

## Emotions and Learning in Support Groups of Female Breast Cancer Patients

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**Abstract:** The understanding of emotions and learning in the participants of breast cancer support groups will assist in better preparation of how to cope with the disease these patients face. It is in working through emotional experiences that participants are able to learn and grow in support groups.

“It has to be talked about. Breast cancer - we have to talk about it. It has to change...so women know...so they don't die. Promise me, Nanny. Promise...you'll make it change” (Brinker, 2010, p. 147). These were a portion of the final words uttered by Susan G. Komen to her sister, Nancy Brinker, before she died of breast cancer in 1980 (Brinker, 2010). Breast cancer is the most common form of cancer in the United States; approximately one in eight women will be diagnosed with breast cancer (American Cancer Society, 2010). At the time of diagnosis, the patient is presented with a number of treatment options depending on how aggressive and how progressed the breast cancer is. The range of options may include one or a combination of treatments, such as surgery, chemotherapy, radiation therapy, hormonal therapy, targeted therapies, and complimentary medicinal approaches (Breastcancer.org, 2008). One option, complementary medicine, is becoming more prevalent.

“The goal of complementary medicine is to balance the whole person – physically, mentally, and emotionally – while conventional medicine does its work” (Breastcancer.org, 2008, para. 1). Included in the ambit of complementary medicinal approaches are spirituality and prayer and support groups (Breastcancer.org, 2008). The benefits associated with participation in spirituality and prayer includes “reducing stress and anxiety” and “promoting a more positive outlook and a strong will to live” (Breastcancer.org, 2008, para. 3). Although similar in nature, spirituality and prayer are separate entities and should be addressed as such.

Spirituality is defined as “a deep and profound sense of connectedness to something outside of oneself, as well as a connectedness emanating from within, in a transliminal sense” (Boucoulvalas & Lawrence, 2010, p. 38). In contrast to spirituality, religion is slightly more structured and focuses more on “prescribed beliefs, rituals, and practices as well as established social institutional features” (Kleiwier, 2004, para. 3). Religion also focuses “on the undertaking of a spiritual search using specific means or methods, including specific rituals or behaviors within an identifiable group” (Kleiwier, 2004, para. 3). Prayer is included in the specific rituals of religion.

Also beneficial to the treatment of breast cancer is participation in support groups. Support groups are “groups of people in similar life situations who meet on a regular basis to share their concerns” (Breastcancer.org, 2008, para. 1). Support groups can include open membership or closed membership, which enables the participant to decide how active to be in the group; support groups provide opportunities for patients to use their knowledge and experience to help others (Breastcancer.org, 2008). Further, support groups can be organized through specific religious organizations in the form of prayer groups.

Patients' participation in spirituality, prayer, and support groups leads to different types of learning such as affective learning and experiential learning. Affective learning involves emotion (Boucoulas & Lawrence, 2010); "emotions take us to places where words alone cannot, thus elevating us to new levels of knowledge acquisition" (Boucoulas & Lawrence, 2010, p. 37).

The purpose of this paper is to discuss the role of emotion and learning of female breast cancer patients who participate in support groups in an effort to lay out a future research agenda. First, this will occur with a description of emotions and learning. Second, three types of support groups that are available to cancer patients will be presented. Third, the role of emotions and learning within support groups will be examined. Lastly, implications and the need for further research into emotions and learning in support groups of female breast cancer patients will be provided.

