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The Role of Spirituality in the Lives of Mothers of Breast Cancer Survivors

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Abstract

Breast cancer impacts an entire family system. A cancer diagnosis embeds the patient/survivor and their loved ones in the illness process. The mothers of breast cancer patients are likely impacted in a variety of ways by their daughters' diagnoses. To date, few researchers have investigated the experiences and perspectives of this population. In the present study, authors explored how mothers of breast cancer survivors managed adversities associated with this disease and illness. Using secondary data and narrative analysis, investigators analyzed data gathered from 30 mothers. Findings indicate that participants relied on their spirituality for the management of stress and hardship related to having a loved one with breast cancer. This research has implications for family health and well-being.

Keywords

breast cancer; health and well-being; relationships; parent-child; religion/spirituality

Breast cancer can have bearing on the individual with cancer as well as impact her or his family members and loved ones. It is important to consider how breast cancer diagnosis, illness, treatment, and survivorship can shape the survivors' family members experiences (Blinded for review, 2013; Baider, Cooper, & Kaplan De-Nour, 2000). To date limited research exists that has explored the perspectives and experiences of the mothers of breast cancer survivors (Baider, Goldzweig, Ever-Hadani, & Peretz, 2008). The mothers of young breast cancer survivors may be uniquely affected by their daughters' cancer compared to romantic partners and young children. Mothers may have concerns about their own health as a first-degree relative of a patient with breast cancer or experience guilt about having "passed it on" to their daughters. Mothers of these women may also be involved to varying degrees with their daughters' care and/or providing support to their daughters' families (e.g., partners, children).

Mothers of breast cancer survivors are likely to experience both stress and distress related to their daughters' diagnoses and illnesses. One way that loved ones of cancer patients may

cope with stress is through the use of spirituality or religion, more specifically the use of prayer, congregational support, pastoral care, or faith (Colgrove, Kim, & Thompson, 2007). Research has shown the benefits of using these coping methods for individuals experiencing difficulty, stress, or hardship associated with illness (Bovbjerg, Schnur, Valdimarsdottir, Montgomery, & Nevid, 2004; Kim, Valdimarsdottir, & Bovbjerg, 2003; Pargament, Koenig & Perez, 2003; Sears & Greene, 1994). Considerable research has examined and subsequently indicated that the role of spirituality and religion is important for those with disease and experiencing illness (Colgrove et al., 2007; Fletcher, Miaskowski, Given, & Schumacher, 2012). Conversely, researchers know much less about the role religious or spiritual coping plays in the experiences of those individuals' loved ones (Hill, Thompson, & Williams, 1997).

With the research presented here, we make a unique contribution with this research by examining the role spirituality plays in the lives of mothers of daughters with breast cancer. As the numbers of cancer survivors increase, so does interest in the role spirituality and religion play in the coping and surviving processes (Thune-Boyle, Stygall, Keshtgar, & Newan, 2006; Wildes, Miller, de Majors, & Ramirez, 2009). Thus, this article addresses the role spirituality plays in coping for the unique and understudied population of the mothers of young breast cancer survivors.

Background

With an increasing number of individuals surviving a cancer diagnosis, there is a surge of research examining how individuals cope with cancer, survive the diagnosis, negotiate the illness, and maintain quality of life (Wildes, Miller, de Majors, & Ramirez, 2009). For example, approximately 2.9 million women living in the U.S. have a history of breast cancer. Meanwhile, an estimated 232,240 new cases of breast cancer are likely to develop in 2013 (Howlander, Noone, & Krapcho, 2013; "U.S. Breast Cancer Statistics," 2014). Women between the ages of 40 and 75 are experiencing a dramatic increase in incidence rates of breast cancer and the majority of breast cancers occur in women over 50. For this population of women, there has been a recent decrease of 2.0% per year in mortality rates from breast cancer ("National Cancer Institute," 2013).

