been something that would have helped us a lot.

I You didn’t know about that, initially?

C About?

I Support groups and stuff.

C Not really no. I mean for kids not so much for

I Sufferers.

C Yeah, or not so much for adults, so in there own, do you know what I mean. For kids a support group for kids would probably be a good thing where. With adults sometimes you feel a bit intimidated and things like that, when you’re a bit younger. Some kids just don’t want to, feel like they’re burdening people. ‘Cause a lot of the time, you don’t want to talk to your parents or something about it because they’re going through it all and you don’t want to burden them. Sort of bottling it all up and just not dealing with it, and you know, ending up ten years down the track and having a lot of issues about it so. Probably a support or something just letting people know that there’s something out there, we didn’t really know about stuff like that. I was fortunate enough to have a big supportive family and friends so. But you know, a lot of the time it’s not the situation with heaps of people the way
families are going these days so. Let people know what’s put there and, sort of help and support, and things like that. That’s pretty much it I think.

I So if I was to ask you for advice for somebody who was your age, at the time when your father was diagnosed, and it had just happened to them, what would you say, what would be your advice?

C To them or?

I Yeah, to them.

I Find an outlet. Definitely got to find an outlet. Days when I’d be really sad or whatever we’d just go for a surf or go shoot a few hoops or, something like that or. We’d just get out there and just keep yourself active. A lot of the time you didn’t want to come home because you knew it was going to be all depressing, and being just a sort of happy person it’s pretty hard to deal with something like that. But yeah just having somewhere where they can go, even if it’s just to hang out and not even talk to someone. Almost like a youth centre type of thing. You know where they can just go out and, play some pool or just sit there and, just, be at one with themselves without having to deal with the situation at hand. And then having sort of counsellors or people they can speak to if they feel the need to speak to someone.

(13.6 m)

I OK. Alright. It’s good of you to talk to me about it and we hope to be able to feed back to other kids in the future from the benefit of your experience.

C Oh well that’s what, that’s the whole thing Dad (mumble), if something like this is going to help the very tough times to go through that, especially in your teenage years, it not the best time to be having to deal with something like that. To be able to help someone is always good so.

I Alright, thank you.

(14.2 m)
Table 8.4.1 Cindy. Root Question 1: Answer i.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

“Single”* (p. 270)*

Exploration 1

a) “Is it important for you to be single?”

(Yes)^.

(How come it is important?)^*  
“It is just something you’ve always thought about, ‘I’m going to get married eventually, and you’re going to have kids’”.

Exploration 2

a) “What sort of person would say that being single wasn’t important?”

Someone who’s “marital status is just not an issue”. Someone who has never had a partner so they don’t miss it.

b) How might have come about?  
It’s how your brought up, your immediate environment like your household, where you went to school, the social groups you associate with.

(Why might that be?) – not asked.
Table 8.4.1 cont. Cindy. Root Question 1: Answers ii. and iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Answer ii) Uni student.  (p. 270/71)*

Exploration 1

a) “Is it important for you to be like that?”
   Yes.

(“How come it is important?”)
Once I’ve finished my degree I’ll be able to teach and that will be my career. It will form my lifestyle for a good ten or twenty years. The uni lifestyle is something that is a big part of me at the moment.

Exploration 2

a) “You describe yourself as a uni student and say that it is important. What sort of person would deny that being a uni student was important?”
   An ignorant person.  (p. 271)

b) “How might that have come about?”
   Your upbringing. Parents that don’t reinforce that education sets you up for life. Your parents’ attitude. Your peers, probably your brothers or sisters as well. Being lower class or working class.  (p. 271-72)

c) “What might lead them to that view?” – not asked

Answer iii) Female.  (p. 270/72)

Exploration 1

a) “Is it important for you to be like that?”
   Yes.  (p. 272)

(“How come it is important?”)*
It affects where you’re going to go and what you’re going to do. Surfing is a male dominated sport and I’m usually the only girl out there.

Exploration 2

a) “What sort of person would deny that being female was important?”
   An ignorant person.

b) “How might that have come about?”
   Family influences.

c) “What might lead them to that view?” –.
Table 8.4.2 Cindy. Root Question 2: Answer i)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
</tr>
</tbody>
</table>

**Happy – Unhappy, discontent, denying themselves something** (p. 273)

**Exploration 1**

<table>
<thead>
<tr>
<th>c) “How might a person get to be that way?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) “How come?”</td>
</tr>
<tr>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
</tbody>
</table>

**Exploration 2**

<table>
<thead>
<tr>
<th>a) “Is it important for you to be like that?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
</tr>
<tr>
<td>b) (“How come?”)</td>
</tr>
</tbody>
</table>

**A smile brightens up your day.** (p. 273)
Life’s so much easier if you’re happy and you’ve got a positive outlook.

**Exploration 3**

<table>
<thead>
<tr>
<th>a) “Tell me occasions when this might be a disadvantage?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being overly happy all the time can be annoying because you can’t be happy all the time. But I don’t think there’s a time where it’s bad to be happy. Happy’s a good thing.<em><strong>(p. 275-76)</strong></em></td>
</tr>
<tr>
<td>b) (“How might that be?”)</td>
</tr>
<tr>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) “Tell me when this might be an advantage?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’re a lot more emotional when you’re unhappy. It can often make you feel free to let your emotions out and it makes you feel better.<em><strong>(p. 276)</strong></em></td>
</tr>
<tr>
<td>d) (“How might that be?”)</td>
</tr>
<tr>
<td>If you bottle things up you’ll explode later and end up hurting people you don’t want to hurt.</td>
</tr>
</tbody>
</table>
Table 8.4.2 cont. Cindy. Root Question 2: Answer ii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td><em>How would you describe someone not like that?</em></td>
<td><em>Loyal – Untrustworthy.</em> (p. 274)</td>
</tr>
</tbody>
</table>

**Exploration 2**

1) “Is it important for you to be like that?”
   - Yes.

2) “How come?”
   - Loyal friends often help you.

3) “Tell me occasions when this might be a disadvantage?”
   - If you are too loyal then people can take advantage of that. (p. 16)

4) “Tell me when this might be an advantage?”
   - When there are suspicious people around.

   *b) (“How might that be?”)*
   - When you are in the middle of a situation with two friends, and something blows up, and you’re trying to be loyal to both.

   *d) (“How might that be?”)*
   - Like when travelling on trains and people come up and talk to you and you know they are a bit dodgy and you move on. (p. 276)
Table 8.4.2 cont. Cindy. Root Question 2: Answer iii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td>“How would you describe someone not like that?” (p. 274) <strong>Loving – Dark/empty</strong> (p. 275)</td>
<td><strong>Exploration 2</strong></td>
</tr>
<tr>
<td><strong>Exploration 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td></td>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td><strong>Yes.</strong> (p. 274)</td>
<td></td>
<td>Life experience. Have had bad relationship experiences where they got hurt.</td>
</tr>
<tr>
<td><strong>b) “How come?”</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>There’s</em> nothing better than knowing that you’re loved. It makes you a lot happier and a lot more stable. A lot more secure in a sense.* (p. 275)</td>
<td></td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td><strong>Exploration 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>When someone close to you is dying.</em> (p. 277)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b) “How might that be?”</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“[I] wouldn’t go so far as to say it would be a disadvantage but it doesn’t help…you’d almost rather not…care as much so you wouldn’t be in so much pain. At the time.”</td>
<td></td>
<td>d) “How might that be?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They can’t empathize, they just don’t feel love, they just don’t care.</td>
</tr>
</tbody>
</table>
Table 8.4.3 Cindy. Root Question 3: Answer i)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>(p. 277-78) Loving – Unhappy/low. Someone you don’t want to associate with.</td>
</tr>
<tr>
<td>a) Exploration 2</td>
<td>d) “What for him is so bad about being unhappy/low?”</td>
</tr>
<tr>
<td>“Does your father think it is important for someone to be like that?”</td>
<td>When you’re unhappy you have a different perspective on things and you tend to put yourself down. (p. 278)</td>
</tr>
<tr>
<td>Yes.</td>
<td>e) “What reasons would he give?”</td>
</tr>
<tr>
<td>b) “Why do you think that is?”</td>
<td></td>
</tr>
<tr>
<td>He’s been brought up with those values.</td>
<td></td>
</tr>
<tr>
<td>c) “What experiences do you think led him to that way of seeing things?”</td>
<td>--</td>
</tr>
<tr>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
Table 8.4.3 cont. Cindy. Root Question 3: Answer ii)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td>“How would he describe someone not like that?”</td>
<td>“What for him is so bad about being X?”</td>
</tr>
</tbody>
</table>

**Trustworthy – Low/untrustworthy (p. 279)**

<table>
<thead>
<tr>
<th>a) Exploration 2</th>
<th>d) “What for him is so bad about being X?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Does your father think it is important for someone to be like that?”</td>
<td>There’s only a certain point your relationship can go to if you can’t trust somebody.</td>
</tr>
<tr>
<td>Yes.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) “Why do you think that is?”</th>
<th>e) (“What reasons would he give?”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If someone’s trustworthy it “gives you a sense of security”…you know you can confide in them”…and that they’re going to be there if you need them.” (p. 279)</td>
<td>Being untrustworthy is a result of your life experience. “Not…all untrustworthy people are criminals…but a lot of the time it has to do with things like that.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) “What experiences do you think led him to that way of seeing things?”</th>
<th></th>
</tr>
</thead>
</table>
Table 8.4.3 cont. Cindy. Root Question 3: Answer iii)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td>“How would he describe someone not like that?”</td>
<td><strong>Loyal – Someone who wouldn't give someone the time of day/sad person</strong> (p. 280)</td>
</tr>
</tbody>
</table>

(p. 279)

<table>
<thead>
<tr>
<th>a) Exploration 2</th>
<th>d) “What for him is so bad about being X?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Does your father think it is important for someone to be like that?”</td>
<td>In times of trouble people wouldn’t think of you as someone to come to if you’re not loyal.</td>
</tr>
<tr>
<td><strong>Yes.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) (“Why do you think that is?”)</th>
<th>e) (“What reasons would he give?”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“…he’s been brought up to be loyal and it’s a big big thing in our family to be loyal.” (p. 279)</td>
<td>Knowing that people can count on you, as you can count on others, you can be content with yourself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) (“What experiences do you think led him to that way of seeing things?”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say if someone got into really bad financial hardship, if you were loyal to your family you’d do everything within your limits to help them.</td>
</tr>
<tr>
<td>(p. 280)</td>
</tr>
</tbody>
</table>
Table 8.4.3 cont Cindy. Root Question 3: Exploration 3

a) Which of these views do you go along with?
   **All of them.** (p. 280)

b) Is it important to go along with his views?
   *(Yes).*

c) *(How come?)*
   “I’ve picked up a lot of traits of my father’s and...we are on the same wave-length.”
   “I’ve picked up...and built on [my parents] morals and beliefs, how he sees me is very important. How I look through his eyes is very important to me”.

d) What happens when you don’t agree?
   “We have little disagreements here and there. We’re both fairly laid back so if something happens we’re more likely to say what we say and then, you know that’s that.”
   “Me and my Dad are more alike in personality, than what I am with my Mum so,...[if] something happens I know how he thinks.” (p. 281)

Table 8.4.4 Q. 5. Cindy. Answer i.

“Now I would like you to name three things that are/were important about the situation with your father?”

Answer i)  **It made me appreciate things, not take things for granted.** (p. 281)

Exploration 1

“How come it is important?”
*not asked*

Ex. 2)
a) “You say X is/was important. What sort of person would deny that X was important?”
   **Someone who hasn't been in that situation.**

b) “How might that have come about?”
   -

c) “What might have lead them to that view?”
   -
**Table 8.4.4 Q. 5. Cindy. Answer ii**

Answer ii) *It made me try to make myself a better person.* (p. 281)

Exploration 1

“How come it is important?”
I want to be able to make other people better, like Dad can. (p. 282)

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
Not empathic, “almost selfish.”

(b. “How might that have come about?”)
People who haven’t been in situations like this where there’s the possibility of losing a loved one.
“It’s a horrible thing but it makes you a stronger person.”

c) “What might lead them to that view?”
Not asked.

**Table 8.4.4 Q. 5. Cindy. Answer iii.**

Answer iii) *It gave me a better awareness of how others are feeling.* (p. 282)

Exploration 1

“How come it is important?”
When Dad was sick people knew when you didn’t want to talk.
“It helps people deal with situations whatever it might be…”

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
Selfish or ignorant.

b. “How might that have come about?”

Some people just have the knack to sympathize and empathize, but maybe other people “weren’t loved and didn’t pick up the instinct.” (p. 283)

c) “What might lead them to that view?”
Not asked.
Table 8.4.5 Q. 6. Cindy: Answer i.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i) **Stronger** (p. 283)

Exploration 1

a) “Do you think this difference is important?”
   **Yes.** (p. )

If ‘Yes’- “How come it is important?”
“I know how to get through certain situations, I know that you use your outlets like your sport…”
“That being stronger allows you to be there for other people”.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Weak or male.

a) “How might that have come about?”

**Culture. Certain religions.**
Being male because, “in a lot of religions and cultures they dominate and they’re stronger and the females weaker.” (p. 283)

Those that are abused may not think that being strong is a good thing. (p. 284)

b) “What might have lead them to that view?” Not asked.

---

^ See Appendix M for the transcript of the interview with Cindy to which the page numbers relate
^ If an answer is in brackets () then this is due to them clearly meaning ‘yes’ without actually uttering the word.
^ The words given as participants’ replies are abbreviations/summaries unless quotation marks are used.
^ Questions are in brackets if they were answered without being specifically asked.
Table 8.4.5 Q. 6. Cindy. Answer ii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer ii) More aware about life. (p. 284)

Exploration 1

a) “Do you think this difference is important?”
Yes.

If ‘Yes’- “How come it is important?”
I'm more aware that you're not invincible, that life's short and anything can happen.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”
People who are “denying themselves something.”

“...you almost expand your horizons if you're able to go through life...thinking about the possibilities and knowing things like that can happen so you [can] prepare yourself for it. If you don't do that you're almost denying yourself the right to...live a full life...”

a) “How might that have come about?”
They haven't been put in situations where they have to think about things like this.

b “What might have lead them to that view?” Not asked.

* See Appendix M for the transcript of the interview with Cindy to which the page numbers relate
^ If an answer is in brackets () then this is due to them clearly meaning ‘yes’ without actually uttering the word.
# The words given as participants' replies are abbreviations/summaries unless quotation marks are used.
+ Questions are in brackets if they were answered without being specifically asked.
Table 8.4.5 Q. 6 Cindy. Answer iii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) I challenge things more. (p. 284)

Exploration 1

a) “Do you think this difference is important?”
   Yes.

   If ‘Yes’- “How come it is important?”
   “Because that’s who I am”. (p. 285)
   “Everyone’s different and it makes it a lot easier when you know how people feel because then you can avoid certain situations.” And it’s a good way to find out peoples interests.

Exploration 2

   “You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”
   Someone who isn’t being true to themselves. They are denying themselves.

   a) “How might that have come about?”
   Your immediate surroundings.
   “I was never one for people who smoked, I don’t like it I think it’s gross.” Neither my Dad nor I like it so my friends don’t smoke anywhere around us. “Which is a good thing... when you speak your mind, people come to respect that and... people who don’t speak [their mind], they’re denying themselves that. They’re... almost disrespecting themselves in a way.”

   b) “What might have lead them to that view?” (not asked)

* See Appendix M for the transcript of the interview with Cindy to which the page numbers relate.
^ If an answer is in brackets () then this is due to them clearly meaning ‘yes’ without actually uttering the word.
# The words given as participants’ replies are abbreviations/summaries unless quotation marks are used.
+ Questions are in brackets if they were answered without being specifically asked.
APPENDIX O: Interview with ‘Mal’

9 734 words

Study 2

I = Interviewer
M = Mal 17 year-old, was 15 at the Dx.

I  So I’d just like to, for you to tell me firstly, what’s happened since your father was diagnosed, the bad and the good, if there was anything good about it? Or that’s come of it?

M  The good that’s come of it is probably, like it’s opened all of our eyes up a lot more. You see people complaining about petty problems like things that don’t mean anything, and saying “oh we don’t have much money, I can’t buy this I can’t buy that” you know. You think well, like what’s the point of complaining about things like that when you’ve got other people, you just see it in like a totally different aspect. You just like really feel for the people who are really sick, who are struggling and you just think these other people are just clowns you know. Like, something good that came out of this was seeing Dad actually, he was probably the most positive person, out of the whole thing, and it was him who was sick. He was the one who gave a lot of us support. Like when he first told us we couldn’t believe it you know but, he was the strongest one out of all of us. And, that kind of helped us, like it just strengthened our relationship as a family together. As well that was probably one of the good things that came out of it. We’re normally a close family anyway but it just strengthened our (mumble) bond that we have together. The bad things were, there wasn’t really too many bad things you know like, when he was in hospital and that you know dying that was, you can say that was bad. But, in a situation, that he was in, there was a lot of good things. Like it wasn’t everyday, it wasn’t everyday that he was sick. You know like when he started having his chemo and that, like he’d have his week he’d be sick for, then he’d be fine again. So it was kind of alright. But nothing, except like when he was in intensive care and that, with pneumonia, and when he was having his chemo, that was the worst of it. But it wasn’t as bad as I first thought it would be.

I  What did you imagine when you first thought of it?

M  Well the first thing that comes into your mind is “he’s going to die”. You hear ‘cancer’ and you go, “like he’s gunna die”, you think “how can this be, how can my Dad of all people get cancer, it’s not fair” you know. Like you think there’s so many other people out there, abusing their bodies everyday. And this healthy bloke, you find out he’s got cancer you know like, you think it’s the end of the world. But, as I said like he was, he was comforting us and that, and said “well I’m not going to give up without a fight”, you know that’s the kind of person he is. And that was it you know, like he just got through it. So, yeah.
OK. How about, did your father’s diagnosis of cancer have any impact on your schooling? Because how old were you at the time, when he was diagnosed?

M I think I was in Year 10. I’m not sure. Yeah around 15 I was, 15 or 16. And it did actually I just

I It didn’t you say?

