

What do cancer support groups provide which other supportive relationships do not? The experience of peer support groups for people with cancer

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Abstract

This qualitative study examined the questions of what cancer support groups provide that other supportive relationships do not, and what the self perceived consequences are of support group attendance. Nine representative Australian cancer peer support groups, consisting of a total of 93 interviewees, 75 women, and 18 men, with a mean age of 62, took part in participant observation and focus group interviews, with the data analysed using positioning theory. Support groups were positioned by participants as providing a unique sense of community, unconditional acceptance, and information about cancer and its treatment, in contrast to the isolation, rejection, and lack of knowledge about cancer frequently experienced outside the group. Groups were also positioned as occasionally emotionally challenging, in contrast to the experience of normalising support from family and friends. Increased empowerment and agency were positioned as the most significant consequences of group support, consisting of increased confidence and a sense of control in relation to self, living with cancer, and interactions with others, in particular the medical profession. The support group was also positioned as facilitating positive relationships with family and friends because of relieving their burden of care, by providing a safe space for the expression of emotion. No difference was found between professionally led and peer led support groups, suggesting that it is not the professional background of the leader which is of importance, but whether the group provides a supportive environment, mutuality, and a sense of belonging, and whether it meets the perceived needs of those attending. It is suggested that future research should examine the construction and experience of social support in those who drop out of, or who do not attend, cancer support groups, in order to provide further insight into the contrast between social support within groups and support in other contexts.

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It is now well established that the diagnosis and treatment of cancer may result in psychological

distress, with prevalence rates in newly diagnosed people with cancer, ranging from 25% to 47% (Farrell, Heaven, Beaver, & Maguire, 2005; Zabora, Brintzenhofesoc, & Smith, 1996). The concerns most often raised by people affected by cancer include fear of disease recurrence, fear of death and

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dying, fear of social rejection, isolation, and stigmatisation (Fallowfield, 1997; Gray, Doan, & Church, 1991). The cancer diagnosis may also impact upon the self-esteem, self-image and self-efficacy of those affected by cancer, resulting in feelings of loss of control (Lesko, Ostroff, & Smith, 1991), and the need for identity re-evaluation (Yaskowich & Stam, 2003). However, psychosocial support has been found to significantly ameliorate the distress caused by cancer diagnosis and treatment, resulting in improvements in adjustment and in psychosocial well-being (Meyer & Mark, 1995; Newell, Sanson-Fisher, & Savolainen, 2002). Mutual support or peer support groups are increasingly being recognised as an effective forum for providing this psycho-social support (Davison, Pennebaker, & Dickerson, 2000), resulting in consistent educational, emotional and instrumental benefits for people with cancer (Campbell, Phaneuf, & Deane, 2004).

Surveys conducted with cancer support group participants have identified a number of group processes which are beneficial, including mutuality and cohesion, which act to instil a sense of hope, altruism, and universality (Magen & Glajchen, 1999); identification with others in the same situation, which leads to a sense of belonging and empathy (McGrath, 1999; Payne, Lundberg, Brennan, & Holland, 1997; Roberts, Piper, Denny, & Cuddeback, 1997); and the provision of cancer related information, which acts to improve coping (Carlsson & Strang, 1998b; Coreil & Behal, 1999; Poole et al., 2001). There has also been a growing interest in qualitative research in this field, with the aim of providing a more in-depth and nuanced examination of the experience and consequences of attending cancer support groups, with remarkably consistent findings emerging across national and cultural boundaries. For example, in an study conducted in Hong Kong, involving 12 individual interviews and participant observation of a cancer support group over a 6 month period, Mok and Martinson (2000) reported that participation produced a sense of empowerment, hope and confidence, resulting in a greater sense of interconnectedness with others and opportunities to engage in social activities. Similarly, in a study of women attending four community breast cancer support groups in Canada, Gray, Fitch, Davis, and Phillips (1997a) reported improvements in ability to relate to health professionals in an empowered manner, and a sense of connectedness with other

survivors, resulting from participants feeling understood, sharing experiences, and having been provided with hope. Aspects of group attendance that were identified as problematic included dealing with the death of group members and balancing the goals of providing mutual support with group advocacy. In a UK based study of three cancer support groups, Docherty (2004) reported that the groups facilitated coping through providing an understanding of the normal course of the illness, offering emotional support, and a sense of belonging. In a study of support group attendees in Denmark (Adamsen, 2002), increased confidence, and a change in position from victim to agent was reported, resulting from identification with others who could empathise and the new networks and friendships provided by cancer support groups. Similar findings were also reported in a recent study of breast cancer support groups conducted in Tampa, Florida (Coreil, Wilke, & Pintado, 2004).