### **Emotions and Learning**

Emotions hold a quintessential role in the learning process by either promoting it or hindering it (Dirkx, 2001). "Personally significant and meaningful learning is fundamentally grounded in and is derived from the adult's emotional, imaginative connection with the self and with the broader social world" (Dirks, 2001, p. 64). Emotions give way to an intricate understanding of the world and self. "Emotions always refer to the self, providing us with a means for developing self-knowledge. They are an integral part of how we interpret and make sense of the day-to-day events in our lives" (Dirkx, 2001, p. 64). Emotions take part in the process of "meaning-making" (Dirkx, 2001, p. 66); they are the unconscious feelings of dislike towards a particular situation or person that often occur without an explanation. The lack of explanation or rationale leads emotions to be regarded as irrational. The irrationality of emotions is often disregarded in a rational focused adult education environment. In formal adult education settings, the outward expression of emotions and feelings is often discouraged and the redirecting and control of these emotions is applauded. On the contrary, personal accounts of adult learners noted that the most memorable accounts of their learning experiences were those that involved emotions, suggesting that emotions are deeply related to learning (Dirkx, 2001).

Images are used to translate emotions and feelings and assist in meaning-making. Similar to the unconscious feelings of dislike, emotional images are uncontrollable and emerge unannounced (Dirkx, 2001). The images can be used to further interpret our inner emotions allowing us to better understand ourselves and the meaning of emotion in our lives (Dirkx, 2001). The examination of emotional images is used to better understand the nature of the emotions by asking questions such as, "What do these emotions remind me of? What other times have I felt this way?" (Dirkx, 2001, p. 69). Questioning of the emotional images allows for deeper understanding and meaning (Dirkx, 2001).

Similar to emotional learning experiences, Tisdell (2008) reports on four types of spiritual learning experiences: the first relates to human nature as a whole, the second with nighttime dreams that directly relate to real life occurrences, the third with "those that took place in nature or in meditation" (p. 31), and the fourth relates to a continuing growth of personal self. The spiritual aspect of learning is incorporated when, through the four types of spiritual learning experiences, a previous frame of knowledge is reinterpreted or given a sacred meaning (Tisdell, 2008). "Some people report having spiritual experiences all the time. But *significant* spiritual experiences of deep learning seem to happen only occasionally" (Tisdell, 2008, p. 31). Learning in spirituality, once considered implicit, has recently expanded to a more explicit category due to

increased discussion. Where spiritual experiences are discussed, the learning becomes explicit (Tisdell, 2008).

### **What Type of Bra do You Wear? Support Groups Come in Different Styles**

Support groups are established to help people cope with a number of life circumstances such as a common disease, the recent loss of a close relative, or a common addiction. Support groups also range in type depending on the constituency partaking in the group; they include non-spiritual and non-denominational support groups, spiritual support groups, and prayer groups. Patients seek support groups for different reasons such as to collect information, meet others with their same disease and treatment, or follow their physician's suggestion (Large, 2005).

### **Non-Spiritual Support Groups**

Support groups are gatherings of people with common interests or similar life situations. The groups can meet anywhere and the size is based on the purpose and needs of the group (Randall, 2003). Support groups are established with open membership or closed membership. Open membership allows for more flexibility; participants can come and go as they please and attend as many or as few sessions as they wish. Closed membership is more structured; there is a limit to the number of participants for each group and there is a specific number of sessions that participants need to attend in order to remain in the group (Breastcancer.org, 2008). In addition to open and closed membership, support groups can also be run by professionals or by cancer survivors. Groups that are run by professionals such as psychologists, psychiatrists, oncology social workers, oncology nurses or pastors, are focused on assisting participants with anger or frustrations they may be feeling towards their situation or diagnosis (Breastcancer.org, 2008). The trained professionals act as a guide in these situations to assist with coping. In contrast, there are support groups that are facilitated by survivors. These support groups are able to offer support and guidance through personal life experiences (Breastcancer.org, 2008).

Face-to-face support groups offer many benefits to patients; however, access is often an issue unless the patient resides in a major metropolitan area (Vilhauer, 2010). In these cases, online support groups are offered, which can be tailored to a more specific diagnoses group and target more specific groups of people (Vilhauer, 2010). Online support groups also offer the benefit of constant accessibility; whereas face-to-face support groups only meet at a specific time and date, online groups can be accessed 24/7 (Vilhauer, 2010). Support groups can also come in the form of exercise groups which benefit patients both physically and psychologically (Emslie et al., 2007).