M It did have an impact, like, it had an impact on me personally as well. Like, I became a bit less friendlier, I think. Like at the first stages I was, like ’cause I was a bit worried about it you know, about the whole thing. And, as I said before about people complaining about petty problems (mumble), because that’s what teenagers do they’re whingers, and, but we all are. And I used to just hit the roof about people complaining about stupid things. And, I think I became like a bit more arrogant, and just unfriendly, like at school and that. I think I was, I just stopped putting any effort into school. I was just always thinking about it, you know, you can’t get something like that off your mind. I sort of got over that stage. Started to. It was like Mum and Dad as well like, keeping an eye out for everyone, they sort of give me a bit of a boot up the arse, and that was it you know. It certainly did have an impact on, on like my learning. ’Cause I just kind of tuned out, you know. Just didn’t want to do it.

I How long would you say you tuned out, because you had two more years of school after the year he was diagnosed?

M Yeah like, oh when, it was probably like say, the first two or three weeks, from when we first found out, and then I was, like alright you know. And then, it was just when he was really sick, like when he was in hospital. You just didn’t want to, you just wanted to be with him. You didn’t want to be anywhere else. And when you were somewhere else you couldn’t get it off your mind you were always thinking about it.

I How often did you go into the hospital?

M Not that often. I think, he went in once he was in intensive care for two weeks I think at one stage, and he was in hospital for probably three weeks, maybe a bit more. And he went in probably one or twice after that so, he wasn’t in hospital that much.

I It was those times, particularly after the first couple of weeks, that you found it most difficult?

M Yeah.

I Did you actually miss any days at school, due to that?
M: I don’t think I did actually. But it probably would’ve been better if I had’ve ‘cause like there wasn’t really any point being there. (mumble) Mum just trying to get us away from it for a while. But yeah.

I: Did you see any deterioration in your marks for your subjects?

M: Yeah my marks did go down. Not heaps but, you could see the change.

I: Did anything change around the home, because of your father’s diagnosis, like did you take on more household jobs and things like that?

M: A little bit like, I was doing more, like outside things like doing gardens and mowing the lawns and all those kinds of things, ‘cause like Dad just couldn’t do anything like that.

I: Had you done some of that before?

M: Yeah, like I knew what I was doing but I was just doing it more often, because he just couldn’t do it. Like, probably just everyone else, we all were like helping out, just doing all the housework and that, a bit more, and just probably trying to help Mum out a bit more as well. ‘Cause like she was doing it all, and it was like a bit too much for her, kind of thing.

I: What your relationships with your friends, and including how much you saw them, did it have any impact?

M: A little bit, I sort of went through, two stages where like, at first I didn’t want to go out or anything, just stayed at home. Only really saw like friends from school, my other friends I just stayed away from them just stayed home all the time. And then, at the next stage I just started going out and being normal again, a bit more, sort of, a bit more wild I guess.

I: A bit more wild?

M: Yeah, just like kind of let loose a bit more. You know.

I: When you were out or when you were at home?

M: Oh when I was out. Just like let everything out kind of thing, yeah that was it really.

I: Did it change your relationship with your father?

M: Not really, as I said before we’re a very close family. It could have I think maybe it could have pulled us a bit closer together. But, not too much, but something like that, for say a different family where like, like the parents and the children are a bit distant something like this would pull them together a lot more, but because our family were so close it didn’t really, you couldn’t really tell you know. So.
What about your relationship with your mum, I guess she was pretty stressed at the time?

Yeah I think, I did, I did get a bit closer to my Mum through this. ‘Cause you know like, you’re always, you’re a little kid and you want to be like best friends with your Dad, and even though your Mum’s your Mum, and we were, I was still close but not as close as I was with my Dad. And, you know it probably did pull us a lot closer together. Just trying to help each other out like every now and then, like someone would be upset about it, something would make then upset and then they’d be upset about Dad, and you’d just try and help each other out, just comfort each other and that’s probably what brought me and Mum a bit closer together.

Did you talk about your father’s illness with your mother and father at all?

A little bit, yeah they, they’d sort of sit down and tell us all like what was going on all the time. How he was going, what kind of cancer it was, where it was, like after he first told us. I think it was probably, could have been either that night or the day after or something, we sat down all together and they just went through what was actually wrong, where the cancer was, all that kind of stuff, so. We could always talk to one of them about it. Always ask questions like, when he started his chemo and his radiation. Sit down and ask him like what do they do. Like what do you have to do when you go into hospital (mumble) and like they just explained it to us so I kind of knew what was going on all the time so it was pretty good.

Did you talk about it with your brothers and sisters at times, or not?

I sort of, can’t really remember. We would have talked about it.

It sounds like something you would have talked about, you were saying how close you all are?

Yeah. Like I can’t really remember that much, but. Like we always talk about things together so. Yeah we would have talked about it for sure I just can’t remember.

Did you, has your father’s diagnosis made you think more about your likelihood of you getting cancer?

It made me think a bit about it, yeah. As he said like, the type of cancer he had, it wasn’t, what do they call it when it runs in the family?

Genetic?
M  Genetic yeah, well something like that. It wasn’t that type of cancer, it was the type of cancer where they don’t know what causes it. So, that’s I think, that’s one of the things that Mum and Dad tried to explain to us all. To get into our heads, that, just because he had it didn’t mean that we were going to get it. So (phone rings, answering machine plays weird distracting message in background)

I  This sounds like a, this is a bit of an odd question, but would you say that you spent a lot of time worrying about your father?

M  I did.

I  You did?

M  Yeah. I just, it was always on my mind. Like if I was at school or something I’d always be thinking, like if he was going in for one of his treatments, I was always thinking how he’s going and if he is feeling alright, if he’s going to be alright when he gets home. So it was like always on your mind.

I  Did you ever go into the hospital? When he was having treatment?

(17.2 m)

M  No, none of us, I think Mum went with him sometimes (mumble)
(strange interference, inaudible tape sounds like tape ends or is switched off)

M  What was that again?

I  You were saying, you said about your mother going with your father.

M  Oh yeah yeah, yeah I think Mum went in when he was getting the chemo because, because it takes so much out of you, she had to take him home and that. I’m pretty sure that’s what happened. But we never, none of us kids actually went in with him when he had either the radiation or chemo treatments. We only sort of went into the hospital when he was in there, like when he had pneumonia a couple of times

I  When he was in intensive care?

M  Yeah, that was the only time that we went in.

I  What would you say were the things that helped you the most since your father was diagnosed?

M  Things that helped me the most?

I  Helped you cope with it?
I'd just say the family. People like our extended family like, our aunties and uncles and grandparents and cousins, everyone was sort of there for us. Everyone was always saying like “if you need to get away give us a call and you can come and stay with us to get away from everything for a while” and that. Always saying “like if you need to talk just ring us”, so we always kind of had that feeling of support, I think that was pretty much it, that helped us, or helped me.

Do you think anything else could have been done to help you that wasn’t?

No I don’t really think so. Like ‘cause even like my friends were always, asking me how everything was going and helping, but that, because we’ve got such a big family, like my Dad’s family’s really big. And with that amount of support like, you can’t really, you can’t really say that you needed anything more. I feel.

Did you, after your father was diagnosed did you have less time or did you play less sport and things like that?

Yeah ‘cause, oh we used to surf everyday, me and Dad and my brothers and sisters, we all used to surf. He would take us down before school every morning, and every afternoon we’d go for one as well. At that stage, I think it was at that stage I’d stopped playing football, and I was only surfing so, that got cut down dramatically like after he started his treatment and that. So he couldn’t go. And Mum was always busy you know doing things so that got cut down a fair bit.

Did you miss it?

Yeah. I miss, miss going for surfs with Dad. Because like ever since I was young we always used to go together. And I miss him being in the water, with me.

Did you think your father’s, I suppose you’ve already answered this somehow, you said “maybe it brought you all maybe a bit closer”, I just wanted to ask you about your brothers and sisters whether you think it changed your relationship specifically with them?

Maybe a bit with my brother. ‘Cause we were always fighting, like as brothers do. I think it helped my little sister Eve as well. ‘Cause, she was like, what was she, like two years younger than me, she was like 13 or something. And she was like a bit immature, at that age like she was, sort of still a little kid. And being close with us all her life, over that period I think because she
was with a lot of older people all the time, I think that helped her to grow up a little bit, and I think it improved our relationship, you know like, yeah.

I Well I’ve asked you, generally about what happened and I’d just like to ask you a few more specific things now about, more about you.

M Yeah.

I If I was, in order to help me better understand the impact that the diagnosis had on you, if I were to say, ask you Who are you? What three things would you say? So, like if somebody asked me I might say, male, psychologist, married. What are the first three things that come to your mind, if I ask who are you?

M What now or then?

I Well thinking back.

M Then. Well I’d say, a kid, male. An outdoors person I guess.

I It sounds like you are, you’re a surfer and stuff.

M Yeah.

I Is it, do you think being a kid at that point, do you think that that was important, for the experience at the time?

M I think it was probably, because it was such an eye opening experience, I think it was good at that age, because it changed my whole outlook on life.

I It had a big impact on you?

M It had a really big impact on me personally, I think it did change, changed the way I thought about my feelings on life, and say my feelings of other people. Just thinking like “don’t take life for granted”, those kind of things you know. I think that was, it was probably, couldn’t say it was a good experience but coming out of it, it changed me for the better, so yeah.

I So you describe yourself as a kid and you seem to think that, you know, being a kid at that time was important because of the impact it had on you. How would you describe somebody who would deny that being a kid at that time wasn’t important?

M How would I?

I How would you describe somebody who would say that being a kid at that time wasn’t important?
M  Well it’s just a matter of personal opinion I think. ‘Cause some people think well, if you’re a child like, you shouldn’t have to go through an experience like that when you’re growing up. But I think, because of what I learnt out of it, I think it was better to get that knowledge at that age, than have it in later life, you know like, you’ve got a parent that’s dying of cancer say when they’re in their 60s or 70s, and say you’d be in like your 30s or 40s or whatever, I think it was better, going through that at a younger age to get the new knowledge that you get out of it, kind of thing. Dunno if that makes sense?

I  Oh yes, (mumble.. sheds some light on the whole thing??)

M  Yeah, sure.

I  Yeah no, that makes sense. So you’re sort of saying that somebody who’d deny that that was important was, maybe somebody who would think that a kid really shouldn’t have to go through that.

M  Yeah.

I  How, how come do you think they might think that? Why would they hold that view?

M  Well they think, they think the child hasn’t gone through enough experiences in life to be able to cope with something big like that. Probably something like that I guess.

I  What experiences might have lead them to think that?

M  Oh well, a person might have had a childhood that was fine, you know, no problems, perfect little family. And thought “well if I’ve grown up to be how I am now, like I am now, I wouldn’t wish upon anything a kid, I wouldn’t want a kid to go through something like that”.

I  The other thing you said was being male, do you think that was important, in that context?

M  Oh I don’t really think. Like it’s always a stereotype that males are always strong, like stronger in situations like, they don’t, it doesn’t affect them as emotionally as females, to some extent but. I don’t think that being a male was any different to being a female in this situation.

I  How, you might be a bit puzzled by this next question, but it might help me understand a bit more, how would you, what sort of person would you think would say that being male was important?

M  I’d say like an older male. Like, say a bloke in his like 40s or something like that. Like the older generation, like he’s got in his mind the male female stereotype, the ladies in the kitchen doing all the cleaning and that in the
house, and the male’s like the breadwinner or whatever it is, gets all the money for the family and that, I think it’s a person like that.

I The other thing you said was being an outdoors person. Was that important at that stage?

M Yeah like, its like my surfings like, it’s like where I have a lot of time to think about things, work a lot of things out. And ‘cause it’s like an individual sport. I’d always go surfing by myself. And it would be, it’d be like my time to relax and, or it could be on other days my time to take out things, let it all out. And I think that was, that was sort of one of the important things, in me coping with it. With the whole thing. The surfing and, just ‘cause it was just my slowing down just letting everything out, kind of thing, you know like, it just helped me, cope with it I think.

I How would you describe somebody who said that being an outdoors person wasn’t important?

M They’d obviously have to be an indoors person I think. I just think they’d be, the kind of person that would sit on the couch and watch TV, eat food. Fat and lazy. You know like, everyone’s got their thing you know like, some people it’s going for a walk or, going to the gym, anything you know. Some people just to relax and that, just to read a book you know. Everyone’s got their thing and, surfing’s was my thing, for me.

I How do you think that they might have that view, that being an outdoors person wasn’t important?

M (mumble)?

I Like how is it that that they came about to think that?

M Just, just because the, just they might not be the kind of person that likes to do exercise. Maybe they don’t have an open mind about different things they’ve just got their own opinion and know that’s right, and everyone else is wrong.

I So this time I’d like to know not just who you are but what sort of person you are. If I was to ask you what sort of person you are, what three things would you say?

M I’d say, always up for a laugh. Friendly. It’s hard talking about yourself. I’d say outdoors person I guess.

I You’ve already given me that one as for who you are, I’m sort of more after like, you know personality traits.

M Personality.
I: We’ll leave that for the moment, we’ll come back.

M: It’s a hard one.

I: Back to the first one, you say “someone who’s always up for a laugh”, how would you describe somebody not like that?

M: Serious. Somebody that doesn’t like to have fun. Just, just doesn’t I think it’s a person who doesn’t like to have a laugh, a person who doesn’t like to show emotion I think, doesn’t like to let other people to see them for what they are, and judge them. They don’t like to be judged by other people I think. I’d say to the other third thing, I’d say I was a very open and honest person.

(37.0 m)

I: Open and honest. In terms of being always up for a laugh, do you think that’s an important part of you?

M: I think it is. Even in a bad situation, I always find humour to, calm me down or put a smile on my face, that was one of the big things with Dad, that’s Dad always cracks jokes. Even though they might be the worst jokes you’ll ever hear,

I: Yeah

M: they always make you laugh and you just go “oh that’s a Dad joke”. Like that was, I think it’s important for all of us, like it’s coming out in all of us kids, that we all, we all like to laugh, and just muck around.

I: You were saying before about, you described somebody who doesn’t always like to be up for a laugh “as serious and doesn’t like to have fun”. How might they get to be like that?

M: Get to be serious?

I: Yeah.

M: Their upbringing, their parents. Like, it’s just like a stereotype example, but like say, like the military dad and, like the mum is the housewife you know, always doing the same thing on time every day, they’re in a routine, and it’s kind of like a boring thing. And that’s just the way they’ve been brought up, you know, if you’re brought up that way you don’t sort of, think that that’s not normal, you think that’s it, that’s how I should be. And then they don’t sort, of like to bring anything else into it.

I: The second one you said you thought of yourself as ‘friendly’. Is that and important one? Is that an important part of you?
Yeah. Well like. If I'm, like when I meet people, friendly you know like I'm always, sort of nice to them. Like older people, I don't sort of, like, swear in front of older people that I don't know, and just try to be, try to be nice and friendly like still. Like have a conversation with them and, just sort of, not be a person, that someone has to talk to you to talk to them you know. I can go up and talk to anyone who I can just meet sometimes and just start a conversation, and just be friendly you know, like. I think being friendly, it just helps to meet people and. Yeah like, it's better off being like a friendly kind of person, and like talking to people otherwise when someone comes and talks to you, say like at a party or something, and someone will come up and say hello to you, and just say Hi back, and that's it you know like. You sort of (mumble) the whole conversation and start talking, and you just be friendly and, it's not hard to be nice. Like it doesn't take much effort. Like someone waves, it doesn't take much to put your hand in the air kind of thing. I just think being friendly is like, common courtesy as well. And that's just another thing that Mum and Dad have taught us you know.

How would you describe somebody who wasn't like that? Someone not like that?

Someone, boring. Someone who's, sort of not interested in anything else but themselves and what they do. Someone who like doesn't want to, doesn't want to, learn different things like from other people, that doesn't want to change themselves I guess.

What kind of experiences, like how might a person get to be that way?

Get to be?

Boring, not interested in anyone but themselves?

Just, I dunno, like before, their upbringing. Somebody who's had a bad experience in life like, it's effecting them in a bad way, say like a close person to them, someone in their family's died or, even like an experience like I've been through, that they're actually in at that time. It's made them change or change to become like I said earlier, I became heaps unfriendly and, you know like kind of tried to shut everyone out, but like in my first stage kind of thing. So something like that I think.

The third thing you said was "open and honest".

Yeah

Was that, was it important for you to be like that?

I think it is, I don't like to lie. I like to say what I think. Even if it is for the good or bad, I like to be open and honest, to let people know what I think.
"I change the batteries in the recorder"
(44.6 m)

I You were saying about you like to let people know what you’re thinking.

M Yeah. I like, I think I’m an expressive person, and, I just, yeah I just like to let people know my opinion and what I actually think, but I don’t like to lie about things, if I don’t like something I say it. You know like.

I How come, what made you be like that?

M I’m not sure really. Always been brought up to, to believe that lying’s bad you shouldn’t lie, as I think everyone is. But, I dunno just like, I feel bad lying. I don’t really like to lie about things like, even the kind of things where I get in trouble or something. Sometimes like everyone lies and that but, I generally don’t I just, I tell the truth.

I So you describe yourself and “open and honest”. How would you describe somebody not like that?

M Someone who, doesn’t show emotion. Keeps everything locked up inside, doesn’t like talking about things. To even people who are close to them. Someone who likes to lie. Just like dishonest people, you know like, people who, like thieves and people who steal and that.

I How might they have got to be like that? People who don’t like to show emotion, or like to talk to people about things?

M I think it’s just, like I’ve said probably in every one, upbringing, experiences. They don’t, they probably think it’s better for them, to keep it to themselves, they don’t want to, kind of, they don’t want to tell other people their problems, because they think “oh they don’t care anyway so what’s the point you know”.

(47.8 m)

I What kind of experiences, you said upbringing and experiences,

END OF TAPE

Side B

I Yeah I just asked you what experiences might lead them to be like that?

M I dunno, maybe just as a child, the parents like kind of distant parents, they kind of let them do whatever they want. Don’t really have that much authority over them, don’t really care. And sort of, don’t teach them values and, don’t give them experience like when they’re children with older people
and they don’t know how to act and that around them, they don’t know how to communicate with other people, so they think “well if I don’t say anything it’s fine I can just sit there” and. Or, it might be “it’s not bad to lie, I won’t get in trouble so it’s good”.

(1.3 m)

I Now I’d like to explore with you how you think other people might see you, if I were to ask your father what sort of person you are what three things would he say?

M He’d say I’m a larrikin. Probably say I’m caring I guess. He’d definitely say something about me being, a fish, a water person.