Yaskowich and Stam (2003), who support the need for qualitative inquiry, have argued that previous research has not addressed the question of ‘what do cancer support groups actually provide that other supportive relationships do not?’, and thus researchers need to examine why individuals who attest to receiving significant support from friends and family attend support groups, as well as the ways in which peer support groups facilitate the process of identity re-evaluation. Yaskowich and Stam (2003) conducted one-to-one interviews with 23 Canadian cancer support group attendees and reported that support groups provide a unique forum which facilitates talking safely, demystifying the unknown, deciding, hoping, and finding a separate space. In addition to dealing with death, the challenges included reluctance to face the difficult experiences of fellow group members, isolation of group members with a more serious prognosis, and survivor’s guilt.

The objective of the present qualitative study was to address the questions posed by Yaskowich and Stam (2003), through participant observation and focus group interviews with nine Australian peer support groups. The specific research questions were: how do cancer support group participants position the support received in the group in contrast to other supportive relationships, and what do they perceive to be the consequences of support group attendance?

The definition of a peer support group is that it consists of a group of people who share the same

problem and who come together to provide mutual help and support (Adamsen, 2002), in contrast to formal psycho-therapeutic support groups (see Newell et al., 2002). Over 60% of groups described as self-help or peer support are led by a professional facilitator (Davison et al., 2000), and research evaluating support groups has tended to focus on these professionally led groups, partly because peer led groups, in the past, have been wary of professional researchers (Chesler, 1991; Hitch, Fielding, & Llewelyn, 1994). It has been argued that researchers need to include different types of cancer support groups in evaluations of the perceptions and experiences of group members (Samarel et al., 1998), and that peer led cancer support groups are of significant empirical interest due to their proliferation, consumer-driven support, and potential assistance for those who may not otherwise receive support (Gray & Fitch, 2001). Therefore whilst the focus of the present study was on cancer peer support groups, this included groups which were professionally led as well as peer led.

Method

Participants

Nine cancer groups based in New South Wales (NSW), Australia, participated in the interviews and participant observation, which was part of a larger study examining the effectiveness of support groups. A range of groups was chosen, varying in location (4 rural, 5 urban), setting (3 hospital, 6 community), specificity (5 general cancers, 4 cancer-specific), facilitator qualification (5 health professional, 4 non-health professional), and facilitator experience with cancer (3 with, 7 without). The number of people attending the regular support group meetings ranged from 3 to 40 people, and the duration of the support group meetings was between 1½ and 2 h. The number of attendees who participated in the focus group interviews varied from 5 to 29 people, with an average of nine. Of the total sample of 93 interviewees, 75 were women, and 18 were men. The ages ranged from 38 to 85, with a mean age of 62.

Procedure

A steering group consisting of members of a cancer advocacy group (Cancer Voices), members

of The Cancer Council NSW, and a range of health professionals (including an oncologist, social worker & psychologist), acted in an advisory capacity to help design, conduct and analyse the research. Ten coordinators of cancer support groups were provided with information about the nature of this study and their group was invited to take part in participant observation and focus group interviews. One group declined and nine agreed. Written consent was obtained from the group leaders and attendees at each of the nine groups, which were then visited by two researchers. At the beginning of the meeting the researchers were introduced to the group, and the purposes of their visit explained. Using participant observation, the researchers interacted with members of the group before, during and after the regular group meeting, where they could observe interactions, and take part in any activities. They recorded their findings in detailed field notes immediately after each meeting. The purpose of this was to provide a greater understanding of the form and content of the group, and the relationship between participants, in order to assist with interpretation and analysis of interview data. It also served the purpose of reducing participants' anxiety about being interviewed, as they were familiar with the researchers by the time of the interview. Following the regular support group meeting, the researchers invited group members to take part in a semi-structured focus group interview to examine the experience of the support group for those who attend it. The majority of group attendees stayed for the interview, but they did have the option to leave. The three interview questions were: what do you get out of participating in this cancer support group? How does participating in this group interact with your other social support networks? Is there any way in which you think this group can be improved? The researchers led the discussion, and in addition to the interview questions, followed up issues or concerns raised by group members. The focus group discussions were conducted at the location where the support group was held and were audiotaped. The shortest focus group interview was 30 min whilst the longest was over 1 hour. One of the groups that participated was for non-English speaking people and so the group provided interpreters for the duration of the support group meeting (with 1 interpreter for each researcher); in addition an interpreter was provided for the focus group interview.