### **Prayer Groups**

Similar to support groups, prayer groups are gatherings of people in similar life situations; however, in prayer groups the gatherings are for the singular purpose of praying. Prayer groups meet at religious institutions such as a church, synagogue, or mosque. Prayer can be said out loud in a group or can be silent and meditated (Breastcancer.org, 2008). There are five types of prayer, (a) supplication, (b) devotion, (c) intercession, (d) gratitude, and (e) contemplation (Cassian, 1997). The first three, supplication, devotion, and intercession, aid in relaxation and meditation assisting in "shifting attention away from stressful, recurring, or destructive thought patterns and feelings leading to illness" (Stanley, 2009, p. 827).

### **Spiritual Practices and Spiritual Support Groups**

Spirituality has different meanings to different people, and the definition often depends on the context in which it is portrayed. In contemporary literature, spirituality refers to a personal and individual search for a greater self or being; it is "generally seen as an individual's

experiences of what is perceived as sacred, how one frames or understands those experiences can strongly influence one's beliefs and behaviors" (Tisdell, 2008, p. 29). Spirituality is practiced in a variety of ways including meditation, family activities, helping others, praying alone, recalling positive memories, relaxation, praying with others, listening to or playing music, visiting a house of worship or quiet place, reading spiritual materials, exercise, meditation or yoga (Thomas, Burton, Griffin, & Fitzpatrick, 2010). Depending on the activity, spiritual practices can be participated in individually or in group settings. Some activities are more open to group settings such as exercise and yoga, but exercise and yoga are not always directly related to spirituality.

### **Emotions and Learning in the Support Group Setting**

Women often feel as though they do not receive the emotional support that they need from their personal relationships. Though women may have many supportive individuals around them, they are often discouraged from expressing feelings of fear, anxiety, and thoughts of death to others. This often leads to seeking additional support in the form of support groups (Ussher, Kirsten, Buto, & Sandoval, 2006). Participation amongst support groups varies. There are many different reasons that patients participate, and the patients are often at different stages of their diagnoses and treatment (Helgeson, Cohen, Schulz, & Yasko, 2000). Breast cancer patients also differ in their goals. For example, some look for emotional support when they feel they do not have enough support at home, while others look for educational support when they feel they are not receiving enough information from their doctors (Helgeson et al., 2000). Further 34% to 86% of medically ill patients have reported using religious/spiritual cognition and activities in coping with their illness (Lieberman & Winzelberg, 2008).

A common denominator amongst breast cancer patients is a loss of empowerment. Empowerment is described as a person's ability to meet their own needs (Stang & Mittelmark, 2008). This loss of empowerment and desire to regain is often a driving force for cancer patients to seek out and participate in support groups. Four empowerment processes that were found to be linked with learning in support groups are "(a) consciousness-raising, (b) acquisition of objective knowledge, (c) learning from others' experiences, and (d) discovery of new perspectives about life and self" (Stang & Mittelmark, 2008, p. 2051). In consciousness-raising, the participants gained an increased awareness of their situation and were able to learn the different perspectives of the other members in the group. In acquisition of objective knowledge, the women were able to obtain factual information about their prognoses, treatments, and developments. Through learning from others' experiences, the women were able to share stories and experiences they had had and "being different as persons promoted their learning" (Stang & Mittelmark, 2008, p. 2052). Lastly, in the process of discovery of new perspectives about life and self, the patients were able to learn to put aside the pain and suffering that they had endured or were currently enduring to reprioritize specific issues in their lives that held a higher value. Although depicted as four separate accounts, the learning portion of empowerment "was experienced as an integrated, intertwined and cyclical process" (Stang & Mittelmark, 2008, p. 2051).

Empowerment outcomes have been observed at both personal and social levels in a study involving Chinese cancer patients (Mok & Martinson, 2000). Findings concluded that positive feelings such as those of certainty, assurance, and courage were shared in coping with the illness; negative feelings of anxiety and despair when another members' condition deteriorated were also observed. "Information support and mutual learning were considered critical elements" of the study and remain a critical element of empowerment (Stang & Mittelmark, 2008, p. 2050).