I How do you think he might describe somebody who wasn’t a larrikin?

M How do I think he?

I Yeah, how do you think he would describe somebody not like that?

M A prim and proper person. Like, I dunno someone’s who’s, grown up, like, being taught that you shouldn’t muck around and you should always, you know, be a good person like not say anything silly just always say smart things and that. Something like that I think.

I Would he thinks it’s important, does your father thinks it’s important for somebody to be a bit larrikin-ish?

(3.7 m)

M I think it is ‘cause, he’s the biggest kid I know. He’s always joking around and being stupid with us so, I think

I You think he’d say it was important?

M I think he would say it’s important to, to be stupid sometimes, be silly and muck around. Because I think that’s an important part in his life as well too, muck around and have a joke all the time. Because that’s what he’s always been like. So I think, I think that’s important to him.

I Why, why do you think it’s important, can you give me more?

M I think it’s his way of, making a bad situation better. Like I remember, when he was in intensive care with pneumonia, he was on respirator and he could hardly breathe, couldn’t really talk or anything. I went in there and he told me a joke. He started laughing, and like that was really bad because he couldn’t, couldn’t breathe he couldn’t stop coughing and that for about half an hour or something. He just wanted to tell me you know. And I think, I think that’s his way of, just, letting everyone know that it’s not the end of the world
you know, not everything’s bad. You can always find something to (mumble) something (mumble).

I What experiences do you think led him to, to try and want to make bad situations better? It sounds like he was like that before the cancer?

M Yeah, I, I just don’t think, he doesn’t like people being sad, people being unhappy if one of us is looking a bit, off colour, something looks like we’ve got a problem or something. He always wants to sort it out straight away, he doesn’t like, he doesn’t like people just being unhappy. Just wants, just wants everyone to be happy in what they’re doing and, yeah.

I What for him do you think, is so bad about being sort of “prim and proper”?

M I don’t think he’s got anything, he doesn’t have anything against it. I don’t know he’s just, he’s just always been a joker, so that’s kind of his thing. Like he doesn’t, he doesn’t care about what other people think of him. Like, he’ll always like, embarrass us, he always likes to embarrass Mum in public, you know like just, just mucking around. She doesn’t like it but, like he’s not worried about what other people, he knows who he is and he’s fine with that, he doesn’t care what other people think, so. I just don’t think, that’s just the way he is and, he’s not really worried, I don’t he doesn’t care, doesn’t really say that it’s bad being prim and proper or anything, you know like if that’s who you are, that’s who you are he accepts it.

(8.0 m)

I The next thing you said was “caring”. How do you think he’d describe some who wasn’t caring?

M Someone who, doesn’t want to hear other people’s problems. Someone who thinks of themselves, never thinks of others. Doesn’t like to help people out.

I Does your father think it’s important for someone to be caring?

M I think he does.

I Why?

M I just think, like because he’s always, he’s grown up in such a large family and that and there’s, there’s always been someone that they could go and talk to that has cared for them you know, looked after them. I just I think, I dunno just. Can’t even remember what I was talking about. What was the question again?

I You said that he’d describe you as caring and that you’d thought he’d say it was important and I asked you why you think he might say it was important?
M Yeah. Just just because of the way, the way he’s grown up and with so many people, there’s always someone’s shoulder to lean on and, there’s always people around that were nice and that. You get a lot of, a lot of, like a lot of families with people who don’t care about, about their family and that and sort of keep to themselves and don’t want to hear their problems you know it’s, it’s got to do with them it’s nothing to do with me, you know. And I think that, he thinks that being a caring person, makes you a better person I think. And it’s like, showing like that you’re, that you’re like that you’re there for someone else. That you’re worried about them, and that you want to help them out.

(11.3 m)

I What do you think he would say was, not so good about being, somebody who doesn’t want to hear other’s problems?

M What would he say about them?

I Yeah, why would he say that, that being like that wasn’t as good as being caring?

M He’d just say they’re self-centred. You know like, not worried about anyone else but themselves. They’d think that, you know like, “I’ve got no problems, I don’t want to hear other people’s problems”, he thinks. I think like, that’s probably wrong because when that person does get in a bad situation and they need some help, they always want it straight up you know like, they want other people to worry about them and that. And it’s kind of, it’s kind of you give what you get. So like you be nice you care for other people then people are always there for you. And he thinks, I think he’d say a person who is self-centred, just. I think he’d say that they’re selfish type of person. He just, he’s not worried about them, (mumble) I think that he doesn’t like people like that he likes people who help out other people, and like don’t ask anything in return kind of thing.

I How would he describe, you said you thought he’d describe you as a water person, a “fish” you said. How would he describe someone not like that?

M Someone who doesn’t like the water. Like a land person I guess. I dunno, could be a person who plays any kind of sport soccer, footy, cricket, tennis whatever, like a runner or a person who goes to the gym or, even like, book worm, anyone.

I You think that your father thinks it’s important for somebody to be a water person?

M I think he does because he’s grown up with a love for the water. He’s always, ever since he was a kid, he’s always surfed and water-skied and, all that kind of stuff so. I think he believes that that’s a, that’s like a good it’s good
for your mind and your body you know, like it's exercise and it's, like it's kind of all combined cleanser, helps you.

(15.3 m)
I Helps you clear your mind?

M Yeah just just helps you relax and, just like I was saying before about my surfing, it just does the same thing, for him.

I What would he say was, bad or not so good about not liking the water?

M He wouldn’t really say it’s bad but, for someone not to like the water, but just like he always says, “they’re just missing out on so much”. He just thinks that, like the water is, the water’s a big thing in his life and our lives and, he thinks that people who, don’t get in the water you know are missing out on a lot.

I Which of these views, larriken, caring, water person, of your father’s, would you go along with? Would you agree with him if he described you to me and he said “oh he’s caring larriken water person” would you agree with those?

M I’d agree with every one, but caring to an extent. I can be a bit of a, arrogant kind of person sometimes. Sometimes I get in a mood, like and moods and that you don’t want to hear it, you don’t want to hear other people’s crap but. I’d say the larriken for sure, a water person for sure. Yeah.

I Is it important to go along with his views on things?

M Yeah he has pretty good views. Like on life and that, and. I think it is important to always remember those and use them when you need them. Oh there’s some things that like all people you can’t agree on everything. But, you know you just use what he’s taught you, you just think well “He thinks this what do I think”, you know. He just, you know just use whatever that you need to.

I What happens when you don’t agree?

M When we don’t agree?

I Mmm.

M Oh nothing much really we don’t, I wouldn’t say we have a fight. He says what he thinks I say what I think, that’s pretty much it you know. For example, if I ride a bike I don’t use a helmet because I don’t like them. And he says now oh “You’re old enough to, to know what you’re doing, it’s your life” you know, and I just say “well I don’t care I don’t like them so I not gunna wear anything” and that’s it you know, that’s where it’s at.

I So up to this point I’ve asked you to tell me, what’s happened with your father and, who you are, and what sort of person you are and what sort of
person your father thinks you are. I’d just like to ask you a couple more specific things about your father getting cancer. Thinking back to when your father was diagnosed, I’d like you to name three things that were important about the situation with your father. If you were to pick out three things which, looking back, you think were important things about it, what would you say?

M  Important things about it? At that time?

I  Mmm.

M  I’d say, like him being the way he was. Like his, his attitudes. Like his attitudes towards everything.

I  I guess you mean his positive sort of attitudes?

M  Yeah yeah. Were they important things to me?

(20.9 m)

I  Yeah, to you. What you look back and see as the important things (mumble)

M  Yeah I think. I think my surfing would be important. And, my family.

I  How come his positive attitude to everything was important?

M  It was so important because it helped us get through, what he was going through as well. He just saw it as another, just another step in life. Just another thing that he had to overcome. And he just thought yeah, he was just always saying “oh yeah it’s a breeze”, even though, even if he wasn’t feeling good, but on a certain day he’d try not to show it. He’d try not to show that he wasn’t feeling good. Just to try and make us feel a bit better, kind of thing, because he was always, he always puts others before himself. He always thinks about others and that’s, it was a good thing for us, that he did that. Just because it helped us get through it I think. Because he was the most positive one out of the lot of us, and he was the one that had the cancer. But still, like he’s, like it just didn’t matter, how bad he was, he was always, like even when he was in hospital and that really sick, he’d always ask us “oh how was your day”, you know “what did you do?”. “Oh school was boring blah blah blah”. “Why, why was it boring?” Like you know always asking us what’s happening and that you know. And like it was just really good for us, it just helped us cope, even Mum. Like Mum was, Mum was probably the worst out of us all. ‘Cause you know ‘cause she worries heaps and that. And why shouldn’t she worry her husband’s got cancer you know. And he just helped her, just because he was so positive. Helped us all get through it.

I  You say his positive attitude was important. What sort of person would deny that that was important?
That would deny it? I don’t know really. A person that, doesn’t have the will power to survive. A person that if they got cancer they’d just go “oh that’s it I’m dead I’m gone”. You know like doesn’t, thinks “well if I get through this I’m going to be still sick for the rest of my life you know I don’t want to be sick, I’d rather be dead”, kind of thing, than a living person like that.

How might that have come about that they wouldn’t have the will power to survive?

They just. They might, just probably, just the way that they’ve lived their life. And their outlook on life, you know, like someone who’s very active and is very serious about, like their recreation what they do and that. Like someone who’s always training and stuff like that and they find out they’ve got cancer or something and go “well there’s no point in going on, if I can’t train anymore you know”. (mumble) it’s kind of hard to explain.

The next thing you said was “my surfing”? How come that was important?

That was so important because, because just, I’ve got time by myself, it relaxes me, I don’t have to, when I’m surfing, I don’t have to rely on anyone else, I’m independent. And it just, it just gave me a lot of time to think. Without interruptions you know. I could just surf (mumble), and you’re just in your own world. It was kind of like breaking free from everything that’s going on. I think it was really important.

What sort of person would deny that, someone’s surfing was important?

A person who doesn’t like surfing. Just someone who, maybe someone who was not into sports or something. That, maybe someone who doesn’t have a way of letting things out, a way of like relaxing like a very stressful kind of person.

How might that have come about, that they’d be like that?

Maybe they’re a workaholic. They don’t have time, or the energy to do like a sporting activity, do something that helps them let everything out, that relaxes them. Or maybe they just they don’t know how to, like they’ve always had the stress in their life and think “oh that’s it”, they’re used to it. And that’s a normal thing.

Family was the third thing you said was important. How come, that’s important?

That was important, because, that just, it was like everyone’s problem, is your problem. Like everyone, ’cause we sort of, we were all in it together. It was Dad who was sick but, it was like all of our problem. And all of us had to get through it together, kind of thing. I think that, like say if, if it was a situation
with a single parent with a couple of kids you know I think it would be a lot
different. It would have been a lot different for us not having that close family
relationship, or that big of a family, ‘cause we’ve got a pretty big family for
these days. Not having that much support, including that close relationship, it
was very important.

I Because it was close and supportive?

M Yeah, it was just like, you always had someone to talk to. I always had
someone’s shoulder to lean on, let yourself have a cry. There wasn’t sort of,
you know, had to go off and sit in the corner and cry by yourself ‘cause you
had no-one to talk to and that. Someone was always there.

I You say that family was important, what sort of person would deny that
family was important?

(31.9 m)

M Someone who doesn’t have a family. Someone who, has a family but
doesn’t have a good relationship with them, someone that doesn’t like their
parents, or brother or sisters or whatever. Someone who’s just off doing their
own thing, not worrying about anything else. And not worrying about, not
worrying about their family, you know like, they just think that it’s not important
to have those relationships and that (mumble).

I So, they don’t have a family or they have one but they’ve got poor
relationships. How would that have come about that they’d have poor
relationships?

M I could just be the person, that’s just kind of the way they are. You can’t
change, no-one could change that in them, they were brought up, you can get
like, it’s like anything like, good family and good childhood and that, and the
child is very rebellious and sort of doesn’t take in what they’ve been taught
and, just wants to rebel against that and they’ll turn out a totally different
person to what their parents are. Like they just, or like someone who, a child
who has a bad childhood experience like was beaten as a child or something.
That thinks “Well, that’s family for you”, you know like “family’s not good”. And
then they’re the kind of person that doesn’t, doesn’t believe in those close
relationships, because they, like because of the bad experiences as a child
they want to stay away from the family and, that’s it, that’s the way they go.

I Now I’d like to know if you think you’re a different person now than
before the diagnosis. If I were to ask you for three ways that you’re different,
what would you say?

M I think I matured a bit out of it. I have a different aspect on life. And, on
other people.

I A different aspect on other people?

(35.2 m)
M    Yeah.

I    Do you think the fact that you matured through it, do you think that was important?

M    Yeah, I think it was. ‘Cause at that time being close to a lot, a lot of older people, helped me mature and, like I just grew up a fair bit during those like couple of years, a lot more that I would have normally. I probably think that’s for the better as well.

I    How come you think it’s important?

M    How come it’s important?

I    Yeah, being more mature, what’s important about that?

M    It’s not really important to be more mature I just think, it was better for me. Just because it changed me as a person, you know like, it changed it leads onto the next one, it changed like an aspect of life, like what I thought of all things.

I    We’ll come back to that in a second. So you matured, I mean, you say you matured and that that was important, what sort of person would deny that having matured because of that was important?

M    A person who hasn’t gone through an experience like that. Just a person who hasn’t gone through something, like a bad situation like that. Someone who’s been sheltered from a lot things when they were a child.

I    Another thing you said was it gave you “a different aspect on life”. Do you think that was important?

M    I think that was important. It just made me think a lot more about other things like, what was important. You know thinking about how important it is to have a family, how important it is to have, like all the support like that and the relationships, all that kind of thing. It just helped me like, just think of, just about all the things in life you know like, is it important to have, you know, heaps of money, you know like, is that the main aim in life to have money, or is it better to have, to still survive but have those close relationships those bonds as a family. It just helped me think that that was, that was more of a reason to live than just, ‘cause you know like everyone wants money and that, and you think money’s the world when you’re a little kid. You think, I’m gunna, “What do you want to do when you grow older?”, “Oh be rich”. That just made me think “well maybe that’s not the meaning of life”. You know there’s other things to it.

I    So again, you describe yourself as having a different aspect on life, and think that’s important, what sort of person would deny that having a changed aspect on life was important?
Someone who hasn’t, I probably said this before, that hasn’t gone through a personal experience like that. Someone who doesn’t know what it’s like to go through that, and experience what I’ve been through, and think well, maybe they probably think well maybe it would be a good idea that they changed, you know. Or they think that, but because they haven’t been through something like that, they don’t realise that people change, and things like that, change their ideas and that.

The other thing you said was you had a different aspect on other people. Is that important, having a different aspect on others?

I think it is like I learnt, I think I learnt how to, cope with different people. I learned how to, be able to talk to anyone. Just how I thought about people you know like, even, even thought about other people like how different they are. You know like, you think well they’re different from me (mumble), I think. And kind of help you think well, “not everyone’s the same”, you think well they. Like someone says like, “I hear you’re Dad’s had cancer, like that’s pretty bad mate”, you think “Well how do you know, your Dad hasn’t had cancer”. You think well, “they know nothing” you know they haven’t been through it. They are different. We’re different. I dunno like, you just think well, “everyone is different and everyone has problems with different things”. And, you know, you don’t kind of hold it against someone. You know like they say “oh yeah that’s pretty bad” and that, about you’re Dad having cancer and you don’t blow up at them saying “you don’t know how it feels”, and that, you say “well thanks” you know they’re trying to help you out. You not sort of, shutting them out. You just, I dunno it’s, you just think of people as people like, you think “well they’ve got feelings”, as well. It changed the way I thought. But you know I never really thought about people, as in like, things that I said to people like. I always used to pay out girls at school, be heaps mean and that. And you kind of think well, you know, “this is upsetting them, I wouldn’t want this, I wouldn’t want people saying this to me”. You know like, it helped me think that I’m the same as them, kind of thing, you know I’ve got the same feelings, yeah.

How would you describe somebody who said that having a different aspect on others wasn’t important?

Just someone who’s, someone who maybe just doesn’t, just doesn’t think it, doesn’t know about, doesn’t know about that like. Someone who just doesn’t take things in. That, sort of, if there’s something they don’t want to hear they shut it out. You know like, doesn’t want to learn how to be like that. Doesn’t want to change the way they are, the way they feel about others.

How might they come to be like that?

I dunno. Sort of, just maybe they’ve been shut out, they’ve been shut out by people in certain situations like throughout their life. Like they’ve turned
to someone, and they've been shut out by them. They're just, just think “well, they haven't worried about me, they don't care what I felt, they're a different person, like I'll be my own person I don't care about others, I won't think of their feelings, I'll just be my own person and that's it”.

(46.3 m)

I That's pretty much it for the questions, is there anything that you think is important about the situation that you'd like to tell me that I haven't asked you? Anything you'd sort of like to add?

M Not really. The main thing about the whole the situation was just the family thing. I think that's the major part in, the actual person is going through the cancer and close family friends I think. I think family has got to do with a lot of it about the positive sort of side, getting through it all. And just having a positive family you know like. If my Dad was the kind of person that didn't really care you know, I think he probably wouldn't pull through. When he had pneumonia and that, sort of having a level head and, and just being positive all the time, that's pretty much it. You know you can't sort of go into something like that and say “yeah well, whatever happens happens”. You know, “I don't care, if I'm gone I'm gone”.

I If I was to ask you to give advice to a kid who was your age, who is now your age and is going through the same thing that you went through, what would you say?

M To be open about your feelings, if you don't talk to someone, get it off your chest, you can't get support. Always try to talk to others and ask questions. Ask what is going on all the time so you're not worrying.

END.
Table 8.5.1 Mal. Root Question 1: Answer i.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

“A kid” (p. 308)

Exploration 1

a) “Is it important for you?”
(Yes)

“How come it is important?”
“Because it was such an eye opening experience…it changed my whole outlook on life.”
It made him think “don’t take life for granted….it changed me for the better.”

Exploration 2

a) “You describe yourself as having been a kid and say that it was important. What sort of person would deny that it was important?”

Somebody who thinks that a child shouldn’t have to go through such an experience. (p. 309)

b) “How might that have come about?”
They might think that a “child hasn’t gone through enough experiences in life to be able to cope with something big like that.”

c) “What might lead them to that view?”

