

Wittman, J. (1993). *Breast Cancer Journal: A Century of Petals*. Golden, CO: Fulcrum Publishing.

Taylor (1990) suggests that the broad mission of health psychology is to make educational, professional, and scientific contributions to the promotion and maintenance of health, and the prevention of illness. Researchers throughout the field have made significant contributions to the understanding of health behaviors, as well as, the factors associated with illness, coping and recovery. Research in the field of health psychology involves a multitude of factors, such as mental models, cognitive processing, systematic biases, stigma, affect, stress, and coping strategies. It is extremely difficult, unless one is a student of the field, to get an accurate perception of the wide range of psychological processes that are involved in both everyday illnesses and more severe maladies.

Juliet Wittman, in her novel "Breast Cancer Journal: A Century of Petals," recounts a year in her life during which she was diagnosed with breast cancer. In doing so, Wittman effectively conveys to the lay person, many of the powerful psychological processes that effect the ill, their friends, family, and their caretakers. Her 12-month experience with breast cancer illustrates many of the psychological components that researchers in the field of health psychology have researched and experimentally examined. Rather than reading the results of artificial laboratory studies, Wittman gives us a first person account of the devastating effects of illness on both the physical and psychological self.

Wittman receives the results of her mammogram and from that moment on begins a never-ending battle to regain control of her life. Her mother had previously died from cancer and this previous experience with the disease buffers the negative impact of the disease. Croyle et al. (1997) demonstrated that individuals who had previous experience with an illness had less negative psychosocial reactions to a positive diagnosis. Illness in one's own life or a family member helps protect the person from the negative effects of a positive diagnosis. Wittman, throughout the book, reflects on her mother's bout with cancer and this helps her deal with her own trauma. "I dwelt obsessively on my mother's four-year struggle," the author recounts (p.87).

Denial and an optimistic bias are also associated with this loss or struggle to regain control of one's life. Wittman, like most individuals engages in unrealistic optimism. Weinstein (1980) defines this as an error or bias in judgment, whereby people see themselves as invulnerable and others are expected to be victims of misfortune. Early in the novel when Wittman and one of her friends are discussing the probability of contracting breast cancer, she states that the rates are 1 in 10, but they never thought that it would happen to them. Also, when Wittman first finds the lump in her breast, in an obvious state of denial, she tells herself that the protuberance is nothing more than a swollen gland or lymph node, "Surely it couldn't represent a serious threat." Denial is in some cases an automatic cognitive process that counteracts the emotions, thoughts, and feelings associated with a traumatic event.

In another attempt to amend the chaos that resulted from her breast cancer diagnosis, Wittman attempts to find a causal explanation for her cancer. In these early stages, the author is still attempting to formulate her mental representation of the disease. Wittman is trying to decide whether to make internal or external attributions of blame for her cancer. Janoff-Bullman (1992) suggests that internal or self-blame for a trauma may in fact be somewhat beneficial for the victim. When the victim assigns blame, even self-blame, for a trauma, they are one step closer to completing their mental representation of the illness and this in turn provides cognitive organization in the individual's mind. The more organized the trauma scenario is in the victim's mind, the closer they are to completing the coping process. Janoff-Bullman (1992) also states that there are two types of self-blame that an individual can

engage in, characterological, and behavioral. Characterological self-blame occurs when an individual blames the trauma on their own person or qualities, whereas behavioral self-blame occurs when the blame is placed upon an action that the person engaged in.

Throughout the novel, Wittman struggles with whether she or some other agent caused her cancer. She fears that it may be the result of her years on birth control pills and the increased levels of estrogen that results. After reading a Lawrence LeShaun self-help book, she also thinks that her personality traits may have caused the cancer, or that her friend's cancer may have influenced her own. Eventually after analyzing all the possible causes, Wittman settles on a combination of behavioral self-blame and external attribution. She places part of the blame for her cancer on the medical community for not informing women about the dangers of elevated levels of estrogen, and on herself for taking the birth control pills for so many years.

According to Bishop (1991), once an individual has developed a mental representation of their illness, this model then guides their treatment and coping processes. Accurate models like Cousins (1979) can lead to swift and complete recovery, but inaccurate one may exacerbate the physical symptoms and the disease itself. Like Cousins' successful therapy, Wittman engages in a combination of both traditional and alternative treatments for her illness, based on her cognitive model for the cancer. After her biopsy, her model guides her decision to have a lumpectomy as opposed to a mastectomy, "I realized that, to a large extent, how you visualized your cancer, the metaphor you used for it determined the treatment," (p. 122). Wittman saw her body as a garden, that occasionally needed to have weeds removed and pesticide sprayed to kill off any harmful insects. During her chemotherapy treatments, Wittman listened to visualization tapes and practiced the techniques on her own. She began imagining her white blood cells as small representations of her daughter killing off all of the cancer cells.

Along with the traditional chemotherapy, Wittman also began seeing a Chinese herbalist and a massage therapist. She was well aware that the Chinese model of illness and treatment was different from traditional Western models, "Chinese doctors believe human beings are part of an entire system: you cannot be altogether well in a sick society," and she integrated the two during her recovery. Researchers (Talbot, 2000) have suggested alternative therapies such as acupuncture, herbs, and massages are nothing more than placebos. Wittman writes, "You have to feel a real belief in the process and a commitment to changing the way you live your life." The massage therapy that Wittman engaged in also seem to produce positive effects for her illness, "I felt as if my limbs had been dead, and Jim, godlike, was working life into them." Experimental research on massage therapy has produced similar positive results when used to treat numerous illnesses ranging from AIDS to diabetes, (Field, 1998). Whether the Chinese herbal treatments and the massage therapy work as a result of the placebo effect or not, the benefits to Wittman and others are both positive and substantial.