Analytic strategy

All of the interviews were transcribed in full. After transcription, the interviews were independently read by three members of the research team, in order to ascertain the major themes emerging, and to develop a coding frame. The researchers made detailed notes on the interview transcripts regarding content (descriptive category) and theme (interpretation or meaning). The researchers then met, and through a process of discussion agreed on a coding frame based on notions of consistency, commonality, and the function and effects of specific themes. The whole data set was then coded, line by line, by two of the researchers, after which a group meeting was held to discuss any new or unforeseen themes, and to re-evaluate the inclusion of themes which appeared with low frequency. The interpretation of these themes was conducted by a process of reading and re-reading, as well as reference to relevant literature and consultation with colleagues. This process follows what [Stenner \(1993, p. 114\)](#) has termed a ‘thematic decomposition’, a close reading which attempts to separate a given text into coherent themes or narratives which reflect subject positions allocated to or taken up by a person ([Davies & Harre, 1990](#)). The interpretation of the data was conducted from within the framework of positioning theory ([Davies & Harre, 1990](#)), where it is assumed that narratives do not simply mirror a world ‘out there’, but that they are constructed, creatively authored, rhetorical, replete with assumptions and interpretive ([Potter & Wetherall, 1986](#); [Reissman, 1993, p. 5](#)), reflecting subject positions taken up or given to individuals, which provide the context for the negotiation of experience and identity.

Results

The results will be reported under two broad categories linked to the research questions: Firstly, the positioning of support group experience in contrast to support outside the group, within which the strongest overarching themes to emerge were ‘community versus isolation’; ‘acceptance versus rejection’; ‘information versus lack of knowledge’; and ‘challenging versus normalising’. Secondly, self-perceived consequences of attending a cancer support group in relation to coping and identity re-evaluation, within which the strongest theme was ‘empowerment and agency’. These themes reflect the

accounts appearing in the interviews which were common to the majority of groups, not varying across location, setting, cancer specificity, facilitator qualification, or facilitator experience with cancer.

The positioning of the cancer support group in contrast to other forms of support

Community versus isolation

The support groups were consistently positioned by our interviewees as a context within which a strong sense of community was fostered, described by participants as a ‘cancer family’, to which a strong feeling of belonging is attached. This community was positioned as partly functioning through friendships that develop within the group, and partly through the experience of feeling cared for during group meetings, where the sharing of emotions and mutual experiences serves to unite people as they get to know intimate details of each other’s lives, with the impact continuing in the intervening period following group meetings:

This group is so friendly and so genuinely caring that people are prepared to talk openly that they would not talk about their situation to anyone else. They come out with their own problem that they haven’t told anyone else, haven’t told their family anyway, and I just think that’s a wonderful atmosphere that’s produced here in the group. We do rely on one another, I don’t say all of us, you know we have our different people that we ring and we know the phone is there....some people forge such strong friendships they can’t live without them.

Both professionally trained and peer group leaders were positioned as playing a significant role in this sense of community, through providing personal support, modelling ways of coping, being available outside the group, and through facilitating an open and caring atmosphere. As one participant commented ‘the facilitators encourage the best qualities in people and have been very inclusive of people, and I’m very sensitive to that’.