The incidence rates for breast cancer among younger women, those under the age of 50, has remained stable over the last 30 years while the mortality rates for these women has decreased at a rate of 3.2% per year (DeSantis, Siegel, Bandi, & Jemal, 2011; Howlander et al., 2013). Although the incidence rates for younger women are lower than for older women, younger women are less likely to die from breast cancer. A growing number of women living longer post breast cancer diagnosis suggests that the impacts of breast cancer are experienced not only for the women with cancer but also for various members of their social support networks and families. Researchers have focused mainly on the experiences of those with cancer rather than on loved ones of those with cancer who are involved in the patient's care and social support network (Colgrove et al., 2007).

In this article, the authors purposefully address the experiences of mothers of women with breast cancer (the majority of the women are now mothers of breast cancer survivors), many

of who were caregivers for their daughters. All participants in this article were providing various types of care and support to their daughters and/or their daughters' families. The research presented here addresses a substantial gap in the literature, and examines how loved ones of patients with cancer, in this case mothers, cope with the stress related to caregiving and the hardships associated with a negative health situation or having an adult child with breast cancer.

Research indicates a discrepancy of findings concerning the use of religion and spirituality as coping mechanisms for individuals with illness or as coping mechanisms for associated health outcomes. For example, some studies have shown that religious coping is used frequently and is positively related to health outcomes, whereas other studies indicate that there may be a negative effect on health (Fatone, Moadel, Foley, Fleming, & Jandorf; 2007; Stefanek, McDonald, & Hess, 2005; Wildes, Miller, de Majors, & Ramirez, 2009). What has not been well documented is the use of spiritual and religious coping (positive or negative) among patients' family members who are also impacted by the illness during diagnosis, treatment, and recovery.

Impact of Breast Cancer on the Family

The cancer experience is a stressful process and is likely to influence the closest and most meaningful relationships for all involved. Baider, Goldzweig, Ever-Hadani, and Peretz (2008) have suggested that while breast cancer has obvious long-term implications for those with disease, family members are simultaneously "embedded in a process of adjustment and readjustment through the unpredictable journey of the illness" (p.407).

Often these family members are providing care to their loved ones with cancer. The last decade has witnessed a surge of interest in the research on family caregivers of those with cancer (Fletcher, Miaskowski, Given, & Schumacher, 2012). Previously to 2000, researchers focused attention on how family functioning and adaptation influenced the lives of breast cancer patients and survivors but neglected to examine the experiences of family members (Street & Voigt, 1997).

The evolution of an empirically based understanding of how cancer impacts the family, in particular family quality of life, has been continuous (Fletcher, Miaskowski, Given, & Schumacher, 2012; Raveis, Karus, & Pretter, 2004). Research that has explored family dynamics in the context of breast cancer has focused on issues such as participation in treatment decision making (Fobair & Zabora, 1995), family communication patterns both prior to and after the breast cancer diagnosis (Barnes, Kroll, Burke, Lee, Jones, & Stein, 2000), and the family's role as either a supportive or distressing unit (Spencer, Lehman, & Wynings, 1999). More recently, researchers have investigated the role of stress in the process of family caregiving, finding that individuals who positively appraise caregiving for loved ones with cancer have elevated rates of self-rated health, instances of personal growth, and an overall sense of peace and accomplishment (Fletcher, Miaskowski, Given, & Schumacher, 2012; Hudson, 2006; Kim & Given, 2008).

While the number of studies investigating how breast cancer can impact the family is increasing, more research is needed to address changes in family dynamics, particularly

perceptions of family quality of life and individual family experiences following a breast cancer diagnosis. Given, Sherwood, and Given (2011) have suggested that the majority of research regarding the experiences of caregivers for cancer patients tends to focus on diagnosis and treatment phases. They noted that for many patients, their families, and caregivers, care needs and quality of life concerns remain salient long after treatment ends. More research is needed to address how family members and relationships with family members who have cancer are impacted. Furthermore, more research is needed to understand how all members of the family and their well-being are impacted by cancer.

Mothers of Breast Cancer Survivors

Young breast cancer patients (i.e., those under 50 years of age) are often in a life stage characterized by parenting children and beginning to care for their aging parents. The more perilous nature of the disease in young populations of women has the potential to produce increased distress for not only the patient but her family members – especially her mother who may be called upon to assist with the care of her daughter’s family during treatment and recovery (Baider, Goldzweig, Ever-Hadani, & Peretz, 2008).