They “might have had a childhood that was fine…no problems, perfect little family”. And thought “well if I’ve grown up to be how I am now…I wouldn’t want a kid to go through something like that.”
Table 8.5.1 cont. Mal. Root Question 1: Answer ii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

“Male” (p. 308)*

Exploration 1

a) “Is it important for you to be like that?”
   (No) (p. 309)

“What sort of person would say that being male was important?”
   “An older male.... a bloke in his 40s.”

b) (Why might that be?)
   “He’s got in his mind the male female stereotype.”

*See Appendix O for the transcript of the interview with Barry to which the page numbers relate
^If an answer is in brackets ( ) then this is due to, either, them clearly meaning ‘yes’ without uttering the word, or the answer given is an abbreviation of their much longer and often rambling response.
Table 8.5.1 Cont. Mal: Root Question 1: Answer iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

“An outdoors person” (p. 308)

Exploration 1

a) “Is it important for you to be an outdoors person?”
Yes. (p. 310)

(“How come it is important?”)*
“My surfing’s like...where I have a lot of time to think about things, work a lot of things out.”
It’s “like my time to relax...or...on other days my time to...let it all out.”
It was one of the important things “that helped me cope with it.”

Exploration 2

a) “What sort of person would deny that being an outdoors person was important?”
They’d be “an indoors person.”
“Fat and lazy.”

b) “How might that have come about?”
“They might not be the kind of person that likes to do exercise. Maybe they don’t have an open mind about different things, they’ve just got their own opinion and know that’s right, and everyone else is wrong.”

c) “What might lead them to that view?” – not asked.

* If the question is in brackets ( ) then this is because it was answered without actually being asked.
Table 8.5.2 Mal. Root Question 2: Answer i)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(p. 310/11) <strong>Someone that’s always up for a laugh</strong> – <strong>Serious, doesn’t like to have fun or show emotion</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exploration 2

a) “Is it important for you to be like that?”
   (Yes) (p. 311)

b) (“How come?”)
   “I always find humour calm[s] me down or put[s] a smile on my face…. [Humour is] one of the big things with Dad…[he] always cracks jokes.” (p. 311)

c) “How might a person get to be that way?”
   “Their upbringing, their parents.”

d) (“What kind of experience might lead them to be like that?”)
   People who are “always doing the same thing on time every day, they’re in a routine….you think that’s it, that’s how I should be.”

Exploration 3

a) “Tell me occasions when this might be a disadvantage?”
   - Not asked

b) “How might that be?”

c) “Tell me when this might be an advantage?”

d) “How might that be?”
Table 8.5.2 Mal. Root Question 2: Answer ii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>Exploration 2</td>
<td>Friendly – Boring, not interested in anything but themselves.</td>
</tr>
</tbody>
</table>

  (p. 310) Friendly – Boring, not interested in anything but themselves.

Exploration 2
a) “Is it important for you to be like that?”
   Yes. (p. 312)

b) (“How come?”)

Being friendly helps to meet people.
It’s common courtesy.

c) “How might a person get to be that way?”
   “Their upbringing. Somebody who’s had a bad experience in life.”

d) “What kind of experience might lead them to be like that?”
   “Someone in their family’s died.”
   “Or, even like an experience like I’ve been through.”

Exploration 3
a) “Tell me occasions when this might be a disadvantage?”
   - Not asked

b) “How might that be?”

c) “Tell me when this might be an advantage?”

   d) “How might that be?”
**Table 8.5.2 Mal. Root Question 2: Answer iii)**

“*This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”*

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td><em>How would you describe someone not like that?</em></td>
<td><em>Open and honest</em> – Someone who doesn’t show emotion, doesn’t like talking about things. Dishonest (p. 313)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploration 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td></td>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td>(Yes). (p. 312)</td>
<td></td>
<td>“Upbringing, experiences.” (p. 12)</td>
</tr>
<tr>
<td>b) “How come?”</td>
<td></td>
<td>“They don’t know how to communicate with people.” (p. 314)</td>
</tr>
<tr>
<td>“I don’t like to lie.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“[I] like to let people know…what I actually think.” (p. 313)</td>
<td></td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They don’t tell people their problems because they don’t think they would care. They had distant parents as a child. Their parent’s didn’t have much authority over them, didn’t teach them values</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploration 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td></td>
<td>c) “Tell me when this might be an advantage?”</td>
</tr>
<tr>
<td>- Not asked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) “How might that be?”</td>
<td></td>
<td>d) “How might that be?”</td>
</tr>
</tbody>
</table>
Table 8.5.3 Mal. Root Question 3: Answer i)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td>Larrikin – A prim and proper person (p. 314)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration 2</th>
<th>Exploration 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Does your father think it is important for someone to be like that?”</td>
<td>“What for him is so bad about being X?”</td>
</tr>
<tr>
<td>(Yes)</td>
<td>“He doesn’t have anything against it.”</td>
</tr>
<tr>
<td></td>
<td>(p. 315)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration 4</th>
<th>Exploration 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Why do you think that is?”</td>
<td>“What reasons would he give?”</td>
</tr>
<tr>
<td>Having a joke has been an important part of his life. “It’s his way of making a bad situation better.”</td>
<td>“If that’s who you are…he accepts it.”</td>
</tr>
<tr>
<td></td>
<td>(p. 315)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration 6</th>
<th>Exploration 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What experiences do you think led him to that way of seeing things?”</td>
<td>“He doesn’t like people being sad…[or] unhappy.”</td>
</tr>
<tr>
<td></td>
<td>(p. 315)</td>
</tr>
</tbody>
</table>
Table 8.5.3 Mal. Root Question 3: Answer ii)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td>(p. 314) Caring – Self-centred</td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td>(“p. 316)</td>
<td>“What for him is so bad about being X?”</td>
</tr>
<tr>
<td></td>
<td>When they get in a bad situation and need help people won’t be there for them.</td>
</tr>
<tr>
<td></td>
<td>d) “What reasons would he give?”</td>
</tr>
<tr>
<td>a) Exploration 2</td>
<td>(“He likes people who help out other people, and like don’t ask anything in return.”)</td>
</tr>
<tr>
<td>“Does your father think it is important for someone to be like that?”</td>
<td></td>
</tr>
<tr>
<td>Yes. (p. 315)</td>
<td>e)</td>
</tr>
<tr>
<td>b) “Why do you think that is?”</td>
<td></td>
</tr>
<tr>
<td>“He thinks that being…caring… makes you a better person.” (p. 316)</td>
<td></td>
</tr>
<tr>
<td>c) “What experiences do you think led him to that way of seeing things?”</td>
<td></td>
</tr>
<tr>
<td>“Because…he’s grown up in such a large family and…there’s always been someone that they could go and talk to that has cared for them…looked after them.” (p. 315)</td>
<td></td>
</tr>
</tbody>
</table>
Table 8.5.3 Mal. Root Question 3: Answer iii)

“I would like to explore with you how you think other people might see you. If I were to ask your father what sort of person you are, what three things would he say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td><em>(Elicited Pole)</em></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td><em>(p. 314)</em></td>
<td><em>(A water person – A land person)</em> <em>(p. 316)</em></td>
</tr>
</tbody>
</table>

a) Exploration 2

“Does your father think it is important for someone to be like that?” *(Yes)* *(p. 316)*

d) “What for him is so bad about being X?”

He wouldn’t say it’s bad but that they are “just missing out on so much.” *(p. 317)*

e) “What reasons would he give?”

“He just thinks that...the water’s a big thing in his life and our lives and, he thinks that people who don’t get in the water...are missing out on a lot.”

b) “Why do you think that is?”

He believes that being in the water is “good for your mind and your body....[and] just helps you relax.” *(pp. 316-17)*

c) (“What experiences do you think led him to that way of seeing things?”)

“Because he’s grown up with a love for the water.” *(p. 316)*
Table 8.5.3 Mal. Root Question 3: Exploration 3

a) Which of these views do you go along with?

“I’d agree with every one, but caring to an extent. I can be a bit of a, arrogant kind of person sometimes. Sometimes I get in a mood, like and moods and that you don’t want to hear it, you don’t want to hear other people’s crap but. I’d say the larrikin for sure, a water person for sure.”  
(p. 317)

b) Is it important to go along with his views?

Yes.

c) How come?

Because “he has pretty good views. Like on life and that, and, I think it is important to always remember those and use them when you need them.”

d) What happens when you don’t agree?

“Oh nothing much really…I wouldn’t say we have a fight. He says what he thinks I say what I think, that’s pretty much it you know.”
Table 8.5.4 Q. 5. Mal. Answer i.

“Now I would like you to name three things that are/were important about the situation with your father?”

Answer i) **His positive attitude** (p. 318)

Exploration 1

“How come it is important?”
“Because it helped us get through, what he was going through...He just saw it as another, just another step in life. Just another thing that he had to overcome.”
“He’d try not to show that he wasn’t feeling good. Just to try and make us feel a bit better...because....He always thinks about others and...it was a good thing for us, that he did that.”

Ex. 2)
a) “You say X is/was important. What sort of person would deny that X was important?”
Someone that “doesn’t have the willpower to survive.” (p. 319)

b) “How might that have come about?”
“Just the way that they’ve lived their life. And their outlook on life.”

c) (“What might have lead them to that view?”)
Like someone who’s very serious about their recreation and always training and they find out they’ve got cancer and go “well there’s no point in going on, if I can’t train anymore.”
**Table 8.5.4 Q. 5. Mal. Answer ii.**

Answer ii) “My surfing” (p. 318)

Exploration 1

“How come it is important?”
*It gave me time to myself, it relaxed me.* (p. 319)
“*When I’m surfing, I don’t have to rely on anyone else, I’m independent. And it just…gave me a whole lot of time to think.*”

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”
“A person who doesn’t like surfing….Someone who [is] not into sports.”
“Someone who doesn’t have a way of letting things out, a way of like relaxing, like a very stressful kind of person.”

b. “How might that have come about?”
“Maybe they’re a workaholic. They don’t have time, or the energy to do like a sporting activity, do something that helps them let everything out, that relaxes them. Or maybe…they’ve always had the stress in their life and think “oh that’s it”, they’re used to it. And that’s a normal thing.”

c) “What might lead them to that view?”
Not asked.
Table 8.5.4 Mal Q. 5. Answer iii.

Answer iii) “My family” (p. 318)

Exploration 1

“How come it is important?”

“Because….we were all in it together. It was Dad who was sick but, it was like all of our problem. And all of us had to get through it together.” (p. 319)

Exploration 2

a) “You say X is/was important. What sort of person would deny that X was important?”

“Someone who doesn’t have a family. [Or]…has a family but doesn’t have a good relationship with them…Someone who’s just off doing their own thing, not worrying about anything else.” (p. 320)

b. “How might that have come about?”

“It could just be the person, that’s just kind of the way they are.” The way they were brought up.

“Like someone who…has a bad childhood experience like was beaten as a child or something.” They would think “‘Well, that’s family for you’, you know like ‘family’s not good’.”

c) “What might lead them to that view?”

Not asked.
Table 8.5.5 Q. 6. Mal Answer i.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i) I’ve “matured a bit.” (p. 320)

Exploration 1

a) “Do you think this difference is important?”
   Yes. (p. 321)

If ‘Yes’- “How come it is important?”

“Cause at that time being close to…a lot of older people, helped me mature and, like I just grew up a fair bit during those like couple of years, a lot more that I would have normally. I probably think that’s for the better.”

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Someone who hasn’t been through an experience like mine.

a) (How might that have come about?)

They have “been sheltered from a lot things when they were a child.”

b) What might have lead them to that view?”
   Not asked.
Table 8.5.5 Q. 6. Mal Answer ii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer ii) “I have a different aspect on life.” (p. 320)

Exploration 1

a) “Do you think this difference is important?”

Yes. (p. 321)

If ‘Yes’- “How come it was important?”

“It just made me think a lot more about other things like, what was important…. [Like] thinking about how important it is to have a family, how important it is to have, like all the support… and the relationships, all that kind of thing.”

Like “is that the main aim in life to have money, or is it better… to still survive but have those close relationships, those bonds as a family…. everyone wants money… [it] just made me think ‘well maybe that’s not the meaning of life’. You know there’s other things to it.”

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

“Someone who doesn’t know what it’s like to go through that”. “Because they haven’t been through something like that, they don’t realise that people change, and things like that, change their ideas.” (p. 322)

a) “How might that have come about?”
Not asked

b) “What might have lead them to that view?”
Not asked
Table 8.5.5 Q. 6 Mal Answer iii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) I have a different aspect on other people. (p. 320)

Exploration 1

a) “Do you think this difference is important?”

(Yes). (p. 322)

If ‘Yes’- “How come it is important?”

“I think I learnt how to, cope with different people. I learned how to, be able to talk to anyone....[I] even thought about other people like how different they are.”

Before the diagnosis when people said kind things to him about his fat her, he thought “well, ‘they know nothing’ you know they haven’t been through it.”

Now, “you just think well, ‘everyone is different and everyone has problems with different things’. And…you don’t…hold it against someone.” And, “you just think of people as people like, you think ‘well they’ve got feelings’, as well. It changed the way I thought.”

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

“Someone who just doesn’t take things in. That...if there’s something they don’t want to hear they shut it out....[someone who] doesn’t want to change the way they are, the way they feel about others.”

a) “How might that have come about?”

“Maybe they’ve been shut out...by people in certain situations like throughout their life. Like they've turned to someone, and they've been shut out by them. [They] just think ‘well, they haven’t worried about me, they don’t care what I felt, they're a different person, like I'll be my own person I don’t care about others, I won’t think of their feelings, I’ll just be my own person and that’s it’.” (p. 322-23)

b) “What might have lead them to that view?” Not asked
Appendix Q: Claire’s WAY? tables

Table 8.6.1 Claire. Root Question 1: Answer i.  
“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Psychology student.

Exploration 1
a) “Is it important for you to be X?”

Yes.

“How come it is important?”

I’m writing a thesis.  
I’ve been doing psychology so long.  
It’s part of my identity.

Exploration 2
a) “You describe yourself as a X and say that it is important. What sort of person would deny that being a X was important?”

Someone with different interests and values. Different personality traits or focus/outlook on the world.

b) “How might that have come about?”

Their upbringing.  
Less interest in people.
Table 8.6.1 cont. Claire. Root Question 1: Answer ii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Artist.

Exploration 1
a) “Is it important for you to be like that?”

Yes.

“How come it is important?”

Gives my life meaning.
Been doing it since I was very young.
Makes money for me (I sell it).
I live with other artists.

Exploration 2
a) “You describe yourself as a X and say that it is important. What sort of person would deny that being a X was important?”

Different cultural interests.
Less visual person.
Ignorant about the good things about art.
Not good at art.

b) “How might that have come about?”

No practice at it.
Didn’t feel good about it when they did it.
Pushed in a different direction by parents.
(My parents encouraged me).

c) “What might lead them to that view?” – not asked

^If an answer is in brackets ( ) then this is due to, either, them clearly meaning ‘yes’ without uttering the word, or the answer given is an abbreviation of their much longer and often rambling response.
Table 8.6.1 Cont. Claire: Root Question 1: Answer iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

29 years old.

Exploration 1

a) “Is it important for you to be a X?”

No.

“What sort of person would say that being X was important?”

Somebody who thought you should act your age and be doing certain things by age 29.

b) “How might that have come about?”

Socialization.

* If the question is in brackets ( ) then this is because it was answered without actually being asked.
Table 8.6.2 Claire. Root Question 2: Answer i)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>“How would you describe someone not like that?”</td>
</tr>
</tbody>
</table>

**Idealistic in a political/social justice sense – Ignorant, or has different values.**

**Exploration 1**

<table>
<thead>
<tr>
<th>c) “How might a person get to be that way?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>More interested in money.</td>
</tr>
<tr>
<td>They believe the popular ideas.</td>
</tr>
<tr>
<td>They don’t question the status quo.</td>
</tr>
</tbody>
</table>

**Exploration 2**

a) “Is it important for you to be like that?”

Yes.

b) “How come?”

- I get emotional about such things.
- It feels good to react to such things.

b) “How come?”

- I get emotional about such things.
- It feels good to react to such things.
- More interested in money.
- They believe the popular ideas.
- They don’t question the status quo.
- Lack of education.
- Not caring about politics or social issues.
- Being materialistic, believing that money equals value.
- Believing everything on TV.

**Exploration 3**

a) “Tell me occasions when this might be a disadvantage?”

When I feel angry because others don’t conform to my ideals.

b) “How might that be?”

Not asked.

When I feel angry because others don’t conform to my ideals.

b) “How might that be?”

Not asked.

- You’re able to be unethical and not worry about it.
- You can advance your career.
- You’re less moved by others on ethical decisions.
- It’s more realistic to not be so idealistic.
**Table 8.6.2 Claire. Root Question 2: Answer ii)**

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td><strong>Creative – Logical</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) “How might a person get to be that way?”</td>
</tr>
<tr>
<td></td>
<td>Skills in different areas.</td>
</tr>
<tr>
<td></td>
<td>More practical and grounded.</td>
</tr>
<tr>
<td></td>
<td>They’re in the here and now rather than the abstract.</td>
</tr>
<tr>
<td></td>
<td>b) “How come?”</td>
</tr>
<tr>
<td></td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td></td>
<td>Not asked</td>
</tr>
</tbody>
</table>

**Exploration 2**

- a) “Is it important for you to be like that?”
  - Yes.

- b) “How come?”
  - Relates to my chosen career (artist).
  - It’s an important part of my self-concept.

**Exploration 3**

- a) “Tell me occasions when this might be a disadvantage?”
  - I can’t think of a situation.
  - I use my imagination to escape from reality.

- b) “How might that be?”
  - They have less troubles.
  - Less need to express themselves creatively or use their imagination.
  - c) “Tell me when this might be an advantage?”
  - Being more reality focused.
  - Able to accomplish goals in a more realistic manner.
  - d) “How might that be?”
Table 8.6.2 Claire. Root Question 2: Answer iii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td>Exploration 1</td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intelligent – Less lucky because of genes.</td>
</tr>
</tbody>
</table>

**Exploration 2**

a) “Is it important for you to be like that?”
I’m ambivalent about it. (Yes; see below)

b) “How come?”
Because it’s important to be able to do what I’m doing at university. But, I don’t think that not being intelligent is a fault.

c) “How might a person get to be that way?”
Not asked.

d) “What kind of experience might lead them to be like that?”
Not asked.