One of the most striking issues that emerged in the participant observation of the support groups was the level of warmth and humour between participants, an issue which many of the interviewees also positioned as a key factor in maintaining group cohesion: ‘[the group leader]’s jokes are classics’; ‘Their language is vile! But the jokes are wonderful!’ In addition to forging a sense of

community, humour was positioned as functioning to reduce self-doubt, or to stop individuals taking themselves too seriously: “I think people in the group take time to laugh at themselves sometimes too”. Many participants also gave accounts of humour being used as a coping mechanism for dealing with treatments, or for dealing with difficult experiences associated with cancer, which allowed sad or painful issues to be addressed without increased anxiety, or without group participants collapsing into despair. As one participant said: “Everyone shares that, don’t they, just a joke or something; sometimes it’s so terrible you’ve got to laugh, otherwise you’d collapse in a heap”.

This sense of community was positioned as a contrast to the isolation experienced outside the group, where participants often have nobody to talk to about their experience of cancer, or nobody to ask questions of:

When I got cancer they thought I was going to die so nobody discussed it. I had nobody to talk about it with.

You knew you weren’t alone but you felt alone because you didn’t have anyone to talk to about it.

Out there you’re alone and there’s a lot of questions that you want to ask and there’s nobody out there to ask and nobody understands what you’re going through so that’s why a support group is very helpful. I was quite in the dark [before].

Humour in the face of cancer was also positioned as a unique aspect of the support group, as it was reported that jokes would be met with lack of understanding or negative reactions outside: “People who have cancer belong to a special club and it’s just a different outlook on life, it’s a different experience and you laugh about things which some people are a bit aghast about”.

Non-judgemental acceptance versus rejection

In all of the focus group interviews, the participants positioned their group as providing safety and non-judgemental acceptance, which was reported to have facilitated open and honest expression of feelings, allowing them to cry, to be angry or moody, or to be vulnerable; as one group member commented ‘it’s accepted you are how you’re feeling that day’.

It’s alright to cry when we’ve had an absolute lousy [day], or our results aren’t going up, or we’re having other problems related to what we’re going through, and to know that we can actually howl our eyes out and know that someone’s going to give us that tissue to dry our eyes is what is so important. And to know that even after we’ve had our treatment and we were going for our oral treatment that we’re still getting the support from [group leader] that we do need. We can still be angry, still be really moody; show those feelings of insecurity.

And it’s alright to cry. And the people know it’s alright to cry and it’s that slightly ever increasing circles from you in the middle being able to cry, because the people around you know it’s alright to cry, because they have cried and the people around you know it’s alright to cry because they cry....

Sometimes they cry with you.

Because it’s a really safe, secure environment to do all those things.

The mutual experience of cancer, either as a patient, or as a carer, was positioned as creating a powerful sense of empathy and identification within the group, which contributed to this atmosphere of acceptance. As one interviewee said, ‘everyone has walked in our shoes and they know exactly how we’re feeling’.

I think for me it’s the core empathy, they know what it feels like to be a person with cancer and when you talk to them it’s not ‘Oh you poor dear’ it’s ‘yeah I know where you’re standing’ and I think that’s a strong reason.

In contrast, many participants positioned family and friends as having sometimes dismissed their feelings, or as having refused to talk about their illness, leading to people with cancer feeling rejected by significant others in their lives, or in some instances, being completely abandoned.

When you talk to somebody outside who doesn’t know anything about cancer they just don’t want to know. ‘Oh yes, that’s ok, and then they hurry off.’ Oh, I’ve gone to meet someone and they make excuses to get away from you because they don’t want to hear about what you’re going through, whereas here, everybody listens and everybody talks.

My son was there but my husband wasn't. He took it very hard.

My best friend got dumped after she had a mastectomy, so I think men have got something to answer for in our situation.

Reciprocal caring within the group was also positioned as a contrast to pressure coming from family or friends for feelings to be contained, in order to not 'upset' others, or to 'protect' them, because they can't cope with facing the issue of cancer.

You mightn't say to your husband or daughter or son what you say to the group...and that's good because you don't want to upset your family or talk about it or bring it up again so there are some things you can't say.

It's alright for family members to come and say "Oh how are you doing dad or mum?" as the case may be, and you're going to put on a brave face aren't you, you're going to say, "Oh not too bad son, yeah I'm getting there" But what are you really feeling?

I've got lots of friends who support me by saying, you know, they ring and chat about anything but the illness. They don't ever mention it. So I don't, because obviously they can't cope.