Family members who are women often take on the roles of family caregiver, social secretary, and manager. Thus, when that family member is temporarily or permanently unable to complete her role, other family members such as mothers, daughters, and sisters may step in to share those responsibilities (Radina & Armer, 2001; Radina, Armer, Culbertson, & Dusold, 2004). Also, because having a blood relative (i.e., mother, sister, or daughter) with breast cancer nearly doubles one’s risk of developing breast cancer, mothers of breast cancer survivors may experience their daughters’ breast cancer in unique ways that are different from their partners, spouses, fathers, and sons (“Breast Cancer,” 2012).

An increased likelihood of developing breast cancer if a first-degree relative who is a woman has been diagnosed may mean that the mothers of survivors experience unique feelings of guilt about having passed on the disease to their daughters. This may be the case regardless of whether the mother of the survivor is herself a survivor (Radina, Watson, & Faubert, 2009). Thus, investigating this aspect of the experiences of the mothers of these women is appropriate and timely.

Spiritual Coping and Cancer

Spirituality and religion have been shown to offer hope and have positive influence of the quality of life for those with cancer and their loved ones (Weaver & Flannelly, 2004). Researchers have indicated that spirituality and religion serve as protective coping mechanisms for those with cancer and their family members (Feher & Maly, 1999; Shaw et al, 2007), and have noted the importance of meaning-based coping. Additionally, researchers have indicated that spirituality and religion have beneficial as well as detrimental impacts on health outcomes and stress processes (Gall et. al, 2005).

Lazarus and Folkman’s (1984) classic transactional model of stress defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Lazarus and Folkman’s (1984) original transactional coping model included problem-

focused and emotion-focused coping styles. In 1997, Folkman added meaning-based coping to this model, suggesting that religion and spirituality allow for positive re-appraisal, and this serves a mechanism for reducing the negative impact of stressors and adverse life events. It is well established that disease and illness are stressful experiences, and often result in situations where individuals are forced to cope.

Previous researchers have suggested that spiritual and religious beliefs are associated with enhanced coping skills and high levels of subjective well-being, and are robust predictors of positive health outcomes (Folkman, 1997; Koenig, 1998; Koenig & Larson, 2001; Stewart, 2011). On the contrary, other research has indicated that spirituality and religion sometimes have harmful and adverse health effects (Hill & Pargament, 2003; Powell et. al, 2003).

Although previous research indicates that spiritual and religious coping is associated with positive health outcomes, we know little about how mechanisms are operating through spiritual and religious coping impact individuals with cancer and even less about how this shapes outcomes for the loved ones of individuals with cancer (Park, 2007; Thune-Boyle, Stygall, Keshtgar, & Newman, 2006). Research has suggested that spirituality and religiosity have served as coping mechanisms to assist individuals facing serious health situations and the accompanying emotional distress (Feher & Maly, 1999; Shaw et. al, 2007). Although researchers know less about the role spirituality plays in helping loved ones of those facing threatening health situations, previous work has suggested that dealing with cancer is a family affair, which causes emotional distress for all loved ones involved (Hagedoorn, Kreicbergs, & Appel, 2011).

Relatively little research exists that has examined the role spirituality and religion play in how loved ones of individuals with cancer cope with emotional distress for specific familial roles. Fisher (2010) asserts that the relationships between mothers of daughters with breast cancer are overlooked, despite that these are important relationships that have the potential to offer support, resulting in positive coping outcomes. Evidence indicates that spirituality is a resource for individuals dealing with challenges and hardships. The research presented here explores how mothers with daughters who are breast cancer survivors accessed and utilized spirituality to deal with and manage the stress associated with the diagnosis and illness experience.