**Exploration 3**

a) “Tell me occasions when this might be a disadvantage?”
My very high IQ alienated me from others in my first year of uni.

b) “How might that be?”
I marked me out as different, both to myself and to others.

c) “Tell me when this might be an advantage?”
Being able to relate to others in your realm of intelligence.

d) “How might that be?”
They feel a part of the popular culture.
### Table 8.6.3 Claire. Root Question 3: Answer i)

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
</tbody>
</table>

**Intelligent – Stupid, simple, ignorant, a low life.**

- a) Exploration 2
  “Does your mother think it is important for someone to be like that?”
  b) “Why do you think that is?”
  c) “What experiences do you think led her to that way of seeing things?”

<table>
<thead>
<tr>
<th>Yes</th>
<th>Less opportunity for material gain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>e) “What reasons would she give?”</td>
</tr>
<tr>
<td>c)</td>
<td>People have the same opportunities in life and if they don’t use them that’s their fault.</td>
</tr>
</tbody>
</table>

- Having a retarded sister. Believes her mother showed her sister more attention then her.
Table 8.6.3 Claire. Root Question 3: Answer ii)

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i)</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td></td>
<td>“How would he describe someone not like that?”</td>
</tr>
<tr>
<td>a) Exploitation 2</td>
<td>d) “What for her is so bad about being X?”</td>
</tr>
<tr>
<td>“Does your mother think it is important for someone to be like that?”</td>
<td>Nothing.</td>
</tr>
<tr>
<td>b) “Why do you think that is?”</td>
<td>e) “What reasons would she give?”</td>
</tr>
<tr>
<td>Most of her friends are not creative. Dad is not creative in an artistic sense.</td>
<td>It’s just commonsense to be practical.</td>
</tr>
<tr>
<td>c) “What experiences do you think led her to that way of seeing things?”</td>
<td></td>
</tr>
</tbody>
</table>
**Table 8.6.3 Claire. Root Question 3: Answer iii)**

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would she describe someone not like that?”</td>
</tr>
</tbody>
</table>

**Impractical – Practical/sensible.**

a) Exploration 2

“Does your mother think it is important for someone to be like that?”

b) “Why do you think that is?”

c) “What experiences do you think led her to that way of seeing things?”

<table>
<thead>
<tr>
<th>d) “What for is so bad about being X?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can achieve things, get things done.</td>
</tr>
<tr>
<td>e) “What reasons would she give?”</td>
</tr>
<tr>
<td>It’s just commonsense.</td>
</tr>
</tbody>
</table>

She sees it as important to achieve the things she sees as important.
Table 8.6.3 Claire. Root Question 3: Exploration 3

a) Which of these views do you go along with?
All. But I don’t see them all the same way she does.

b) Is it important to go along with her views?
No.

c) How come?
I realise we are different people with different values.

d) What happens when you don’t agree?
Agree to disagree.

Table 8.6.4 Q. 5. Claire: Answer i.

“Now I would like you to Claire three things that are/were important about the situation with your mother?”

Answer i) The cancer not being worse than it was.

Exploration 1

“How come it is important?”

Because it could have had a worse impact on my life.
I was blissfully ignorant.
I was at an impressionable phase of my life. I could have found it difficult to deal with..

Exploration 2
a) “You say X is/was important. What sort of person would deny that X was important?”

Ignorant or optimistic or very young.

b) “How might that have come about?”

Ignorant –through not knowing what percentage of people die from it. Optimistic- through others optimism or general orientation to life.

c) “What might have lead them to that view?”
Not asked.
Table 8.6.4 Q. 5. Claire: Answers ii. & iii.

**Answer ii) That she didn’t have more cancer after the first lot was removed.**

Exploration 1
“How come it is important?”

Reality might have hit me that she could die.
It would have had a more emotional impact on me.

Exploration 2
a) “You say X is/was important. What sort of person would deny that X was important?”

Probably somebody who didn’t care. Or, somebody who was extra optimistic or ignorant.

b) “How might that have come about?”

Didn’t love their mother.
Was a psychopath.

c) “What might lead them to that view?”

Traumatic experience as a young person, maybe at the hands of their mother.

**Answer iii) Mum having support around her in hospital.**

Exploration 1
“How come it is important?”

Because I saw positive outcomes from it.
She gained a friend and I saw her being jolly on the ward.
She formed good relationships with others on the ward.

Exploration 2
a) “You say X is/was important. What sort of person would deny that X was important?”

Someone more aware of the physical realities of cancer.
Someone less guided by impressions.

b) “How might that have come about?”

Other experience and knowledge of cancer.
Not being so young.
Table 8.6.5 Q. 6. Claire: Answers i. & ii

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

**Answer i)** More sensitive to others trauma.

**Exploration 1**

a) “Do you think this difference is important?”

Yes.

If ‘Yes’- “How come it is important?”

It’s important to have good quality relationships. You get pleasure from them, and relationships with family are fairly permanent.

**Exploration 2**

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Somebody who doesn’t place such importance on relationships.

a) “How might that have come about?”

Ignorance, or generally focusing on other parts of their life they think are important.

**Answer ii)** I’m more aware about cancer.

**Exploration 1**

a) “Do you think this difference is important?”

Yes.

If ‘Yes’- “How come it is important?”

I’m at a high risk of cancer due to having a number of relatives who’ve had it. And knowing about it I’m able to protect myself.

**Exploration 2**

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Someone with a lot of faith in GPs. Or, at less risk of cancer, no family history.

a) “How might that have come about?”

They might have had less experience with doctors in their work.
Table 8.6.5 Q. 6 Claire: Answer iii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) My anger with my mother.

Exploration 1
a) “Do you think this difference is important?”

Yes.

If ‘Yes’- “How come it is important?”

Her opinions about me were very important to me. She’s my mother so she should know me well, and she viewed me negatively. I found that difficult to reconcile.

Exploration 2
“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Somebody who didn’t think about their relationship with their mother so much. Or, someone who was less aware of their anger.

a) “How might that have come about?”

Through not thinking about it so much. Someone who is just more philosophical in general.

b) “What might have lead them to that view?”

Less importance placed on relationships in general.
APPENDIX R: Interview with ‘Annette’

(14 693)
Study 2
I = Interviewer
A = participant

I I’d like you to cast your mind back to when she was first diagnosed

A OK

I How old were you then?

A I was 15.

I So it was just before your 16th birthday.

A Yeah. I was nearly 16 and we had just moved into a house in a different part of X town, so my parents had only been separated for a week, and our family doctor was very close to us. Like he was also a friend when he wasn’t a doctor so he found the lump and you know we went forward from there. It was horrible, like it was even more so because, you know my parents had just separated and everything was so, it was kind of a really big shock but my Mum was good about it. I mean she sat us down and told us and she told us that all the way through she’s always you know tell us exactly what was going on. Yeah so she went back in and we found out how bad it was. We kind of went from there and like we had to learn about what you know cysts were and all these kind of things. It’s really confusing when you’re a kid, because I also have two brothers and a little sister, so they kind of really didn’t understand and they just, it was more as you know Mum got sick along the way and lost her hair and you know like through chemotherapy and everything, yeah. I mean our friends and everything, if you’d like to know that side of things

I Yeah.

A they were always great. I mean we never had a problem with our family and everyone being really close and supportive of us, I mean even my Dad like, it was just such a horrible thing like, it’s so surprising how close you actually get to people when things like that happen, so yeah.

I Your parents had recently separated?

A Yeah they’re now divorced so.

I Right so did it change your relationship with your parents?

A My Mum and I were always really close, like she’s more of a best friend like we’ve always been like that, and if anything it just brought us all closer. But because like, as my Mum did you know get sicker along the way and, my brothers and sisters I turned 16 during this time. And Mum was also like having
radiotherapy, as well as chemotherapy. And she just like she wasn’t eating and she basically just went down to being this you know this tiny little skeleton looking person it was just amazing. So they actually moved back home to live with my Dad, and I was 16 at that stage so I was allowed to stay there in the house like, unsupervised and everything with my Mum like I mean as she went back and forth to Wollongong to have treatment so. But as I really wasn’t talking to my Dad at the time, so that was pretty hard. Yeah I didn’t really get to see my brothers and sisters much like we saw each other when we went to visit Mum, but it wasn’t the same so

I Because they were with your Father?

A yeah. So you don’t actually realise how much, like when that person’s taken away, how bad it actually is so, yeah.

I What about school, what impact did it have if any?

A Well I was in, what year was I in then, I was in year 10. And it was actually, because it was around April and everything like the actual day of my birthday was, I had a massive test on then and that was when, like I had all my tests and everything during that time. And that was when Mum was really sick and, I actually wasn’t really attending school that much at that stage it was pretty bad. So I was going back and forth with Mum all the time and

I To the hospital?

A yeah, and like she was actually some days she’d go up in an ambulance or like, it depended on whether we were getting lifts with someone or, cause I obviously couldn’t drive so, yeah and I ended up I was fine at school I passed everything I didn’t drop out or fail anything or anything like that. But it was like, I dunno, a lot of because X town’s a smaller town you know everybody knew so, but in a way I actually got let off from a lot of things but it wasn’t good because I missed out so, yeah but that was really difficult. I actually had wished that I could have gone back, and done year 10 again because I actually ended up doing year 11, and my Mother was still really sick at that time and, she ended up, her and my father moved back in together, because she just couldn’t handle, my Mum couldn’t handle being you know by herself and there was only so much I could do. Like you know I can’t drive everyone around and so they ended up moving back in together and, I ended up moving out and living in a granny flat one of my Grandmothers’ friends had. Yeah so I ended up finishing year 11 and then I had 2 months left over and I ended up working full-time and seeing my Mum and back and forth to Wollongong and then I didn’t do year 12 and I did a year at TAFE and did like and Arts Diploma and everything so. Yeah it was pretty difficult.

I What impact did it have with friends?

A Well it was kind of like a double kind of thing. Because like X town was such a small place and my parents were separated and also because my Mum
was sick, everyone had the king of view that, you know, she should be back with my Dad and he could take better care of her. And I could understand that because it was kind of true in a way. But a lot of people were actually were so freaked out by what my Mum looked like, because my Mum’s like, have you met my Mother before?

I No, I haven’t.

A Right, she’s very different to how I am like she’s little and petite, and she’s very pretty and she just you know she went from being a size 10 right down to this you know a size 4 or something. And it was awful I mean. But people would stare and yeah so she actually lost a lot of friends that way, so. Sorry I haven’t thought about this for five years, so it’s.

I Yeah I know, it’s a while. But in terms of your friends?

A My friends were actually really good to me I mean they would bring me homework home and sometimes, like I would have to leave in the middle of a class or something if something had happened, and they were really cool and I never had any problems with my friends, they were great, so. Maybe like a few teachers that kind of thing like, I would get in a lot of trouble for missing class and it would be like then they’d go and talk to the deputy and she’d be like this is what’s happening and blah blah blah and then I’d get up and friends would be like we told you you know. No they were really great.

I When your mother and father moved back in together did you think that then had an impact then on your relationship with him?

A We’d always had, I think because it’s because we’re so stubborn. Like we’re very alike.

(A goes into another room to get a tissue as her eyes are damp with tears)

I I was just asking whether you think that your mother getting cancer influenced your relationship with your father?

A In a way, no because before my parents actually separated I had lived out of home before

I Right

A so, it was kind of an inevitable thing like when my Mother was actually well again, like they ended up divorcing and they’re still friends and everything so. I mean it was just, no like he was really good to her so, yeah I didn’t have a problem with that side of it, but yeah because we were kind of distant anyway so, no.

I You mentioned before about learning about cysts and all that sort of stuff, so I take it it was discussed in as a family or between you and your mother or?
A Well Mr, Dr Cox, who was actually my Mothers’ doctor, he was friends with us because my Dad and him were in X club together so we basically grew up with him so he was a really good friend. He was also, like he would come and see my Mum after work and yeah so he one day sat down and told me all of this you know and it’s like my Mum had talked about it but it was kind of hard for her to explain like how bad things would actually get. Like you now what I mean, yeah he was really good. But in a way, I really didn’t want to know. Yeah like when my Mum had a mastectomy that was pretty you know, and like the scar and everything was just like wow. But or even like watching her have like radiotherapy like he would explain what that was and you know she’d get the little black dot tattoo and watch it go around, and that was pretty really strange to watch. Yeah but no he explained everything so it was really good.

I You say you talked about it with your mother, did it only happen just the once or did you talk with you mother about the process ongoing?

A We actually, it more she would actually talk to me because I was 16. My brothers were, it’s like you know when guys are younger, you know, they’re just totally weirded out by the whole thing so, they would kind of ask me in a you know a guy kind of way what’s going on and blah blah blah. But she would, we’d sit down all the time and talk especially like going back and forth to Wollongong I mean that’s like you know a good hour nearly. But yeah we’d talk about it all the time so it wasn’t a like a closet issue or anything so. Yeah.

I It sounds to me like you think that talking about it was useful?

A It was, it really was but like I also read a lot of books while we were waiting at the hospital. And it was kind of like the more you read about it and how many women actually have breast cancer and how young they can be it was actually quite freaky, like yeah. And I was talking to one of the nurses and, my Aunty B actually died recently. I don’t know if my Mother actually told you that or not? That’s on my Father’s side, and she had cancer for nearly 10 years. So and she’s just like we went to her funeral, in Brisbane so it’s a big issue.

I And with your father, I mean was it something that was discussed with him. It sounds like you weren’t having as much to do with him?

A No. Basically we weren’t talking, like I’ve only actually just talked to him recently. Like over the last four years so, no it wasn’t really an issue that was discussed with him. I mean it was with my brothers and sisters and him I mean he never he would never not tell them anything if something had happened when they were living with him like he was always really open and yeah, so he was really good about it that way.

I You mentioned your aunt, so has your mothers’ diagnosis and battle with cancer made you concerned about getting cancer yourself?

A It has, like I’ve actually had a test done already, like just you know like gone and had, not a mammogram, but just a doctor you know, and that was
really weird, have a look. Actually when I was 12 my grandmother died from breast cancer so that’s why when we found out my Mum had it it was like oh my god. Yeah and at that stage my Aunty B hadn’t really like she’d had a lot of my Uncle H, it’s a bit strange he’s a doctor and he specialises in like chemotherapy and that kind of thing in Queensland so he knew like you know everything about what was going to happen. And he was good person to talk to as well, but yeah it does really worry me a lot. And my friend Kate and I actually her mother had, like she’s a big breast cancer rallier in this town and it’s a very big risk for her too and she’ll always joke like “oh I should go out and get a mastectomy now” and it’s like no. It is a big risk. I’m pretty worried about it.

I Occasionally women have preventative mastectomy’s, it seems pretty radical.

A It does seem very, but you know if two or three or four people in their family have died I can understand that, like I’ve thought about it but I don’t really have anything anyway so it’s like it doesn’t really worry me.

I This is a strange question perhaps but did you worry about your mother all the time?

A Yeah a lot. That’s why, I did, like I was actually pretty disappointed ‘cause I was like in the top English class at school. And I just couldn’t concentrate at all like that why my schoolwork was pretty, you know it wasn’t as good as it could have been and like I was doing drama and everything and I basically just dropped out. I mean I couldn’t go so it was really bad that way, so, yeah.

I What helped you the most after your mother’s diagnosis?

A Probably like, my Mother has a really close circle of friends. And basically we call then aunts, like they’re not, but that’s what we always call them. They were so great, they would make dinner every night, not that I couldn’t but they you would be just overwhelmed by casseroles and just yeah. And people were really cool they would bring my Mum flowers and things all the time to try and distract her. And they were probably the best thing. My family was really good but, because my Aunt also had cancer at that time, like later on during my Mum’s period, it was kind of a thing in our family where we would talk about it but not that openly all together like the larger family because it was such a because of my Grandmother and also you know my Father’s side of the family was very like… (mumble)

I Not really talked about?

A Yeap.

I So in terms of what helped you cope, having people come around and bring food and be around is what?
A: Just constantly, being busy like even in school like when I wasn’t really paying attention at least I was there, like you know. I would never like sit at home and do nothing. It wasn’t like that at all, if I wasn’t at school I was either with my Mum or I was doing something for someone in my family, like going to my sister’s school and doing activities with her ‘cause she was pretty young at that stage. So yeah it was just being busy. Like I’d just take on all these things that I really shouldn’t be doing but had to drop out of others and just, yeah just constantly doing something.

I: That was helpful?

A: Yeah.

I: Is there anything that people could have done that they didn’t do, do you think? Anything that could have been done better for you?

A: Probably only in the way that, people would have such a shocked reaction. Like I know that’s normal like, if you see someone and they you know it was just so, a lot of people can’t hide, you know and they just walk in and like you know “oh my god look at you Jane” or something like that and it was like, oh you can’t say that kind of thing like. You know they just can’t handle, somebody being sick once they’ve like as they get you know, more unwell it’s just. Like ‘cause my Mum basically looked like she was fading away so, yeah that was really hard. But, no like even like I was saying before the hospital staff even were really cool. So no I don’t think so. Maybe with my Mum like sometimes surgeons or some doctors wouldn’t really explain things as well as they could or should have, but my Mum actually during that time got involved in a breast cancer group so that was really good for her and then she could tell me and then like Dr X could, so everything was fine that way.

I: It’s funny you mentioned surgeons about, when you mentioned the doctors about communication.

A: Yeah I don’t know there was Dr Y that my Mum dealt with and I think he’s actually, I should say that, but I think he is actually having problems now. He just, he was a good doctor but I don’t know he didn’t really explain himself. Like he was very, he used medical terms, like he, not that you can’t understand medical jargon or anything, but it was like What? So yeah he was the only person but everyone else was fine so.

I: I’m a psychologist with a mental health team now, but before that I was involved in research looking at doctor-patient communication, and you mentioned surgeons, and that’s why I asked you about them, because of all the medical specialists they’re the ones that have the worst reputation for not being able to communicate.

A: He was very, like I understand he’s a very busy person and I’m sure he has to think about you know, and he probably just wants to get it over and done with, and it must be such a hard thing to over and over with again. But he was very kind of just blunt and you know we were just sitting there. It just felt kind of
like a tape recording or something. That was the only person I thought you
know, everyone else was fine.

I You talked about going with your mother to hospital, and missing some
school and that sort of thing. And you mentioned that you found your parents
supportive and that it didn’t really change your relationship with them.