The experience participants described as 'pressure to perform', to 'think positive, be positive', or to 'keep your chin up it'll be sunny tomorrow', was positioned as resulting from a lack of empathy, the opposite of non-judgmental acceptance, or because of social taboos on the subject of death, a subject which many participants said could only be openly discussed within the cancer support group.

I remember when I was first diagnosed with cancer that I felt all my friends were all saying these things to me, and I felt they could never understand because they were never in my shoes, you know how you're going to get knocked for six when you get diagnosed and the doctor says 'I'm sorry, but this is the case'. They, other people, haven't been through that and on the whole I don't think will ever understand. It's not their fault. But I felt a bit like an outsider in a sense with my friends at times whereas you wouldn't feel that in a [cancer support] group. We've talked about death (in the group). You can't talk about that anywhere else. When I got cancer they thought I was going to die, but

nobody discussed it, I had nobody to talk about it with.

Information versus lack of knowledge

All of the participants positioned the support group as an invaluable source of information, providing education about the course of cancer, about new developments in medical and self-help treatments, and about ways of coping with side effects of the illness.

The education side, the ongoing updating of good information. That's really important that we get that and I think that's very good because it gives you an insight into what's happening and it gives you enough incentive to seek out different things that are happening.

Like [group member] used to come back and share information about his treatment and it was just amazing information for us just to take, such as 'well this is what I was able to find which helped my appetite or stopped me feeling sick'.

In one support group there was a lengthy discussion of the use of arm bandages for women who had had radical mastectomies, followed by a lively and humorous discussion of non-aluminium deodorants, resulting in the group members agreeing to bring deodorants to the next meeting, illustrating the ways in which the provision of information allowed people to access practical help in a mutually supportive manner.

In contrast, participants positioned family and friends outside the group as often lacking knowledge, or having a serious misunderstanding about cancer, even in instances where knowledge would be expected.

In our family we've got two trained nurses, what are they called, daughter-in-laws. They're ignorant of the fact. Whenever they say 'How are you going?' and you say "Well, so and so..." and it's "Ah Yes" and they've got that red mark on their face, instead of saying "I know about that".

There's so many different cancers, as I said, whenever you hear it on TV "they died of cancer" ...there's so much more to it, and I don't know whether it's an educational process for everybody but certainly there's something we've got to work with our families on about their understanding and about what they need.

Challenging versus normalising experience

Conversely, here were a number of accounts of difficulties experienced within the support group which were contrasted with the opposite experience outside. Progressive illness and death of a group member was consistently positioned as one of the most difficult challenges within a support group:

Everybody else was telling me how sick they were, and I thought ‘poor old [group member]’, she’s going to get this sick, and it frightened me a bit, but then as she progressed, she has got a little bit worse, but I can talk about it. I don’t have to go home and keep it to myself.

It can be an upsetting meeting where somebody’s... we’ve had meetings where one of our girls, [group member], she came right up until a couple of days before she died. I wasn’t here at the last meeting she came to, but yes, that can be quite draining. And she spoke, from what I have heard, most of that meeting, she just spoke her feelings and it was important for everybody to hear that, but you know it was draining for them.

However, whilst acknowledging difficulty in facing illness and death, the majority of participants said that they saw this as part of their experience of being in a cancer support group: ‘We all know we’re going to die but we don’t know when. But when one of our members does die then that’s part of the group accepting that. It’s part of the journey’.

In contrast, social support outside the group was positioned as ‘normalizing’, because illness and death weren’t the major focus and individuals with cancer were treated like a ‘normal person’.

Family and friends is a normalizing force, like part of society, and I have these relationships. I don’t get support from them. It’s different.

If I was to stay down there on the ground and be miserable and stay on my own and isolated and not attend any groups and stuff most of my friends will probably not ring me that often and they’d be really nervous, but if you can help yourself to bounce back by attending, and I think it does help you to do that, yes, the outside world is also treating you as yes you’re a normal person. You’ve got cancer, but no, I don’t feel sorry for you because you’re obviously coping.

The extract above also illustrates the ways in which cancer support groups were positioned as

complementing support received by family and friends; participants consistently gave accounts of their relationships outside the group benefiting from the sense of community, acceptance and education provided by the support group.