Methods

Design and Sample

In this study, we engaged in secondary data and narrative analysis of qualitative data originally collected to investigate individual perceptions of health-related family quality of life among mothers of breast cancer survivors within the context of their family and social roles (e.g., wife, mother, worker, friend). After approval, appropriate IRB protocol was followed. All data were de-identified to protect the anonymity of the participants. The use of secondary data analysis of qualitative data is beginning to receive increased attention by researchers. Initial findings from the original study have been presented elsewhere (Strong, Waters, Lentz, & Jagpal, 2012), and using content analysis focused on mothers' perspectives on health-related family quality of life in the context of their daughters' breast cancer. These

initial findings sparked new questions regarding the role spirituality plays for mothers of daughters with breast cancer. Thus, we returned to these data and examined how participants used spirituality as a resource, and how their spirituality shaped the way they experienced their worlds as mothers of daughters with breast cancer. Thus, the following research questions, derived from the original analyses, were used to guide the study presented here: *How does spirituality shape the experiences of mothers with daughters who have breast cancer? What role does spirituality play in how mothers deal and cope with their daughters' diagnoses and overall experience with breast cancer?*

The authors determined that secondary data and narrative analysis were appropriate methods. Secondary data analysis increases the usefulness of already existing and often labor-intensive and expensive qualitative data (Thorne, 1994, 1998). At the same time, often potentially interesting and salient data may be overlooked in the primary analysis as they are not directly related to the focus of the study's purpose or do not make clear contributions to the emerging findings. Secondary data analysis allows researchers to explore these other data that may have the potential for contributing to our body of knowledge regarding the phenomenon under study (Hinds, Vogel, & Clarke-Steffen, 1997). This was the case for the research being reported here.

Participants were recruited to take part in the original study via a web-based support groups for mothers of breast cancer survivors called Mothers Supporting Daughters with Breast Cancer (<http://www.mothersdaughters.org/>). In addition, a participant voluntarily posted an announcement about the study on a breast cancer support website's discussion board. Snowball sampling was used to recruit participants. The final sample for this secondary data analysis consisted of 30 participants, all mothers of breast cancer survivors. The women ranged in age from 49 to 81 years old with a mean age of 66 years. Twenty-six of the participants were married, two widowed and three divorced. All participants reported being White with the exception of one who identified herself as African-American.

The participants' daughters ranged in age from 25 to 54, with a mean age of 40. The average time since diagnosis was 60 months (i.e., five years). One daughter had passed away, and two were experiencing a second diagnosis. Participants were asked during initial interviews to reflect and respond to the following questions: *Recognizing that each individual has a different idea of what the term spirituality means to her. What does spirituality mean to you? Describe how, and if, spirituality is part of your life. In general, how does your spirituality affect your personal health care decisions? To what degree do you believe spirituality plays a role in the way you view your daughter's breast cancer diagnosis?* All participants stated that spirituality was important at some level to her during this process of managing adversities associated with a daughter with cancer. Participants' narratives did not reveal evidence of spiritual struggle, questioning, or abandonment of their spiritual orientation. For these women, Christianity was the predominant religion, spiritual orientation, and faith tradition.

Data Analysis

In this qualitative study, the authors used a thematic and narrative analysis approach (Braun & Clark, 2006; Riessman, 1993) to theorize the relationship between spirituality and the

experience of having a daughter with breast cancer for the participants. The authors engaged in further narrative analysis of original data from a previous study examining the life experiences of participants to investigate “How does spirituality shape how mothers deal with and manage their daughters’ breast cancer diagnosis, and to what extent is spirituality important, if at all, in the lives of these women?” The focus of this analysis was on the spiritual experiences of the participants as they coped with their loved one having breast cancer.

The present data analysis involved clean, original copies of all transcripts. The first author then read through the data multiple times to become familiar with the data set as a whole. Using narrative and thematic analysis (Braun & Clark, 2006; Crabtree & Miller, 1999; Riessman, 1993), the researchers coded for discrete phrases, sentences, and/or responses using a coding scheme aimed at focusing later coding on data that was relevant to the research question. Next, these codes were collapsed into larger codes surrounding similar ideas. Finally, these larger codes were evaluated as to their relevance to the research question (Crabtree & Miller, 1999; Emerson, Fretz, & Shaw, 1995; Riessman, 1993). The result was the identification of three overarching themes related to women’s spirituality as it pertains to coping with their daughter’s breast cancer.