A No like obviously because I was so busy like I had three best friends, I
know that sounds kind of strange, but and they were really cool and they’d
always tell me what was going on what I had to wear, like you know if we had a
theme day at school or anything like that but. Like say more like acquaintance
kind of people that you knew at school or friends that weren’t as close, I kind of
really just did lose contact with them. But it was more like you know when I
actually left school and I still lived in W it was all fine, it just that I was never
really I could never really spend time with them. So, that was pretty hard, but I
guess that’s like a usual thing you know if your busy doing something so.

I So are there any things, like one example I’ve got here, is like sport, with
some of the boys I’ve talked to in the past that that interrupted their abilities to
go and play sport, I was wondering if anything like that changed in your life?

A Well I was doing a course called TRAC at the time, I don’t think they
actually do that at school anymore now anymore. But it involved I would leave
school for one day a week and go and work in a profession so I did four over
the year. To like one was a child care place, one was screen printer, the other
was fashion designer in Sydney. I actually ended up not being able to go to that,
because that’s what I always wanted to be so I ended up not being able to do
TRAC and I had to drop that and go and do biology instead which I really hated
but it was fine.

I Because biology you didn’t have to leave the school?

A Yeah exactly and I didn’t have to have, you know because you have to
have permission from your parents and also they’d have to drive you up or it
depended so. That was also a pretty costly course, so and I didn’t really want to
bug my Mum with going you know “I need a new jacket for this” kind of thing so
I just no I didn’t end up doing it.

I What about your relationship, you’ve got brothers?

A Yeah.

I Did you think it changed because of you mothers’ diagnosis at all?

A My brothers were, I guess because well Don was 14 and Andrew was
12, like my sister and I have always been the closer two. Like obviously I think
it’s because we’re girls

I How old is she?
A She is 6 years younger than me so now she’s 15 turning 16. Yeah and they were kind of you know funny about it because they were guys and yeah they missed out on you know, my brother actually played basket ball and football and my younger brother was really good at football. And they just basically had to stop. You know because my Dad actually lived further out of town and because he had to focus on work and I was focusing on taking my Mum back and forth. They just ended up staying at home and cleaning and you know doing that kind of thing if they weren’t at school or just being with my Mum or so they weren’t really at sport at all. And I mean, you know at the time when you just get so upset about small things, like. So yeah it affected them a lot as well, that way.

I And your relationship with them?

A I’m really close to them now. I wasn’t as well, I mean I didn’t really get to see them as much as I could of when my Mum lived with us of course, so that was really hard because we were all close. So, no it didn’t really it was just like we would ring each other up instead of seeing each other basically, so it was alright. Yeah it was just,

I Do you think it was more a matter of the separation?

A Yeah

I Which had only just happened prior to your mother’s diagnosis rather than

A yeah see that was why it was just such a big, ‘cause it was like you know the separation and then move out of our house which we all really liked. Our house had just actually been renovated before we left so it was like ohhh. So yeah that was really bad, so it was like three things all at once, that you know were factors in this whole thing. Am I giving enough detail for you?

I Yeah.

A I fell like I’m being brief or something.

I Oh yeah, if there’s anything you’d like to expand on, I mean looking back now, over what five or six years ago?

A Yeah it’s six years now.

I What would you say, what’s the thing that sticks in your mind now about that time the most?

A Probably, just everybody’s reaction. Like that was one thing I just, and my Mum virtually if she wasn’t at hospital, or if we weren’t travelling, she would just stay inside, the whole time like. And I can understand that, but it was awful. So yeah. Everyone was so different that she basically just gave up trying to, you know unless they were very close friends and everything we really didn’t see
anybody else because they just couldn’t handle how my Mum looked, so that was pretty sad. That was probably something that I just I have a huge problem with some people now, because of they

I Reacted?

A Yeah, yeah and I think like when you know certain things like that are happening to them now and they understand, and I can understand if you’ve never had anything like that happen before, but I would never have that reaction to anybody else you know what I mean. And probably I would have liked to have done year 12. That’s one thing that I always regretted, but like I did a year at TAFE and I got to do my course anyway so you know it was alright. But yeah that’s something I always did regret. But no not really.

I About people’s reaction you mean people outside of the family? You’re talking about mostly?

A Yeah, yeap. And you also you really found out who your friends were, basically, because a lot of people just shun you or they just, they loved you you know but they just couldn’t handle seeing my Mum like that. So they just stopped inviting us over and and but my Mum’s separation also played a part in that I mean, people would feel like they’d have to take sides or something and everything’s fine now but then it was just like “stop it” like you know “what are you doing”. I just thought it was really strange.

I A strange question

A That’s OK you’ve asked a few

I a number of people I’ve spoken to in the past, when they look back, sometimes they find something good that happened from the experience and I wondered whether when you look back you think of anything which in a sense became a little more positive in your life or your mum’s life because of it?

A I don’t know I’d probably just, how much people can actually care for other people. And also my Mum meeting everyone at the breast cancer support group that was a really good thing because they were really, they just care so much about people you know and they’d go and see them and if they missed a meeting everyone would be so concerned and that was a really good aspect like and because my Mum’s still in touch with all those people and actually does visit people now. Like she’ll go and see women in hospital and, you know talk about it with them and that kind of thing and I’m so proud of her in that way for doing that. Yeah, I dunno probably also a good thing was that that brought my parent’s together like as friends. They were the best things, that came out of a situation like that.

I OK. So I’d like to ask you some questions more about you to help me better understand what impact the cancer diagnosis had on you.

A OK.
I So I’d like to know, who you are. So if I were to say to you “Who are you”, what three things would you say?

A (I think she said “Now, or back then?”)

I Well yeah, that’s a good point.

A Sorry.

I Thinking back to then, how would you describe yourself then, what three things would you say, who you were?

A I was pretty angry. Like, I would have been a very angry like a wasn’t a violent person, you now I just. That was one thing I’d definitely say. And also from my brothers and sisters like we were just all so angry like. I was pretty like I was very stubborn as well. Like I was determined that my Mum was going to be fine, and yeah. And probably vague as well like I was just so vague.

I Right

A I just like not you know my Mother or my family but just everybody else I wasn’t really there so, yeah they’re probably the three things that I’d say would have described me then. Like also very strong as well, because I just you know well that’s the way I am I’m pretty stubborn and yeah.

I Stubborn and strong?

A Yeah. So yeah definitely.

I OK. That’s sort of what sort of person you were, and I was actually going to ask you about that in a moment. I guess I need to explain a bit more about this who are you question. I mean like how would you describe who you are as opposed to what sort of person you are? If somebody asked me I might say, male, psychologist, married person, that’s who I am. I was wondering if you might try and answer it like that for me.

A OK. I was a surfie like I surprisingly had long blond hair then (currently has jet black hair), I would have been like a surfie, outdoors, arty young girl I guess.

I Surfie and arty and young girl.

A Yeah, that’s how I would have been, so. I was pretty like, not outrageous but I’d say like pretty outgoing like I didn’t I wasn’t really you know, shy or anything like that so. Yeah.

I You say you were a surfie, was it important for you to see yourself as a surfie?
It was more like the area like the culture I was from. You know I don’t tan obviously, like I look like I’m dead (she had very pale skin), so but I surprisingly had a tan down there. No it was just more the culture and my hair was lightened by the sea, like my parents used to live right near X Beach, so. And it was like a normal part of our lives to be doing something at the beach or you know, and we still always walked past there and everything and my Mum could sit there at the windows and look out at everything but, no it wasn’t. It wasn’t something that, like I miss my home town now and I miss the sea and everything but it’s not you know I’m not a surfie girl anymore I guess you could say, like I always am different so, yeah it that time.

What sort of person do you think would say that being a surfie was important?

Well my brothers, like they were very, you know they loved the sea and sport and you know surfing, actual surfing and everything so it was to them. I mean well probably people that, like that area is such a people come to see that kind of thing. If you, yeah.

So people who see themselves as surfies, why do they think, well why would you think that they think it’s important to be seen that way?

Well you know like when you’re in Sydney, and you’ll see there’s so many different kinds of people. There’s like Goths, and there’s like guys who are surfies and you can tell they’ve got like you know the conformed hair like they’ll have their dreadlocks and they’ll be in the suit and it’s like you look so out of place and if you go to a place like Byron Bay it’s like they all flock there because, you know, that kind of way.

Right, because they want to be with people like themselves?

Yeah, so I think like because you’re at school like I mean the two biggest clothing shops in X town, were A and B shop they were surf shops, so it was like you couldn’t really ever escape that whole beach theme. I mean our school shirts were brand X shirts (surfie type shirts) I mean we were allowed to wear them it was accepted so that’s the kind of scene it was. So you were allowed to wear sandals to school I mean that’s kind of really surfie so, yeah. Probably like the guys that were really into it, I guess. Like my older cousins who we were pretty close to, like they were surfers like they’re constantly at the beach and they live right near the beach now, I mean they could never, to them if somebody said like, when I said I was moving to Canberra everybody went “yeah right I mean there’s no beach there and the lake is brown like what are you going to do” and it hasn’t bothered me, like I never, like I’m attached to places and things but I always know I can go back, whereas they couldn’t stand being away for more than a week. SO I guess they take it so much more seriously than I do, so yeah.

You also describe yourself as arty

Yeah
and was it important for you to see yourself as, like that?

A I just never wanted to be seen as, like not a nerd or anything like that, but I just, I was never very good at, maths or science or you know anything that, not was serious but you know you actually had to have a brain for, I was never good at that kind of you know, I’d prefer to be painting or be outside or be or be making clothing which was my favourite thing. To anything else, to the actual school side of things, but I mean I still tried at school it’s just I didn’t really, I did the things I had to do but I didn’t really like maths and that kind of thing. I liked english but not science and maths, no.

I So it sounds like it was important for you to see yourself that way?

A Yeah.

I You were saying that you were, you’re arty, and it was important. How would you describe somebody who would deny that being arty was important?

A Well even like within, like, it was very strange to be kind of a surf girl and to be arty. Because now I guess you could say that I’m almost like, well I guess I would be alternative and gothic or something, but I’ve always been arty. Like I’ve always preferred to actually make my own clothing or, you know than to buy it. I dunno not that I make anything that strange like, but yeah I have always just enjoyed doing more, like going to museums or you know going to black and white movies that kind of thing I enjoy that so much more than, just you know people who can’t really understand that. Yeah I just, I have a lot of friends who are very different to how I am and I don’t have a problem getting along with them but, they’re not really people who understand that the things that I like and understand why I want to go to Sydney and want to have this you know fashion house or something like that. Yeah.

I So I asked what sort of person would deny that being arty was important. You’re sort of saying “people who don’t understand”?

A Well say like one of my friends Lauren, she understands why I am and why I’m driven that way and everything but, she is very serious and she is actually a really high up public servant. And she is just like “but wouldn’t you rather be earning, you know, as much money as I am” and I’m yeah I would but I would just get so sick of it I’d probably end up being one of those people who just jump off the top of the building or something, I’d hate it. Yeah so that way, she’d probably be somebody who couldn’t understand, why, yeah. So if we both had roles reversed we’d just both hate both our lives. So yeah.

I You say you were a young girl at the time do you think that was important? Was that an important thing at the time?

A I think like it made me. Like yeah I have got upset like upset today because I just I haven’t really thought it for such a long time but it actually made me so much more determined to actually do what I wanted and, I mean my
Mum had to put off teaching and all kinds of things and I thought, you know, I’m always just going to do what I want and just go after it, that way. So it just made me so much more determined and like I was such a stubborn person then and now even more so like I just, yeah and I’ve never wanted to conform like I have had a job in the public service and all kinds of things where, you know I’ve had to conform and wear a suit and like I’m pretty tame now but normally I have outrageous hair or something, but yeah it just made me more, I dunno, non-conforming in that way so.

I So it sounds like you think being a young girl at that time was important
A Yeah

I in terms of the impact it had on you?
A Yeah it was very important. Like I think if it had happened like when I was younger, and I couldn’t really understand, I don’t think I would care as much now about myself being able to like, you know about my body and worrying that one day I might get breast cancer like I wouldn’t have really have been able to see, unless I was looking back at photographs or something, how bad it actually was. Like say my sister and I, because I’ve been through that obviously you know, she is like me like she’s concerned about herself and everything and, like I mean if I’d have been her age it would have been such a different aspect, because you’re so much younger. It would have been so much more confusing and you wouldn’t have really understood what was happening so, yeah. I was really glad it happened when it did I guess, like if it’s ever going to happen. So yeah.

I What sort of person do you think would say that being a young girl at that time wasn’t important?
A Maybe someone that possibly wasn’t as close to her mother or something. Say if it happened now, like I would have to move back home, like I couldn’t not stand being there, but because I was there and so much into you know what was going on, it was just so important that I was there but maybe if you weren’t as close to your family or maybe if didn’t even care or maybe if you were driven in like a scholarly kind of way. Like school wise you had to be at school, maybe you would say it wasn’t as…

I Yeah, no right or wrong answers.
A No no I just feel like I’m not explaining myself really.

I No no that’s fine. So coming back to the first thing that you were saying that at the time, you were angry, stubborn and strong, and vague. Remember first off I asked you.
A Yeah
I: The question I was going to ask you was, not just who you are but what sort of person you are, and they were the three things that you said. In terms of, you say you were angry. Was it important for you at the time to be angry?

A: It was more like a just the effects of everything. Like you didn’t want to be angry. Like I wasn’t an angry person at anyone I was actually just angry, that that had to happen to my Mother, because yeah especially after my Nan and then when we found out about my Aunty B, it was just like why? Because my Mother had always done things for other people and, it was just so unfair. So, yeah in that way, like I wasn’t, you know go and punch anyone out or you know take my anger out on brick walls or anything like that.

I: It was more internal?

A: Yeah, yeap.

I: How would you describe somebody at that period of time who wasn’t angry?

A: I think maybe my younger brother at first was, like he wasn’t he didn’t get worked up about it I think he really just, like he denied it. So he was just, he didn’t really care at first like he just really didn’t want to get involved in it and didn’t want to accept it. So I’d definitely say he wasn’t angry about it like that came a lot later.

I: It sounds like your saying, somebody who wasn’t like that is somebody who is detached?

A: Yeah, exactly well that’s what I mean about being vague, like I was vague in a way, like I wasn't detached it just that, I was vague in a way that I didn’t really care what was going on around me outside of, like at school I was just so vague. Like I really just wasn’t there at all, so that that’s the way that I meant you know I was vague.

I: I asked about being, you said you were angry and I asked you what you thought people who weren’t like that how would you describe them? Maybe detached you thought.

A: Yeah, yeap.

I: How might a person get to be detached, in that situation?

A: They just really don’t want to know. Like they just, and as I said ‘cause of how my Mum, sorry, how my Mum looked before. Like she was always so, like you know at football games with my brothers or, doing something with my sister and I, or at the beach, and they just didn’t really want to be around her at all, or know. Like, yeah

I: What kind of experiences might have lead them to be like that do you think?
A Well maybe something bad had happened in their lives, or maybe they just didn’t want to face the fact that, you know that person could die, you know and they didn’t want to. Probably the pain of things and like how, I dunno just how sick, you know. A lot of people like, they wouldn’t visit my Mum in hospital because of things that had happened to them or maybe because you know they thought they could get sick in hospital, or I dunno. I just thought it was so strange.

I In terms of being angry when do you think that might be a disadvantage?

A Well I was so angry that it was happening to my Mum, I, like at first, like I really did take it out on people that had bad reactions to her, I was just like “look if you’re going to act like that don’t come back” like you know and that was probably a very awful thing to say to someone. It was just that it would upset my Mum, and you know especially my little sister like seeing people react this way, she just yeah I was very angry that way. Yeah, and also like part of being angry like I wasn’t really, as I said I was just not focused, because I was so, yeah. Like especially in school work and that kind of thing, I was just so (mumble) that side of things.

I You said, describing somebody who wasn’t angry, they might be detached. When do you think being detached might be an advantage?

A Well I guess I was also, like the vague kind of thing was being detached, like I just sometimes I just really, didn’t want to know and just, I didn’t want to be there. That was kind of an advantage sometimes you’d just sit there and think about normal things. Yeah a lot of people did do that and I can understand it’s just I didn’t like it, so yeah.

I Okay, so back to vague. So how would you describe somebody who wasn’t vague?

A Well say like my Dad, he was more focused on, you know, his business, like the business side of things obviously we needed money somehow like you know we had. Also he was very focused on, what time my Mother had to be at things and where she had to be and you know he’d let me know all these things, and I’d know what was going on and it was just that I didn’t really, want to like you know I was there and I took her there and it was just I didn’t really want to think about it. Like so he was a very focused kind of person. Or say like my mothers friends they were really, like you know “you all have to eat” and you know “we’ll clean the house” and that kind of thing. They were all really focused.

I At the time was being vague important?

A In a way, like I didn’t really realize that I was so much at the time like, people like you just weren’t there like, and I didn’t even realize like. So it wasn’t, like I wish I’d known I was like that because I didn’t really try to be but now I can see that I was. Yeah. ‘Cause I’m not now at all like I just, so sometimes I think “oh I can’t believe that”, so yeah.
I (mumble) you were vague then?

A Just because I, like certain photos like of moments at school and stuff, I just won’t really be, like it’s happening around me and stuff and I’m just sitting there, like that’s the only reason. And also everybody was like “you were so vague” so it just like “oh, I was” kind of thing.

I Why is it that you think you were vague at the time though, what was it about the experience that you think resulted in you being vague?

A I was just kind of detached like, from reality I guess, so.

I Do you think that was one of your ways of coping with it?

A Yeah yeah.

I Well I guess that was my next question about vague, about when it might be a disadvantage to be vague?

A Yeah, definitely at school it was. And, probably you also missed a lot of things that were going on in other peoples lives. Like, I dunno, like birthdays or just normal things, and that was bad.

I You describe the opposite of vague as somebody who is focused on business I bit like your father

A Yeah

I when do you think that might be an advantage?