To me the support group has been a lifeline. At the moment things are good with my husband and me, but years ago I went through a stage when I was ready to walk out of the marriage because I couldn’t deal with the way he was coping with my cancer and how it affected the family. So if I hadn’t had the group I mightn’t be married any more.

Thus support outside the cancer support group was not positioned as unimportant; indeed, many participants positioned family and friends as providing ‘great support’, for which they felt ‘very lucky’. However, this support was always positioned as different from that provided within the group, as only the group could provide community, empathy and up-to-date information on cancer and cancer treatments.

The positioning of consequences of support group attendance

Many of the participants positioned the support group as having had a positive impact on identity re-evaluation and general well-being, through facilitating hope, a sense of optimism, tolerance,

Table 1
Descriptions of changes in self-following support group attendance

Pre-group	Post-group
Defensive	Open
Sad	Humourous
Pessimistic	Optimistic
Despairing	Hopeful
Sorrowful	Joyful
Angry	Accepting
Vulnerable	Strong
Low morale	High morale
Negative	Cheerful/positive
Hard done by	Feeling fortunate
Impatient	Patient
Timid	Confident
Seen as a “cancer patient”	Seen as a person with cancer
Afraid	Confident
Intolerant	Tolerant
Ignorant about cancer	Knowledgeable about cancer

acceptance, empowerment and agency, as is illustrated in Table 1, where contrasts between descriptions of self prior to and following support group attendance are summarised.

Empowerment and agency

The major change that was positioned as having occurred was an increase in empowerment and control over life, leading to increases in a sense of personal agency in three areas: in relation to self; in relation to others; and in relation to cancer. Self-empowerment was commonly described as realising that you're not alone, and that it was possible to cope and be in control:

We have got a bit of power back by realising that we're not alone and realising our problems are common, often, and therefore we can go back and actually take some control and perhaps if we were alone and not attending one of these groups we'd not realise we have the confidence to utilise. So you can feel like a normal person again.

You pick up positive vibes from everybody, you can see other people that have been through things and see how well they're coping and it gives you the courage to go on and cope with the next thing that comes along

There were also many accounts of feeling empowered in relation to cancer as an illness, with participants describing themselves as now 'living with cancer', rather than taking up a position of passive and fearful patient, needing to be treated differently from everyone else.

I'm living with cancer but I'm normal whereas I think sometimes you don't feel like that when you're first diagnosed. There are times even in your support group when you don't feel like that, at least you tend to bounce back and I think the group helps with that.

With the support of these groups you'll find most people will admit they're having a tough day but they themselves have gone on, they've progressed through the next stage of taking control, as [group member] said, of their own lives and having a positive thing and managing cancer as a chronic disease. And to some people I just say I could have diabetes or I could have a number of other things, that's all my cancer is, stop fussing!

It helps you change your life, you live with it in positive fashion.

Participants also reported feeling empowered in relation to how they interacted with others, in particular with health professionals. This included feeling more confident about asking questions of their doctor, feeling empowered in seeking information about their treatment, and feeling as if they had agency in medical encounters.

I think another thing too is the point that I was scared to ask a doctor or my surgeon certain questions. I didn't feel that I have a right to ask those sorts of things but I learnt through the group that it is your right – you do have that right to ask and that was something else I gained by learning and I then started to ask my surgeon things which was good for me because it settled me in many ways.

It gives you the control back and some power; that's one thing you lose when you're diagnosed. You try and get back the self confidence you lose, you think 'I'm unhealthy', 'I'm sick' and you lose power because the doctor starts telling you "you will do this" and then you get into a group like this and you start to gain a bit of self-management back and power and control ... and end up managing it yourself. I certainly manage my doctor a little bit! [laughter]

This increased sense of empowerment was positioned as resulting from the reciprocal caring and modelling of coping which the group facilitated; thus whilst group participants were empowered by the group, they also positioned themselves as acting to empower others.

It's not so much coming to help yourself, but you come and whatever you contribute you might be helping someone else. Like the doctor said, you know, it's give and take.

I coped because I thought that they have been helping me and I am still here, therefore I use all the time I have, all the energy I have, to help others.

Discussion

This study examined the question of what cancer support groups provide that other supportive relationships do not, and what the self perceived consequences are of support group attendance.