For the purposes of this article, the transcripts of the 30 participants represent the complete dataset of the original study. Once IRB approval was obtained, the research team was involved in the secondary and narrative analysis of the original data to ensure contextual validity through inter-coder reliability. Using Atlas.ti, the authors analyzed the data and explored how the participants discussed their spiritual resources in the context of having a loved one with cancer. The sample description is identical to the original sample described in the above section. Qualitative researchers and methodological experts suggest that secondary data analysis is useful and appropriate when employed to strengthen bodies of social knowledge and to pursue interests distinct from the original study (Glaser & Strauss, 1967; Hill, Thompson, & Williams, 1997). The codes that emerged in the secondary data analysis phase of this study were *God, meaning making, coping, tool to manage, purpose, intention through spirituality, spiritual strengthening, and inner strength*. Findings generated from this secondary analysis are presented here. To arrive at the emergent and major findings, the authors relied on narrative and thematic analysis, interpretations of meaning statements, and syntheses of the emergent themes as well as taking into consideration the existing literature on breast cancer, spirituality, and coping.

Results

The findings presented in this article offer insight into how some women cope with their daughters’ breast cancer. In particular, the authors identified that spirituality informed the ways women made meaning and found comfort with their daughters’ diagnosis and illness. That is, we explored the nature of women’s spirituality and have argued it is a coping mechanism used to navigate the hardships associated with their daughters’ cancer. The mothers in this study reported relying on their spirituality to both understand and withstand their daughters’ breast cancer. Reliance on spirituality as a theme held relevance across all narratives. The mothers whose data were analyzed here illustrate three overarching themes

in their narratives as they describe the adversities, hardships, challenges, and even opportunities of having and caring for a daughter with breast cancer: 1) reliance on spirituality as a means of coping, 2) cancer-related hardships as a source of spiritual strengthening, and 3) the intentional use of spirituality as a resource.

These themes encapsulate their reliance on spirituality as a means to cope with uncertainty, fear, and hardship. In addition, the women openly discuss how the diagnosis helped them to grow stronger in their spirituality. Lastly, the women are intentional in the way they use spirituality to find peace, calm, and comfort as they navigate the less than ideal terrain of their daughters' cancer. Recognizing that accounts of spiritual struggle have emerged in research investigating experiences with cancer diagnosis, illness, and survivorship, those themes are not present in these data. In other words, none of the women in the sample expressed struggle related to their spirituality or discussed instances of questioning their God as they navigated the stress and hardship that accompanies having and caring for a daughter with breast cancer.

Reliance on Spirituality

The women in this study articulate a reliance on spirituality that is essential for helping them make sense of and cope with the uncertainties, intensities, and fears of having a daughter with breast cancer. For example, one participant explained, "we did our share of praying and getting close to God because that's the person [God] you really rely on and go to when you're in trouble." Another participant reflected on how she openly relies on her conversations with God to make sense of her troubles and explains, "I talk to God that way and tell Him my troubles."

For all of the participants, spiritual reliance was expressed and contextualized by a belief in God; in the case of these participants an expression of God is rooted in a monotheistic Christian tradition. Participants openly discussed their belief in God when asked to discuss what spirituality meant to them in the face of having a daughter with breast cancer. One mother revealed her experience:

Participant (P): Well, for me it [her daughter's diagnosis] was like a wake-up call. It brought me closer to God, and I think it brought my daughter closer to God. We always went to Mass on Sundays, and she always asked me to light a candle for her. So I would always do that, you know she just relied on God and me because God's the person you really rely on and go to when you're in trouble.

In addition, to having a reliance on their spirituality and a belief in God, the women in this study also trusted that everything in life [adversities associated with the cancer] would eventually be fine. This trust was rooted in their spirituality. As one participant explained, "my spirituality means having trust that I will be able to handle whatever life holds for me and my daughter". This trust, rooted in spirituality, serves as a source of comfort and support for these women as they move through a process characterized by having a daughter with breast cancer. Another participant is comforted in her belief and describes this source of contentment as "believing in God and, and realizing that we don't have all good days and all good years that we have to just make the best of it."