A Well it’s like a normal task. Like it’s something that you just do. Like he is a mechanic and he runs his own business. He has a large staff. So for him it was like, you know just focus on what I have to do today. And you know that kind of thing. Like ‘cause I was working as well like I had a job at the harbourside and I worked there for three years. And like when I finished year 11 I ended up working there full-time until I went to TAFE and I still worked there then. But it was really good sometimes to escape from work but I actually dropped a lot of work, so maybe, you know I wish, I was glad I wasn’t working that I was with my Mum but maybe I should’ve worked, I mean I dunno. Because maybe it wouldn’t have, like it would have made things more, like real, like it I dunno it kind of seems surreal when your not really doing what you normally do, so, yeah.

+++_

I You also said about being stubborn and strong, do you think it was important for you to be like that?
A Yeah well, I think that like, one of my worst traits I guess, or it can be a good trait is that I am stubborn. And, I was just so determined that she would be fine and in the end when she was it was just like well, I’m so glad that I was so, you know, so yeah that was the stubborn side of things.

I I mean you were stubborn before your mother was diagnosed I guess you’re saying it was part of who you were?

A Yeah but I didn’t realize I actually was that, you know I had no idea that I could actually be like that so. Yeah.

I OK so you think, so how come you were so stubborn?

A Well I was stubborn because like, I basically, we just like we lived in this house that we’d just moved in to and, I wanted everything to work out fine, in that house so, I was stubborn in the way that I didn’t go and stay with friends or I didn’t go back to living with my Dad because I just wanted that to be, you know, I wanted her to get well.

I You wanted it to work with your Mum?

A Yeah, yeap, so yeah.

I And how would you describe somebody at that time who wasn’t stubborn or strong?

A Probably the people that, like had such shocked reactions with my Mum, and also people that were like oh you know like, “she’s not looking so good”, and that kind of thing. And you’d just be like “how can you be like that”, like you know, they kind of were like weak. Just yeah.

I You said before about how being stubborn might be an advantage or a disadvantage, can you tell me occasions when being stubborn might be a disadvantage?

A Yeah sure like I probably would have gone better at school if I hadn’t been so independent and stubborn because, maybe you know I would’ve, say if I’d have been with my Dad. I might have conformed, not conformed, but I could have gone into year 12, but I always felt as I’d missed so much school that I couldn’t really get the mark that I wanted for my HSC. I wasn’t like I gave up it was just like I thought well I’m probably better off to go and do an arts course instead. So that was probably something where I was too stubborn. Or yeah and the fact that I stayed in that house like I probably should have lived with him. Or lived with someone where you know I didn’t really have to focus on, cleaning the house or paying the rent you know that kind of, yeah. But I’m glad I did but it was stupid other times, so, yeah.

I OK. When would it be an advantage then?
A Well I was stubborn in the way that I had to know everything that was happening to her like I, and she was like oh Mum always told us but sometimes she didn’t know how to tell us and she was worried about how we would react and that kind of thing, and I really pushed the point with Dr D, like I was “Collin I really want to know, what’s the worst thing that can happen” and I was so stubborn that I had to face the fact that that could happen like you, I found all this stuff out that I really didn’t want to know. So yeah and probably like the way I’d read books at hospital and it was like “oh Ok so I wish I hadn’t done that” but yeah, so. In that way.

I Only a couple more.

A OK.

I’d like to explore with you a little bit, if I might, how you think your mother, if I were to ask your mother what sort of person you were then what three things do you think you would say?

A Well she always said like that she was really proud of me. Because, like basically if, I always wanted to have custody of my brother and sister. But obviously, like my brothers and my sister sorry, but obviously if my father was able to take care of them, which they should be in an environment anyway obviously, where you know but I always wanted to like have them there.

I So how would she describe you? What three words would she use to describe you?

A Well she always said she was proud of me. So she would probably say that I was strong as well, but and she probably would also say that I was angry. I mean sometimes, I would, like once I remember I made, what was it, a stir fry or something and I put chilli in it and I didn’t even think, you know oh my, she couldn’t have chilli, and so, I got really angry, not at her but just like yeah, so she’d probably think “oh she’s a bit angry” at the time. Just stuff like that that you normally do and you don’t even think how it effects like your Mum, so.

I Along with angry would she use any other words to describe you?

A She would probably say stubborn.

I Stubborn as well?

A That’s kind of strong I guess. Probably, I dunno I guess you could say caring, because I was always with her and, I was a good friend more than anything else. I think that’s why we are good friends, like we always were but, we had a lot of issues with my Dad and everything, like I always, yeah. So probably that made us friends, instead of like it really, yeah.

I How do you think she would describe somebody who wasn’t strong or stubborn?
A Probably our friends that had such a bad reaction to her yeah. Or people that

I What sort of words would she use to describe them?

A Shallow probably. Like a lot of people were really shallow, and just yeah like really weak again. Or maybe self absorbed, but I guess that is shallow. I dunno.

I What experiences, oh you sort of answered this, but what experiences led her to this way of seeing, does you mother think it is important for somebody to be strong and stubborn?

A Yeah, like I am probably like, probably my strength comes more from my Dad than my Mum, because my Mum is like the peacemaker of the family so. So I think its always been good for her that I was, because I just take charge and so “no you know you have to do that”, and “I know it’s going to taste disgusting but your just going to have to drink it” and just stuff like that so. Yeah in that way and she would have to drink like, or eat something that was really gross and I’d just be like “alright I'll eat some it with you” and that kind of, yeah. That kind of way.

I Yes, that was my question about what experiences led her to that way of seeing things, I mean what experiences led her to think that being strong important?

A Probably when I had to go and watch her have chemo. Because that was horrible, and and how sick she would get from that, like. And she just wouldn't want to get out of bed or wouldn't want to go outside or. She was just so sick. And it was like “come on you know you’ll feel better if”, so yeah.

I What do you think, for her, is so bad about being shallow and weak. What reasons would she give?

A Just because like, my Mum had had a lot of friends for such a long time, and it’s not ’til something like that happens that you realise that, they’re not good friends anyway, like there not someone that you. Its no that you don’t need them around it just that they’re not, I don't know how to explain. They’re not important, you know what I mean?

I You can’t rely on them?

A Yeah exactly. And it just I think they made her feel worse about herself. Because they’d have such a horrible reaction, and yeah. Like ‘cause everybody knew like It was like a big gossip feature so people knew how sick my Mum actually was and, you know so I just thought it was really shallow that they, you know they couldn’t just over it, and yeah.

I You said she’d describe you as angry at the time as well
A Yeah, well maybe like mildly angry or something. I was very angry with my Dad, like that side of it. And, yeah I was really angry that we couldn’t all stay together, so it was probably all that side of things, like I just wanted everyone to be together, yeah.

I How would she describe somebody not like that?

A Maybe if I hadn’t cared or something. Like you know maybe if, I’d just, yeah not caring.

I Do you think your mother saw it as important at the time that you were angry? Was that important to her?

A I think she would have been surprised if I hadn’t gotten angry. I mean if I’d just gone “oh Ok you have cancer alright” and just been all like you know, like health kind of guru or something she would have just been really surprised I mean. It would have been odd and impersonal kind of thing, so yeah.

I What would be so bad about, for your mother, about not caring about being the opposite of angry?

A Well I think like, we didn’t know how bad it actually was until it all started. And because of my Grandmother I think if she thought, that I didn’t care and there was a possibility that she could die or whatever, it would just be horrible like.

I Do you think that they’re the reasons she’d give?

A Yeah, I think. It just would have been unusual if we hadn’t reacted like that, so yeah.

I Caring, you said she would describe you as caring, which you’ve just sort of talked about a bit, how would she describe somebody who wasn’t?

A Well maybe just like say that surgeon. Because I know like it’s their job to say you know what’s going to happen and that kind of thing. But they were just so,

I (mumble) that sort of word?

A Exactly, and I know that sometimes they have to be detached and everything like that and that’s the way that they deal with things, but it’s just more like he was talking about like, you know like not an animal, but that would be the same thing but, just like a renovation or something, like it just was weird. So, yeah.

I So cold?

A Yeah yeah like this what we’re going to do and we’re going to cut here and that’s what’s going to happen and that kind of thing and you were just like,
OK. And I had to learn about like, you know like lymph glands and all that kind of stuff, and yeah and he was just so, so yeah.

I Right. Would your mother describe it at the time as being important that you were caring?

A Yeah I think she would have just been so, with all of us if we hadn’t of cared I mean you’d just be so, if people didn’t care about you, it would just make it so much worse, so yeah.

I Which of these views of your mother’s do you go along with, she described you as, you think, as strong, stubborn, angry, caring. Which of these do you go along with? Would you agree with?

A I wouldn’t like to say that I was angry, like I know that she would mean it a good way like you know I did get angry and everything. I would have liked to have not been like that or, for her to say that I wasn’t but it was true, so. Like I’d be glad if she would say that I was stubborn, and that I was strong and that I cared about her, so.

I You’d agree with those?

A Yeah, yeah.

I And it sounds like you’re saying you feel you’re forced to agree with the angry even though you’d like not to.

A Yeah, I’d like to say it wasn’t true, but yeah it’s true, so yeah.

I Is it important to go along with your mother’s views?

A Oh well as I said. Like well if my Mum thought I was being childish or something, I would say “excuse me” you know like. But no because we are friends and we’re very close and we talked about everything and she you know, nothing was not discussed I can say yeah. That’s the view that she would have of me and yes I agree with that, so. Yeah I’m pretty strong willed if she said something I didn’t like I’d just say no, like “I don’t think so”, so yeah.

I What happens when you don’t agree?

A Actually we never really don’t agree, so. Like the only fight that we’ve ever had was over my Dad ‘cause we didn’t agree. So yeah that’s the only fight honestly that we’ve ever had so, yeah. It was just more of a silence thing and then we just got over it ‘cause we just couldn’t stand not talking so, yeah.

(15.3 m)

I OK. Just to talk a little more about the situation, if I was to ask you, to name three things that you think were important, most important about the
situation with your mother, at the time when she diagnosed and going through all that treatment. What three things would you say?

A Probably the fact that she was involved with people like the CNC, because and also like Dr D because they could explain everything, and say like, you know. She’s going to have chemotherapy, this is what’s going to happen she’s going to be just so sick and and when my Mum had radiotherapy and everything and she lost her hair and they could explain. You know and after making the first mistake about the hot food it was like OK there’s going to be just certain things obviously that she can’t eat, and it was like you never really thought about that until you, until people could tell you and explain. And they had so much experience with these types of situations and all people around them and they were so involved with them and that was such a good thing, like, yeah.

I So that’s how come it was important so that you knew what to do?

A Yeah. If I hadn’t of known like, if I’d had just kind of turned a blind eye and just gone oh here’s a good book, you know just stay in your room kind of thing it would just have been so, cold. Yeah that would have been a horrible thing to do like it wouldn’t have been important, so yeah. (mumble) more things that are important, is that what you?

I Yeah yeah I asked you, you mentioned the doctors and the CNC.

A Ah probably just my Mum’s friends and my friends, because actually a lot of my Mum’s friends daughters were my friends anyway, so it was like there was nothing that couldn’t be discussed or. You know they would take me around or drive me around or drive my Mum or you know, so that was really good, like if we hadn’t of had them. Like my Mum could have driven but it wouldn’t have been a very good idea, so because she was sick, like she was nauseous all the time, it wasn’t a very good idea, so. Yeah they were great. And probably like my family too. Because, even though like my Grandmother had passed away and everything and my Aunty C was so sick they were all really together still, like no-one was doing anything stupid like, or going off and drinking or anything like that. You know they were all so, like I could have understood if they’d gone on a pub crawl or something but yeah, it didn’t happen, so, yeah.

I So the three things that you see are important, just to recap, are your mother’s involvement with the doctors and Dr D and the CNC.

A Yeah, just people that were friendly and not clinical, they just really cared.

I And your friends.

A Yeah, definitely.
I Both your friends and your mother’s friends, because of the support they provided.

A The people that you found out were just your true friends, yeah. Yeap.

I And your family, again because of support.

A Yeah, and just they all actually pulled together, and because they all, because a lot of our family are scattered, like some are in X some are in Sydney and it was like everyone was constantly visiting, and yeah, it was really good.

I If involvement with doctors and the CNC was important what sort of person would you say would deny that that those sorts of people were important?

A Maybe someone who didn’t really want to get involved in the, what was actually going to happen side of things, like didn’t really want to know, ’cause I really wanted to know also for myself if I was older and this happened, what a mastectomy actually was. Like what happens to your lymph glands and if you know it spread to other parts of your body, which it did with other people. Yeah I really wanted to know what could happen, and so that was, if I hadn’t of known that it would have been a really bad thing. Like you know I could have reacted the opposite way and just not wanted to know. So, yeah.

I So yeah, that’s the next follow on question, is how might that have come about, how might it be that they wouldn’t want to know?

A Sometimes I really, like I would read, or even see pictures or like especially when I saw my Mother’s scars or what had happened I didn’t want to know. But obviously you have to know, so yeah.

I Right, right, so you think that people who don’t want to know are perhaps trying to protect themselves?

A Yeah exactly you just, it’s just not something that you want to remember, yeah.

I What might have led them to that view, that idea that they didn’t want to know?

A Like in some ways I didn’t want to know because, like we’d seen my Grandma get sick and I knew what was going to happen, well I didn’t think that my Mother would die, I never thought that, but because we’d seen my Nana and she’d had a mastectomy and everything and then it actually did spread to her liver, and everywhere through her body and it was like I wish I hadn’t of known. Like I just, it was just such a horrible thing, yeah.

I Past bad experiences would perhaps lead them to be like that potentially?
A Yeah exactly.

I You said your friends and your mother’s friends were important, what sort of person do you think would deny that their friends were important in something like that?

A (mumble) someone who just wants to be by yourself. Like in the way that I was stubborn I was never stubborn to the point where I had to do everything. Like I thought I had to be by myself or any that any of that kind of, you know what I mean like I always wanted to be surrounded by people, but some of my friends would react to things where they have to be by themselves. And yeah I never wanted to be that way, so yeah.

I How might it have come about that they’d want to be on their own?

A Maybe that’s just part of their personality, but also like. You know when you’re by yourself you can think about things a lot more and it’s so much clearer and yeah that kind of, side so, yeah.

I What would have lead them to that view? That they’d be able to think about things more or cope better? With them being on their own?

A Well my Brother’s like a quieter person. So like he would ask and he knew everything, it was easier for him to go off somewhere and you know have a surf or be by himself and just sit there and stare at the sea or whatever, and it was better for him, like.

I Just because of how he is, is that what you’re saying?

A Yeah, that’s his, like he’s not really extroverted he’s more introverted. It was just so much easier for him instead of getting upset or crying, which is supposed to be you know an un-manly thing to do, because I didn’t care I just, nuh, he would just go off, yeah.

I The third one was your family, you said how that was important, what sort of person would deny that family was important?

A Well say like with one of my friends now, she’s an only child and, like, for her not really having her family there it doesn’t really seem like a big, it’s not an important thing to her, it’s like something that she has to do for herself. It’s a thing that is on her own shoulders kind of thing. So, yeah where as like, we’re telling her “we’re your family” kind of thing, so.

I Right so she doesn’t have parents?

A No, oh well she has like her father but that’s it. So, yeah.

I OK. So what might have led her to that view, that family’s not important. Your sort of saying not having had one?
A Yeah. I, well I don’t know because I’ve always had such a, close kind of family thing. Like even when my parents were separated it wasn’t, like I was only rude with my Dad obviously so we weren’t talking but it was never at the stage where I pretended he was dead or anything like that, like I wouldn’t know what that would be like, so. Yeah, I don’t know how to explain, like I it’s not something that I would accept, like I couldn’t do that so, I dunno.

I OK, this is the last set of questions I promise.

I’d like to know, now I’d like to know if you think you’re a different person now than you were before that time. Before your mother was diagnosed? If I were to ask you three ways which you are different, what would you say?

A Probably I can kind of see people now that are, like, I can understand the true value of people that are actually honest and it’s not like an act or anything like they don’t go “oh how are you” and that whole false kind of. So I have people around me that are of real worth, if that makes sense, so yeah. Whereas before it was kind of you know when I was this kind of surfie kind of person it was pretty superficial and, yeah. So that’s really changed me in a good way like I really like that, so.

I So you think this is an important difference?

A Yeah. And yeah the fact that it did make me so much more independent. Like this is the first time in here that I have ever lived by myself, and I don’t like it. But, yeah I’ve always been, like even with the people that I’ve lived with, I’ve just always been so independent, so now. Like I wasn’t so much I was more like clingy and everything, I guess that’s because you’re younger as well. But in that way yeah, it’s just made me so much more like (mumble) and I’m pretty worried about “what am I going to do with all my stuff but I’m not actually scared about going there (Sydney). So, yeah. (mumble) because it has happened now, like I can be a good friend to my friend so. You know like (mumble) obviously her father’s having a different type of chemotherapy and everything and there’s more testing available now and that kind of thing but, like I understand. So, you know and I can be around them and it’s fine. Like I don’t have a problem with it or anything so. Yeah.

I It’s a better understanding of

A Yeah

I the process of cancer you mean or?

A Yeah, and how people feel. Like you know because I’ve seen someone and how they react in that kind of situation, and you know, not to you know smother them or anything like that so. Yeah it’s just, yeah a self-learning thing I guess, or like you know kind of finding out about others kind of (mumble) thing yeah.

I So you think this difference is important?
A: Yeah I do. Because some people are so, not self-absorbed because they do have families and everything, but you just when somebody is sick it’s just such a different thing. Like even from like divorce or anything, it’s just such a different thing, so yeah.

I: And a third way in which you think you might be different. You said about a better understanding of people and having true friends around you, and about a better understanding of cancer and how it (mumble). I wondered whether there might have been a third way that you thought you might be different?

A: I dunno, probably, if it had probably never happened I’d probably always think that it would never happen to me, like do you know what I mean?

I: Yeah.

A: Yeah. Like even if my Grandma, because I was so much younger, it was like, we’ll she was an old lady kind of thing. But she wasn’t really I mena she was only 60, just turned 60. So, but it was always like yeah like as if that would happen to me kind of thing, I just didn’t really care, like.

I: So I guess the third difference is that now you realise it can happen to you.

A: Yeah, yeap. And also

I: Do you think that’s important? That realisation?

(26.7 m)

A: Yeah I do, because, I mean it’s not like you make plans for anything morbid like that, but it’s like, you’re aware of it. And you know you, like you can check it up or you know like have check-ups or, yeah.

I: You can do something to help yourself because you’re aware?