Another form of learning that occurs in support groups is self-directed learning. Self-directed learning occurs when an individual takes it upon him/herself to locate information on his or her own. Self-directed learning in support groups is not always solitary; participants in support groups learn from different aspects of the group ranging from other participants, the facilitator, and the common emotions (Rager, 2003). Emotions are often regarded as a negative impact on self-directed learning in cancer patients. Feelings and emotions of fear, depression, and anxiety often prevent patients from participating in self-directed learning. It was noted of breast cancer patients that the support groups were beneficial, but they had to find them on their own. While the patients found the support groups helpful, it was often difficult for some of them to get past their emotions and actually search for something they were interested in. When negative emotions are involved, self-directed learning is challenged because the emotions get in the way of the motivation to learn (Rager, 2003).

“Spirituality helps us to see the extraordinary in the ordinary business of life and spiritual experiences can create a new order out of chaos” (Tisdell, 2008, p. 30). In the world of a cancer patient, the diagnosis of a potentially life threatening disease can bring instant chaos; spiritual practices can evoke spiritual or sacred moments and experiences for breast cancer patients. “People construct knowledge in powerful ways through spiritual experience that leads to further development” (Tisdell, 2008, p. 34); spiritual experiences are often evoked by participation in spiritual support groups by breast cancer patients.

#### **Setting the Stage for a Future Research Agenda**

There is opportunity for learning in every situation. Emotions can play a key role in the learning of breast cancer patients participating in support groups. Learner’s emotions can often be thought of in a literal manner, “as windows that reveal experienced realities” (Dirkx, 2006, p. 17). For example, a participant in a support group may lash out at the facilitator for what seems to be an insignificant comment; however, the patient’s anger may express fears of her diagnoses and not necessarily a disagreement with the facilitator. It is in examining these emotional responses that participants in support groups are able to learn and move forward in their experiences. Emotions in support groups can act as a road block to learning in support groups; if patients are not prepared to deal with their emotions or do not have the motivation due to negative emotions, it can hinder positive effects that a support group may have on learning, growing, and regaining empowerment. On the contrary, emotions in support groups can be beneficial; participants who meet others experiencing the same types of emotions and feelings are able to make breakthroughs that otherwise may not occur. Participating in support groups allows for emotions and learning to assist the patients’ attempts at regaining empowerment (Stang & Mittelmeck, 2008). Emotions can hinder or accelerate self-directed learning in support groups.

More research and theory building activities need to be done to test and validate the role of emotions and learning in support groups. This will assist caregivers in understanding the negative and positive emotional consequences of support groups. Further research is also needed to examine the different support groups and individual learning styles that take place within them. Results from such studies would be useful in matching patients with appropriate support groups.

Nurse practitioners and other medical associates involved with breast cancer patients would benefit from training on the different support groups available to patients and which support group types would be most beneficial for particular patient needs. All support groups are not the same and should not be treated with a one size fits all approach.

The distinctions between spiritual support groups and prayer groups should be compared to determine their role in treatment. There is little research on the formation and practices of prayer groups. A study of prayer groups and the types of learning that occur within them would assist in the understanding of emotions and learning in this context. Deeper studies of the practices of prayer groups would provide for a better understanding of how emotions and learning are involved within the prayer groups and for whom the prayer groups would be most beneficial.

Support groups provide ample opportunities for emotion and learning to occur. Although not a cure for breast cancer, support groups can provide additional emotional support and comfort during times of great trial for cancer patients. Patients are encouraged to learn through empowerment, self-directed learning, and spiritual experiences in order to grow and become survivors. As the patients learn, they are able to better communicate and have a better understanding of breast cancer and the experiences and emotions involved; this understanding can assist the patients in preparation of the battle against breast cancer.

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