Many of the participants in this article had and expressed a positive association with spirituality and considered their spirituality as a resource that helped them cope with their daughters' breast cancer diagnoses. These findings suggest participants found instrumental and vital support from their perceived connections with God. In other words, the women in this article are relying on their spirituality as a source of support and strength.

Hardship as a Source of Spiritual Strengthening

Participants in this study reported that having a daughter with breast cancer created stressful and intense feelings of hopelessness, fear, and uncertainty that made daily functioning difficult. The women discussed these stresses and feelings while openly describing how their reliance on spirituality serves as a means of coping and a tool for making sense of their daughters' diagnoses. Reliance on spirituality emerged as a salient theme, serving as a grounding force and method of coping for participants.

The participants described these life events as catalysts that pushed them to trust in a belief system, and, in the case of most of these participants, that system was based in spirituality and a belief in a higher power or God. Furthermore, the women described how they were strengthened and transformed by their experiences of hardship related to their daughter's breast cancer. For example, one participant discussed how her spirituality informed the uncertainty and fear associated with having a daughter living with breast cancer. This participant was able to re-frame this adversity, creating a situation that solidified and strengthened her faith. She resolved the adversities while trusting in her conceptualization of God.

Participant (P): I believe that God is in this life with me. It's how you live your life that reflects it. I go to church and put my faith in God. I know that God has a plan for us and sometimes it's not what we had planned. The Lord has a plan for all of us, and we may not always like what he has planned for us, but there is a reason for everything. All this has brought me closer to God and I think it has brought her closer to God.

Having a daughter with breast cancer provided a place for these mothers to implement their spiritual beliefs in a manner that encouraged strength. Another participant explained that her strength was grounded in her spirituality and belief in God. She described her source of strength as follows, trusting that "He [God] will give me the strength and her [daughter] the strength to deal with whatever comes our way." Another mother reflected on how this diagnosis, in the context of spirituality, will help them get stronger. These findings suggest that, in turn, the spirituality of these participants could be strengthened.

Participant (P): Right from the very beginning, my daughter and I have asked God, "Why did this happen to us?" We just know that we were going to be all right because God – this was something God had put in our path and we were going to get stronger because of it one way or the other. And when I was afraid my daughter might die, I just remember saying to God, "Oh, just show me the way."

In addition to having spirituality as a source of strength, the mothers in the article also demonstrated well-developed faith. For example, one participant stated, "Again, back to

prayer and faith, because of those two things we knew that everything was going to be okay.” Evident in the participant’s accounts are the ways in which spirituality serves as a strengthening mechanism allowing the mothers to cope with their daughters’ diagnoses. Spirituality was a powerful tool for the participants in this study. One woman reflected on trying to imagine dealing with her daughter’s cancer without being grounded in her spirituality.

Participant (P): I found it hard to imagine that some people don’t have the resource of faith to sustain them, that faith of knowing that they will see their family member when they pass, someday again.

The participants were able use their spirituality as mechanism for strength, support, and coping. This ability is vital in how they deal with their daughter’s breast cancer.

Intentional Use of Spirituality

Spirituality was evidenced in these data as an important coping strategy for participants. When understanding the role spirituality plays in the lives of these mothers, it is worth noting that these experiences and encounters with spirituality, God, and faith were not accidental or serendipitous. Rather, many of these women were actively and intentionally cultivating their spirituality and connection with God, enabling them to connect with others and manage the stresses and hardships associated with having an adult daughter with cancer.

Participants were intentional and purposefully used spirituality as a means of coping in various ways. One example of this intentionality was expressed through the practice of prayer. As one participant stated, “I did a lot of praying, and I had the whole world praying, too.” Another explained, “I prayed a lot, and I cried a lot, and I finally gave it over to God.” In addition to individual prayer, the mothers expressed the importance of collective prayer. This participant reflected on her a spiritual community praying for her daughter:

Participant (P): We had so many people praying all over, all of our friends, and having email was nice. People prayed through email and that is a wonderful thing - they gave me a lot of comfort, too. People at our Church started praying and I realized how important that is, to have all of us praying and not just me.