A: Yeah, yeap. Like I could be smoking or anything now, not that there’s anything wrong with that, but, I don’t really think that would be a good thing to, like you know, I mean being around the chest, I mean I know there’s lung cancer and everything like that but its, what’s the point kind of thing, yeah. That kind of thing, and I don’t drink or anything, not that you’d notice ‘cause I have all those liquor bottles over there, but they’re old I swear. No, but yeah in that kind of way like I don’t really do anything too outrageous or anything, so yeah.

(27.7 m)

I: You describe yourself as having a better understanding of people and having, true friends around more, what sort of person would deny that being different in that way was important?

A: Maybe if you wanted to stay in that superficial kind of world, where everything seems pretty cool and, nobody’s really, like you have people who are close to you but it’s kind of you know you where keep in like trends and you’re
always going out, and that kind of thing. Yeah I would really wanted to be like that.

I  

Right, right. How might have they come about to be like that?

A  

Probably if they’d have ignored what was going on and,

I  

Did you say “If they’d”?

A  

Ignored what was going on maybe if they’d just had that clinical kind of view. So, yeah.

I  

What, that might come about you’re saying if they ignored that situation?

A  

Yeah. If they had cancer themselves, I mean like even though I was saying like my brother was a quite person and everything he didn’t deny what was going on around him and he wasn’t clinical about it or anything so, yeah.

I  

What sort of person would deny that having a better understanding of cancer and how people feel, what sort of person would deny that that was important?

A  

Probably someone that didn’t want to face up to the facts that maybe that can happen to them. Or say like their sister or their brother or, you know. Like I wouldn’t want to be like that. (mumble)... also when I was like you know “in 30 years they’ll probably have some magical thing that can happen and I won’t get sick”, like I always thought wouldn’t it be cool if anything bad happened and, like when you’re young and you think like “oh maybe if I was wealthy I could be frozen” just stupid things like that like, yeah. I dunno.

I  

So people who don’t want to face up to it, are people who wouldn’t think a better understanding was important?

A  

Yeap.

I  

OK. And how might that come about that they would think that way do you think?

A  

Well, I don’t know like I really couldn’t think that way, I don’t know. I don’t know maybe if they just were in denial and, yeah.

I  

The last one, was about you’re saying that you’re now aware that it can happen to you, and you seem to think that’s important, how would you describe somebody who said that that wasn’t important, this realization that it can happen to them?

A  

dunno. Like one of our friends, like when they had the there was a day (?) here and they put their hands in the ground and that represented the different colours where people that had died of cancer or people that had been diagnosed with, and she didn’t want to go and face, you know, that it can
happen to her and it was actually a much stronger link in her family, of that, like so much more than me, and she was like, she liked joked about it saying like “I'll just have a mastectomy if that happens or if I think that's going to happen to me I'll just go out and have it now”. And it was like “what”, I dunno I just thought it was strange.

I So, sort of like, you mean

A Like it's a jokey kind of

I that people who don’t see it as important, that who don't think that now thinking it can happen to them is important, are people who want to avoid thinking about it?

A Yeah I think so they just want to be in the moment and (mumble), and I can understand that like you know, like it's not like I wake up every day and I go “oh I can’t eat that” or “I can’t do that because” you know, it’s just that you know and you know that you have to like over a year, or whatever. Especially if I'm like at home and I see like, you know, my Mum's friends all like (mumble) and everything it’s like “oh yeah”. Yeap in that way.

I Yeah, so, these are difficult questions I know, but, so why would they want to avoid thinking about it?

A Probably because you don’t want to see yourself that way as well. Like I wouldn't, like if I had to lose my hair, I would freak out. Like, I dunno. I just, you wouldn’t want to be that way really, at all like I just it would just be horrible, so. Like you don’t even want to think about it let alone be it. So.

I It think that’s pretty much all I wanted I to ask you, thanks very much for your time

A No, thank you. Sorry I got all teary and,

I Oh that's OK it doesn't worry me I’m sorry that you had to get that way

A No, it’s just not something that you really, like sure I think about it, but not in detail.

I Is there anything I haven’t asked you about that, you’d like to tell me, or anything that you think (mumble) tell other kids your age at the time, would you have anything that you’d want me to tell them?

A Probably, just that, I dunno, they should still do things that they like that. I know that's kind of hard to do though ‘cause I really didn’t, but. Or just even if you, I dunno, yeah be involved because if you're not, like I hadn’t of been involved it would have been. Just a, I dunno, yeah just to be involved. To actually go there and see the place and like, ‘cause I really didn’t want to go to the hospital and didn’t want to see that side of it. And I remember when I first saw like, you know, like the area in radiology and it was just like so strange and,
yeah when my Mum got I that little dot tattoo and everything it was like “what?”
And so yeah if you actually see it it's not that bad, so yeah. Probably that's the only thing, yeah.
(33.3 m)

I It’s interesting that you say that because one of the other fellows I spoke to, ages ago, he said exactly the same thing effectively. That going along there, was was somehow beneficial, that it wasn’t so bad as you think, that reality is not as bad as what you can imagine.

A Yeah. And just like the nurses and everything were so cool, like they would just. And they put you at ease and be like oh you know, and like they do really funny things like, they they’d give my sister like a lollypop or something like that. And like I mean she went with me, and she didn’t understand it was more like “oh hospital has like lifts and everything for me to play in”. So yeah, just to be involved in stuff, so.

I Thank you very much, it has been a pleasure talking to you.

A You too.

(34.0 m)
Appendix S: Annette’s WAY? tables

Table 8.7.1 Annette. Root Question 1: Answers i and ii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

Answer i). “Surfie” (p. 366/67)

Exploration 1
a) “Is it important for you to be X?”

No. (p. 367)

“What sort of person would say that being X was important?”

“My brothers.”
Someone that loved the sea, sport, and the actual surfing.

Why might that be?

They see themselves as surfies, they are part of that culture. They can’t stand to be away from the water. “They take it so much more seriously than I do.” (p. 368)

Answer ii). “Arty” (p. 366/68)*

Exploration 1
a) “Is it important for you to be like that?”

Yes. (p. 368)

(“How come it was important?”)

“I just never wanted to be seen as...a nerd.”
“I was never very good at maths or science...I’d prefer to be painting...or be making clothing which was my favourite thing.”

Exploration 2
a) “You describe yourself as a X and say that it is important. What sort of person would deny that being a X was important?”

A serious person.
Someone who would rather earn more money.
People who don’t understand why I like the things I like. (p. 369)

b) “How might that have come about?” – not asked.
c) “What might lead them to that view?” – not asked

*See Appendix R for the transcript of the interview with Annette to which the page numbers relate
*If an answer is in brackets ( ) then this is due to, either, them clearly meaning ‘yes’ without uttering the word, or the answer given is an abbreviation of their much longer and often rambling response.
**Table 8.7.1 cont.** Annette: Root Question 1: Answer iii.

“I’d like to know who you are. If I were to say to you ‘who are you?’ what three things would you say?”

“A young girl”. (p. 366/69)

Exploration 1

a) “Was it important for you to be a young girl?”

Yes. (p. 369)

(“How come it was important?”)*

“It actually made me so much more determined to actually do what I wanted and, I mean my Mum had to put off teaching and all kinds of things and I thought, you know, I’m always just going to do what I want and just go after it.”

“No like I think if it had happened like when I was younger, and I couldn’t really understand, I don’t think I would care as much now about myself [and]… like I wouldn’t have really have been able to see, unless I was looking back at photographs or something, how bad it actually was.”

“It would have been so much more confusing and you wouldn’t have really understood what was happening so….I was really glad it happened when it did I guess, like if it’s ever going to happen.”

Exploration 2

a) “What sort of person would deny that being a X was important?”

“Someone that possibly wasn’t as close to her mother.”

“If you weren’t as close to your family”.

“If you were driven in like a scholarly kind of way. Like school wise you had to be at school.”

b) “How might that have come about?” – not asked

c) “What might lead them to that view?” – not asked.

* If the question is in brackets ( ) then this is because it was answered without actually being asked.
**Table 8.7.2** Annette. Root Question 2: Answer i)

"This time I would like to know not just who you are but what sort of person you are. If I were to ask you 'what sort of a person are you?' what three things would you say?"

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td><strong>Exploration 1</strong></td>
</tr>
<tr>
<td>&quot;How would you describe someone not like that?&quot;</td>
<td>&quot;How might a person get to be that way?&quot;</td>
</tr>
<tr>
<td>Angry – Vague/detached. Someone who denied it (p. 370)</td>
<td>They just really don’t want to know.</td>
</tr>
</tbody>
</table>

**Exploration 2**

a) "Is it important for you to be like that?"

*Yes.* (p. 370)

c) "How might a person get to be that way?"

*b)( “How come?”)*

"It was just so unfair."

d) "What kind of experience might lead them to be like that?"

"Maybe something bad had happened in their lives." (p. 371)

**Exploration 3**

a) "Tell me occasions when this might be a disadvantage?"

When you take it out on other people. (p. 371)

c) "Tell me when this might be an advantage?"

When it means you can “just sit there and think about normal things.”

b)(“How might that be?”)

"Like I really did take it out on people that had bad reactions to her."

d) "How might that be?"

Not asked.
Table 8.7.2 Annette. Root Question 2: Answer ii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i).</td>
<td>Exploration 1</td>
<td>“How would you describe someone not like that?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People with shocked reactions, weak. (p. 373)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p. 370) Stubborn and strong –</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploration 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Is it important for you to be like that?”</td>
<td>c) “How might a person get to be that way?”</td>
<td>Not asked</td>
</tr>
<tr>
<td>Yes. (p. 373)</td>
<td></td>
<td>d) “What kind of experience might lead them to be like that?”</td>
</tr>
<tr>
<td>b) “How come?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I wanted everything to work out fine…I wanted her to get well.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploration 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) “Tell me occasions when this might be a disadvantage?”</td>
<td>c) “Tell me when this might be an advantage?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I mistakenly asked for when the elicited pole would be an advantage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When you have to know everything that is happening you learn more.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) (“How might that be?”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I really pushed the point with Dr D, like I was ‘Collin I really want to know, what’s the worst thing that can happen’, and I …found all this stuff out that I really didn’t want to know.”</td>
</tr>
</tbody>
</table>

When conforming helps. (p. 374)

| b) “How might that be?” | |
| “I probably would have gone better at school if I hadn’t been so independent and stubborn because…say if I’d have been with my Dad. I might have…gone into year 12. “Or…the fact that I stayed in that house like I probably should have lived with him.” | |
Table 8.7.2 Annette. Root Question 2: Answer iii)

“This time I would like to know not just who you are but what sort of person you are. If I were to ask you ‘what sort of a person are you?’ what three things would you say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Exploration 1</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer i).</strong></td>
<td>“How would you describe someone not like that?”</td>
<td><strong>Contrast pole</strong></td>
</tr>
<tr>
<td></td>
<td>(p. 372) <strong>Vague – Focused</strong> (p. 371)</td>
<td></td>
</tr>
</tbody>
</table>

**Exploration 2**

- a) “Is it important for you to be like that?”
  - Yes, “in a way.” (p. 372)

- b) (“How come?”)

**She was detached from reality as a means of coping.**

- Having their own business, needing money.

**Exploration 3**

- a) “Tell me occasions when this might be a disadvantage?”
  - At school.
  - When it means that you miss out on a lot of things that are “going on in other people’s lives, like birthdays.” (p. 16)

- b) (“How might that be?”
  - Not asked.

- c) “Tell me when this might be an advantage?”
  - When you need to get things done.

- d) “How might that be?”
  - Not asked.
Table 8.7.3 Annette. Root Question 3: Answer i)

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td>“How would she describe someone not like that?”</td>
<td></td>
</tr>
</tbody>
</table>

Strong and stubborn – Shallow, weak and self-absorbed (p. 376)

a) Exploration 2
“Does your mother think it is important for someone to be like that?”

d) “What for her is so bad about being X?”

Yes. (p. 375)

b) “Why do you think that is?”
Because “its always been good for her that I was [strong] because I just take charge” and tell her what to do.

e) “What reasons would she give?”
When she got sick a lot of the people she thought were good friends turned not to be.
“They made her feel worse about herself, because they’d have such a horrible reaction.” (p. 376).

b) “What experiences do you think led her to that way of seeing things?”
“When I had to go and watch her have chemo….And she just wouldn’t want to get out of bed or wouldn’t want to go outside….as she was just so sick. And [I would say]…’come on you know you’ll feel better [if you do]’.” (p. 375)
Table 8.7.3 Annette. Root Question 3: Answer ii)

"I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?"

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td>&quot;How would he describe someone not like that?&quot;</td>
<td></td>
</tr>
</tbody>
</table>

(p. 374) **Angry – Not caring** (p. 376)

a) Exploration 2
"Does your mother think it is important for someone to be like that?"

d) "What for her is so bad about being X?"

**Yes.** (p. 376)

b) "Why do you think that is?"

e) "What reasons would she give?"

"If I hadn’t gotten angry…it would have been odd and impersonal."

"It would just be horrible." (p. 376)

"We didn’t know how bad it was actually was until it all started….and there was a possibility that she could die."

"It just would have been unusual if we hadn’t reacted like that."

**c) “What experiences do you think led her to that way of seeing things?” – not asked**
Table 8.7.3 Annette. Root Question 3: Answer iii)

“I would like to explore with you how you think other people might see you. If I were to ask your mother what sort of person you are, what three things would she say?”

<table>
<thead>
<tr>
<th>Initial response (Elicited Pole)</th>
<th>Contrast pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer i)</td>
<td>Exploration 1</td>
</tr>
<tr>
<td></td>
<td>“How would she describe someone not like that?”</td>
</tr>
</tbody>
</table>

(p. 376) **Caring** – **Detached/cold** (p. 377)

a) Exploration 2

“How does your mother think it is important for someone to be like that?”

Yes.

b) “Why do you think that is?”

“If people didn’t care about you it would just make it so much worse.” (p. 377)

c) “What experiences do you think led her to that way of seeing things?”

d) “What for her is so bad about being X?”

Not asked

e) (“What reasons would she give?”)

The surgeon sounded like “he was talking about...a renovation or something.”
**Table 8.7.3** Annette. Root Question 3: Exploration 3

a) Which of these views do you go along with?
**All.** (p. 377)

b) Is it important to go along with her views?
(Unclear if yes or no).
“We are friends, and we’re very close and we talked about everything and…nothing was not discussed.”
“Yeah I’m pretty strong willed if she said something I didn’t like I’d just say no, like ‘I don’t think so’.”

c) How come?
Not asked.

d) What happens when you don’t agree?
“Actually we never really don’t agree.”
“The only fight that we’ve ever had was over my dad.”
“It was just more of a silence thing and then we just got over it ‘cause we just couldn’t stand not talking.”

---

**Table 8.7.4** Q. 5. Annette. Answer i.

“Now I would like you to name three things that are/were important about the situation with your mother?”

Answer i) **The CNC and our GP** (p. 378)

Exploration 1
“How come it is important?”
“Because they could explain everything…and say what was going to happen.”
So she knew what to do to help her mother.

Ex. 2)
a) “You say X is/was important. What sort of person would deny that X was important?”
“Someone who didn’t really want to get involved…didn’t really want to know.” (p. 379)

b) “How might that have come about?”
To protect themselves.

c) What might have lead them to that view?”

**Past bad experiences.** (p. 380)
**Table 8.7.4 Q. 5. Annette. Answers ii & iii.**

**Answer ii)** Mum’s *friends and my friends* (p. 378)

Exploration 1
“How come it is important?”

_Because of the support that Mum’s friends and my friends provided._
_“There was nothing that couldn’t be discussed” with them._
_“They would…drive me around or drive my mum.”_

Exploration 2
a) “You say X is/was important. What sort of person would deny that X was important?”

_Someone who wants to be by themselves._ (p. 380)

b) “How might that have come about?”

_“That’s just part of their personality.”_ (p. 381)
_But also being on your own allows you to think about things so the situation becomes clearer._

c) “What might lead them to that view?”

_Just being a “quieter person”, an introvert._ (p. 382)

**Answer iii)** “My family” (p. 378)

Exploration 1
“How come it is important?”

_Because of the support they provided._
_They all “pulled together” and were “constantly visiting.”_ (p. 379)

Exploration 2
a) “You say X is/was important. What sort of person would deny that X was important?”

_An only child._” (p. 380)

b) “How might that have come about?”
_Not asked._

c) “What might lead them to that view?”
_“I don’t know because I’ve always had such a close kind of family.”_ (p. 381)
Table 8.7.5 Q. 6. Annette: Answers i & ii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer i) “I can understand the true value of people that are actually honest.” (p. 381)

Exploration 1
a) “Do you think this difference is important?”
Yes. (p. 383)

If ‘Yes’- “How come it is important?”
“So I have people around me that are of real worth.”
“Whereas before…I was this kind of surfie kind of person [who] was pretty superficial…So that’s really changed me in a good way.”

Exploration 2
“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

Someone who “wanted to stay in that superficial kind of world.” (p. 383)

a) “How might that have come about?”
“If they’d ignored what was going on and….if they’d just had that clinical kind of view.”

b) “What might have lead them to that view?” Not asked.

Answer ii) I have a better understanding of cancer and how people feel. (p. 382)

Exploration 1
a) “Do you think this difference is important?”
Yes.

If ‘Yes’- (“How come it is important?”)
Because “when somebody is sick it’s just such a different thing” compared to “divorce or anything.”

Exploration 2
“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

“Someone who didn’t want to face up to the facts that maybe that can happen to them.” (p. 383)

a) “How might that have come about?”
I don’t know, like I really couldn’t think that way….maybe if they just were in denial.” (p. 384)

b) “What might have lead them to that view?” Not asked.
Table 8.7.5 Q. 6 Annette: Answer iii.

“Now I would like to know if you think you are a different person now than before the diagnosis. If I were to ask you for three ways in which you are different, what would you say?”

Answer iii) I know it can happen to me. (p. 382)

Exploration 1

a) “Do you think this difference is important?”

Yes.

If ‘Yes’- “How come it is important?”

You can do something to protect yourself if you’re aware of it.

Exploration 2

“You describe yourself as different in X way and say that it is important. What sort of person would deny that being different in X way was important?”

People who “just want to be in the moment”. (p. 384)

a) “How might that have come about?”

People who don’t want to see themselves as vulnerable.
People “who don’t want to think about it, let alone be it.”

b) “What might have lead them to that view?”

- Not asked