Support groups were positioned as providing a unique sense of community, unconditional acceptance, and information, in contrast to isolation, rejection, and lack of knowledge experienced outside the group. At the same time, the support group was positioned as facilitating positive relationships with family and friends because of relieving their burden of care, facilitating increased empowerment and agency, and improving the overall well-being of group attendees.

The positioning of the support group as providing a unique sense of community and non-judgmental acceptance, which was deemed to facilitate coping, supports previous reports that empathy and connectedness with others within cancer support groups produce a sense of belonging and an increased ability to cope (Docherty, 2004; Gray et al., 1997a; McGrath, 1999; Payne et al., 1997). The emphasis placed on bonding and friendship, both during and after the meetings, encapsulated in descriptions of the support group as a ‘family’, supports Gray et al.’s (1997a) and Coreil et al.’s (2004) findings that relationships forged in support groups are based on a unique mutual understanding of the experience of cancer, which cannot be replicated by those who have not had cancer. The contrasts between the positioning of support within the group and that received from family and friends confirms previous findings that individuals with cancer report feeling isolated in relation to their previous taken for granted social world following diagnosis, because friends or family don’t know what to do or say (Yaskowich & Stam, 2003), because they are frightened or helpless in the face of cancer (Davison et al., 2000), or because they may hurt, or be hurt, because of a lack of empathy (Adamsen, 2002).

However, the participants in this study did not position relationships outside the group negatively, rather, in providing a safe space where individuals could air their fears, as well as receive support and advice, the support groups were positioned as facilitating positive relationships with family and friends, through relieving a burden that might otherwise not be met. This supports previous findings that support groups facilitate a greater participation in community life (Gray et al., 1997a), and greater interconnectedness with others (Mok & Martinson, 2000), rather than reflecting an absence of alternative support, as had been previously suggested (McKnight, 1989). Indeed, in the present study, participants positioned support from family

and friends as a normalising space where cancer isn’t discussed, allowing them to get on with normal day to day life, in contrast to the inevitable confrontation with illness or death within group, suggesting that there are also unique and positive aspects of support received from family and friends. The discussion of death has been identified as one of the most difficult aspects of belonging to support groups in previous qualitative studies (Cella, Sarafian, Snider, Yellen, & Winicour, 1993; Gray, Fitch, Davis, & Phillips, 1997b; Yaskowich & Stam, 2003), an issue which is deserved of further investigation in both support group attendees and those who drop out of groups, as this may be a factor associated with non attendance at such groups.

The positioning of the support groups as a site of unique reciprocity and mutuality, reflects Cella and Yellen’s (1993) description of mutual aid as offering direct assistance, giving advice based on personal experiences, providing emotional support, and engendering a sense of belonging, resulting in personal growth, social experimentation and change (Yalom, 1995). In the present study, this mutuality was positioned as leading to positive changes in well-being and identity, in particular to increased agency and empowerment, supporting previous research where mutuality, in addition to information and education, were reported as being of most benefit to patients and their carers attending cancer support groups (Campbell et al., 2004; Carlsson & Strang, 1998a), and previous qualitative research where participation in cancer support groups was found to result in a sense of empowerment, hope and confidence (Coreil et al., 2004; Mok & Martinson, 2000; Mok, Martinson, & Wong, 2004), a movement from the position of victim to agent (Adamsen, 2002), and improvements in ability to relate to health professionals in an assertive manner (Gray et al., 1997a). The finding that empowerment increased in relation to self, in relation to cancer, and in relation to others, is in line with Mok et al.’s (2004) finding that empowerment following cancer support group attendance involved three processes: motivational (meaning in life), mastery over illness (skills and knowledge), and transformation of thoughts (acceptance of illness).