Prayer was a practice that served as an important mechanism in how these mothers dealt with their daughters’ cancer. Additionally, there were various other ways these women exhibited an intention when relying on their spirituality as a source of strength. For the mothers claiming that spirituality was important to them, there was evidence that the women were intentionally re-framing their daughters’ illness. That is to say, the participants were intentionally conceptualizing the illness and seeing the event as an opportunity to practice having faith and believing the diagnosis to be part of the ultimate plan. One mother explained, “Her cancer reminds me that nothing that goes on in my life has not passed through the hands of God and He has approved that this is to happen in our lives.” Another mother knew that “things don’t always work out like we want them, but how they need to be. This is in God’s plan.” This participant discussed her experience with fear:

Participant (P): My spirituality helps me fight against the fear and the hopelessness that I feel, that I felt at first. If I start to think, “Wow, I don’t want to do this. I am a

selfish being, and I don't want to deal with this. This is way too inconvenient," I stop and let my spirituality kick in, and I say, "Okay, God, whatever you have for me, you know, this is what I will do. I can take care of my daughter and help her through this."

This narrative demonstrates how she can intentionally reframe her daughter's cancer and understand it as a place for spiritual growth and trust rather than of hopelessness, heartbreak and devastation.

Discussion

Having breast cancer affects the lives of those living with the disease, and it also impacts loved ones of the person with the disease. In the case of these data, the participants provide depictions of how they navigated the emotional terrain of their daughters' cancer diagnosis. Findings indicate that the participants relied on their spirituality as a means to cope with uncertainty, fear, and hardship. In addition, the women openly grew stronger in their faith and spirituality and were intentional in how they used spirituality to find peace, calm, and comfort as they navigate the less than ideal terrain of their daughters' cancer. Furthermore, none of the women in this study report spiritual struggling in relation to their daughters' diagnosis or illness trajectory.

Research indicates that spirituality has provided individuals with buffering components and protective factors when dealing with illness and diagnosis-related experiences concerning health (Thune-Boyle, Stygall, Keshtgar, & Newan, 2006). This reliance was expressed in a connection and personal relationship with God. Participants reported having experiences that support existing literature, suggesting that having a personal connection with God is associated with having positive health outcomes (Black, 1999; Levin, 2002; Mackenzie, Rajagopal, Meibohm, & Lavizzo-Mourey, 2000). In addition to relying on spirituality as a mechanism for coping, the participants described how adversities related to their daughters' cancer provided them with opportunities for spiritual growth and strengthening, paralleling the process of resilience and post-traumatic growth (Layne, Warren, Watson, & Shalev, 2007; Tedeschi & Calhoun, 2004). While participants' narratives do not reflect spiritual struggling or questioning, existing research has suggested that spiritual struggling is plausible for individuals negotiating a cancer related illness trajectory; this struggling has been shown to diminish quality of life and life satisfaction (Manning-Walsh, 2005). To date, no research exists examining the spiritual struggling for loved ones of breast cancer survivors.

These findings support existing literature that has suggested when individuals face illness (their own or someone they are close to), they engage in a spiritual appraisal process as they make sense of stress using their spirituality (Park & Cohen, 1993). Additionally, the participants used prayer as a spiritual resource. It has been demonstrated that prayer as an expression and action connecting one to God is an essential part of most religions (Cook & Bade, 1998). Research suggests that prayer is an individual and useful ritual in dealing with adversity, crisis and associated stresses, particularly in relation to health crises (Hood, Spilka, Hunsberger, & Gorsuch, 1996; McCullough & Larson, 1999).

Every study has limitations, and there are a few notable in the research presented here. The source of data for this study was mothers of women with breast cancer with the focus being on the perceptions of the mothers as they experience their daughters' breast cancer. From this analysis, the authors are able to determine that spirituality shapes the coping experiences of mothers, but we lack data to capture the spiritual experiences of women with breast cancer. Also, these were narratives of mothers in which spirituality emerged as a powerful mechanism for coping. Unfortunately, this theme, while dense, emerged in a single interview. The authors were not able to return to participants for further exploration or to adequately capture the voices and concrete spiritual experiences of these women. Thus, findings from this study are based on the perspective of mothers at a single point in time. Ideally, subsequent interviews would have been collected to further explore these emergent themes for mothers and daughters during the original study. Also, using additional interviews and a larger sample, we could have more deeply explored the extent to which spirituality provided the mothers and daughters with hope and more detail about how this played out in terms of practice, belief, and then appraisal of the cancer. Another limitation is the lack of diversity or maximum variation of the sample regarding socio-economic status, race/ethnicity, and religion/spiritual affiliation. Despite the limitations, the research presented here contributes to existing literature investigating and understanding spirituality as a mechanism for support for vulnerable individuals.