Another way that Wittman attempted to cognitively organize and control her illness was by comparing herself to others. Taylor (1983) states that victims will sometimes engage in either upward or downward social comparison to enhance the self and self-esteem. According to upward social comparison theory, victims will compare themselves to someone doing slightly better than they are in order to learn strategies from them. In downward social comparisons, victims will compare themselves to those who are less fortunate than they are in order to self-enhance or self-protect. Throughout the novel, Wittman engages in both upward and downward social comparisons, especially with members of her QuaLife support group. She compares herself to Sara, the vivacious leader of the group and learns

from her successful coping strategies and positive attitude. Wittman also make downward comparisons to less fortunates, in order to feel better about her own breast cancer, "I suddenly realized full force how lucky I was to have Bill and Anna. I thought about women who had no partner... no close-knit circle of friends... alone with little children... without insurance."

Throughout her 12-month battle with breast cancer, Wittman was surrounded by a strong social support network. Janoff-Bullman (1992) suggests that individuals receive feedback about their own self-efficacy from their perceived reactions of other people. This has also been referred to as the looking glass self, in that we see ourselves as we think others view us. Social support has been shown to be positively correlated with mental health and negatively related to physical illness and pain. Trauma victims with strong social support networks recover more quickly than those without social networks. Social support increases the victim's self-esteem, positive affect, informational resources, self-efficacy, and financial resources. Throughout her novel, Wittman comments numerous times on the strength and breadth of her social support network. I am not sure that she fully realized how fortunate she was or how much her recovery was a direct result of her support. Her husband Bill attended nearly every doctor's appointment with her and even quit his job to be at home with her more often. Even the family pets were there to support her, "Bill's dog, McDuff, too, was a bundle of naturally healing energy." Wittman was able to afford to go to cancer group meetings and weekend retreats that were sponsored by QuaLife, "One of greatest benefits of the workshop was the simple joy and relief of being with other cancer patients," "The information I received from fellow patients was invariably more detailed, rich and specific than anything my doctors ever told me, and these women could supply a special kind of comfort, too." Her coworkers supported her with compliments, gifts, cards, flowers, as well as spiritual companionship. Wittman knew that here support network was an invaluable resource throughout her 12-month battle with the cancer, "Every time I think I'm completely lost, every time I'm really drowning and frightened and desperate, somebody appears and holds out a hand to help me back to shore."

Although most people in Wittman's life were supportive and helped her through her illness, a disease will at times cause discomfort in others. According to Janoff-Bulman (1992), people who interact with the ill are reminded of their own mortality and this causes them to feel ill-at-ease. Wittman notes in a conversation with one of her QuaLife support group members, "Other people seem to be sleepwalking... And, in turn, they want to distance themselves from what's happening to you, to feel it could never happen to them. They don't know how to talk to you, either." Even with close family members, normative roles are strained, and communication difficulties arise. Wittman noticed these communicative difficulties especially in her relationship with her daughter Anna, "I was noticing that my inability to deal with her directly seemed to be matched by her desire not to have to face me," and "I'd paid little attention to my daughter, I was afraid to face her. Her fear intensified mine." Another natural reaction to this discomfort is to distance yourself from the ill, or to justify the malady by blaming the victim.

Through her vibrant and engaging writing style Wittman gives the reader a window into her physical and psychological ordeal with breast cancer. Writing for the layperson, Wittman effectively conveys many of the complex social psychological principles that affect health and health relations. She gives us a look at the effects of breast cancer on an individual and their family. Wittman shows us how individuals cope with the emotion and physical pain of cancer and cancer treatments through social support, social comparison processes, mental representations, and via the use of traditional and alternative healing therapies.

It is a unique perspective from which Wittman writes about her year long struggle with breast cancer. Although the novel is a tour-de-force of psychological processes involved in health and illness research, it is decidedly atypical. Wittman and her family are obviously of a high socioeconomic status. There is not a single mention of the staggering cost and financial strain that breast cancer places on a family. Many times, this financial strain is as devastating to the family as is the cancer itself. Wittman has the financial resources to use alternative therapies like Chinese herbalists, and massage therapy. Her husband has the ability to quit his job and begin consulting work from home. She is able to afford to attend resort-like workshops, support groups, and private psychotherapy sessions. The family has multiple cars and means of transportation available to them. Because of Wittman's financial status she is able to engage in many beneficial behaviors that help her cope with her breast cancer. Their high socioeconomic status relieves much of the financial stress that affects most cancer patients and their families. While her story provides many great examples of coping processes, most individuals would only be able to take part in a small fraction of the strategies that are afforded to Wittman. While her story intends to be a motivational tale for other cancer patients, it may have the reverse effect. Readers may become disheartened because they are unable due to financial constraints to attend support groups, or massage sessions, or weeklong workshops. Wittman needs to understand how fortunate she is and realize that her experience is atypical, which detracts from the effectiveness of the book.

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