Confirming previous research, which concluded that support groups do not function to challenge medical dominance (Poole et al., 2001; Yaskowich & Stam, 2003), as had been previously supposed, the

present study shows that increases in empowerment were positioned as serving to create a situation of greater equality between patient and doctor, and an increased sense of control on the part of the person with cancer, which led to greater knowledge and self-efficacy in relation to medical interventions. As loss of control has been associated with depression and anxiety (Peterson, Maier, & Seligman, 1993), and conversely, increased self-efficacy associated with a general sense of well-being (Bandura, 1993), increased empowerment may be one of the explanations for findings of positive benefits of support groups (see Campbell et al., 2004). There are numerous avenues for loss of control following a cancer diagnosis, including uncertainty about the progression of illness, treatment side effects and complications, curtailment of choice regarding treatment regimes, unbalanced power relationships with health professionals, social and vocational discrimination, and financial burdens (Gray et al., 1991). Thus any intervention that can increase empowerment and feelings of control potentially would be of significant benefit to people with cancer.

A number of theories have been put forward to explain the mechanisms of cancer support groups, providing insight to the question of what is unique about this type of support. This includes social comparison theory (Festinger, 1954), where the experience of comparing oneself with others with cancer is deemed to act to validate feelings, normalise illness, provide positive role models, encourage health behaviours, and improve self-esteem (Davison et al., 2000); helper-therapy theory (Reissman, 1965), whereby agency and empowerment are deemed to increase through mutual modelling and the practice of helping others (Campbell et al., 2004); and narrative theory, where cancer support groups are considered to provide a mutually supportive space where biographical work is conducted and identity re-evaluated (Yaskowich & Stam, 2003). These theoretical explanations are not mutually exclusive, and each provides a partial framework for interpreting the findings of the present study: there were many accounts of the groups providing positive role models through leadership and peer modelling, acting to normalise illness and encourage positive health behaviours; the opportunity to help others, and to model coping was reported to increase feelings of empowerment and agency; and there were consistent reports of re-evaluation of self and

identity post-group, reflecting biographical work conducted in a supportive space.

The use of positioning theory in the current study provides a further insight into the unique aspects of cancer support groups from the perspective of those who attend them, opening up a different avenue for examining the ways in which support groups may function to empower or to reduce distress. Positioning theory posits that identity is constructed and negotiated in relation to the subject positions taken up by an individual, or the positions within which they are put by others (Harre & van Langenhov, 1999). As Davies and Harre (1990) outline in their seminal paper on positioning theory: 'Positioning as we will use it is the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced story lines. There can be interactive positioning in which what one person says positions another. And there can be reflexive positioning in which one positions oneself.... One lives one's life in terms of one's ongoingly produced self, whoever might be responsible for its production' (Davies & Harre, 1990, p. 48). In the present study, the unique qualities of cancer support groups—community, mutuality, empathy, information—were positioned in direct contrast to experiences outside the group— isolation, lack of understanding, rejection, and lack of knowledge—serving to construct a shared narrative concerning the positive and unique nature of the support received in cancer support groups, which may have acted to strengthen group cohesion and produce a sense of belonging. Described as a shared cultural model of illness (Coreil et al., 2004), this could produce a positive social expectation effect whereby individuals are assisted in taking up a position of empowerment and agency in relation to self, cancer, and others, as this is how cancer support group attendees are positioned, and how they are encouraged to position themselves, thereby facilitating positive identity re-evaluation and coping.

However, from a methodological point of view, the dominance of particular subject positions, in particular that of the empowered cancer survivor, may function to silence dissenting accounts in interviews with support groups, as narrative accounts of groups not being effective, of support outside the group being more effective, or of well-being decreasing following attendance, might not be available as positions to take up in a support group context where the dominant discourse is positive. In

the present study, none of the participants took up a position of critique in relation to the group, or gave accounts of feeling disempowered or unhappy. Even accounts of difficult experiences, such as the discussion of death, were invariably followed by a reassurance that this was an important topic to discuss, and that individuals could face it. Equally, individuals who experience a disparity between their personal model of cancer and the uncontested group narrative may drop out of the group, as has been reported in previous research (Mathews, 2000). Future research using individual interviews might facilitate the expression of alternative accounts, as would research examining the construction and experience of social support in those who drop out of, or who don't attend, support groups.

In conclusion, the present study identified a number of factors which were positioned as unique aspects of cancer support groups, with no difference being found between professionally led and self-help support, suggesting that it is not the type of the group, nor the professional background of the leader, which is of importance, but whether the group provides a supportive environment, mutuality, and a sense of belonging, and whether it meets the perceived needs for community, unconditional acceptance, and information provision for the individuals attending.

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