The women attributed their relationship with and belief in God as a resource for support resulting in strength and the ability to deal with their daughter's breast cancer. These experiences are reflective of what George et al. (2002) called "divine support," or a reliance on and connection to God that serve as sources of strength and resources for coping. As data analysis continued, themes emerged from the data illustrating that each of the women elucidated strength, buoyancy, and the ability to navigate the hardships associated with having a child with breast cancer; this was rooted in their spirituality.

The participants exhibited strength in several ways: relying on their spirituality as a mechanism for coping, experiencing a process of spiritual strengthening or development, and intentionally relying on and developing their spiritual capacities. These attributes are evidenced as common themes of qualitative research conducted on women (Dingley & Roux, 2003; Kotarba, Haile, Landrum & Trimble, 2003). Specifically, these mothers demonstrated the ability to sustain a sense of peace and calm during times of crisis, and articulated how their spirituality served as a mechanism for coping in the face of these challenges related to breast cancer.

In the experiences articulated by the participants, there is evidence of meaning-based coping rooted in a spiritual context. They articulated how important spirituality was as a part of their action and thought process related to the stress they are experiencing in relation to their daughters' breast cancer. These findings are complementary to Lazarus and Folkman's (1985) seminal transactional coping model that included problem-focused and emotion-focused coping styles. In 1997, Folkman added meaning-based coping to this model, suggesting that religion and spirituality allow for positive re-appraisal and this serve as mechanisms for reducing the negative impact of stressors and adverse life events. This spirituality-based, positive re-appraisal was relevant for the mothers in this study. The

women had a system of support in place that was rooted in their spirituality. Participants depended on and used these resources to cope with their daughters' breast cancer. Essentially, spirituality and religion benefited the participants while serving as tools for meaning-making and the managing of adversity. The mothers benefited from their spiritual experiences and beliefs and their belief in the Transcendent, or a higher power. The work presented here suggests that spirituality plays an important and beneficial role in the lives of these informants.

Conclusion

Our findings suggest that spirituality is an important meaning-making component for the informants. Additionally, spirituality is a crucial factor in the coping process for the women in this study. Spirituality serves a resource for the women, and promotes their ability to struggle and push through adversities and hardships associated their daughters' breast cancer. It is plausible that spirituality serves as a major resource and coping mechanism, and as a result these women are able to manage the strains and stresses of having a child with breast cancer.

Recognizing that spirituality is only one component of the coping process, the authors argue that it is an important one. The 30 women in this study, all for whom spirituality resonated, credited their ability to cope with daughter's cancer to their spirituality. Spirituality for these mothers served as a protective factor and strengthened as they dealt with their daughter's diagnosis and subsequent experiences with cancer. The women were able to make sense of the unknown and unfortunate while exhibiting gratefulness and acceptance for the gems of hope they find in the processes of recovering and surviving.

Findings suggest that spirituality is a positive resource for coping with a loved one's cancer. Future research needs to explore not only the positive aspects associated with spirituality and coping, but also the negative ones. In addition, future research needs to address how spirituality shapes the process of coping for various kinds of cancer, being careful not to assume that spirituality and its influence on coping have one-dimensional and unidirectional aspects. Additionally, research that examines the negative aspects of spiritual coping and the role it plays in coping is needed. To date, considerable work has been done investigating spirituality and coping with cancer. A considerable amount of this research is quantitative in nature and scope (Thune-Boyle, Stygall, Keshtgar, & Newan, 2006). Future works must consider the many perspectives and experiences (positive and negative) of those living with and among cancer.

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