

# Lessons from Breast Cancer Survivors: The Role of Recreation Therapy in Facilitating Spirituality and Well-Being

Diane Groff

*University of North Carolina at Chapel Hill*

Claudio Battaglini

*University of North Carolina at Chapel Hill*

Cari Sipe

*Galloway Ridge*

Cathy O'Keefe

*University of South Alabama*

Jeffery Peppercorn

*Duke University Health System*

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**Abstract.** Spirituality is not consistently integrated into health care even though it is thought to play a vital role in health and recovery from illness. Recreation therapy (RT) can capitalize on the free and expressive nature of leisure-based interventions to facilitate spiritual growth and help individuals enhance their overall well-being. This qualitative study explored the impact that an integrated RT and exercise program had on the spirituality of six women recovering from breast cancer. A content analysis of the RT documentation recorded during the six-month program was compared to five attributes commonly used to conceptualize the term spirituality: meaning, value, transcendence, connecting, and becoming (Martsof & Mickley, 1998). The results provided preliminary evidence that the RT interventions provided during this breast cancer program were related to each of these five attributes of spirituality for the majority of participants. These findings along with implications for practitioners and future research are provided.

**Keywords.** Breast cancer, exercise, leisure and well-being model, recreation therapy, spirituality

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Address all correspondence to: Diane Groff, University of North Carolina at Chapel Hill, CB 8700; 26-G Fetzer Gym, Chapel Hill, NC 27599-8700. Telephone: (919) 962-0534. Email: groff@email.unc.edu.

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**Résumé.** La spiritualité n'est pas uniformément intégrée dans des soins de santé quand l'on considère que cela joue un rôle essentiel dans la santé et la guérison de maladie. La thérapie récréationnelle peut profiter de la nature libre et expressive des interventions de loisir pour faciliter la croissance spirituelle et la récupération du bien-être individuelle. Cette étude qualitative explore l'impact d'un programme qui intègre la thérapie récréationnelle et l'exercice et sur l'aspect spirituel de six femmes récupérant du cancer du sein. Une analyse de contenu des documents de thérapie récréationnelle enregistrée pendant les derniers six mois a été comparée à cinq attributs généralement utilisés pour conceptualiser le concept spirituel : signification, valeur, transcendance, liaison, et devenir (Martsolf & Mickley, 1998). Les résultats ont fourni l'évidence préliminaire que les interventions de la thérapie récréationnelle fournies pendant ce programme de récupération du cancer du sein ont été chacune liées à ces cinq attributs de spiritualité pour la majorité des participantes. Ces résultats ont des implications pour praticiens et chercheurs.

**Mots-clés.** Le cancer du sein, l'exercice, les loisirs et le bien-être, thérapie récréationnelle, spiritualiste

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Whereas a spiritual healer might see the sick person as a blend of body, soul, and spirit, we separate the body out and treat it as though illness had nothing to do with our emotions and the ways we understand our experiences. (Moore, 2006, p. 1)

## Introduction

In modern health care, religion and spiritual practice are generally separated from all forms of therapy (Moore, 1994). Yet many of the emotional ailments commonly seen in clients (e.g., depression, anxiety, meaninglessness, delusions, and yearning for personal meaning) necessitate treatment of the mind, body, and soul as inseparable. Treatment designed to focus on spiritual issues may help facilitate outcomes by providing individuals with a higher degree of optimism and hope for improved health (Gall, Charbonneau, Clarke, Grant, Joseph, & Shouldice, 2005; Logan, Hackbusch-Pinto, & De Grasse, 2006; Mactavish & Iwasaki, 2005). Connecting to others and to higher powers can also enhance health and psychosocial well-being by providing an active coping mechanism (McCain, 2005). Coping with the experience of having an illness and/or disability often necessitates that individuals engage in the process of finding their purpose in life and the meaning for their existence (Frey, Daaleman, & Peyton, 2005).

Health care professionals increasingly support the belief that the process of "meaning making" and creating a sense of order and life purpose is one of the most critical factors influencing feelings of subjective well-being and health. Our enhanced understanding of this concept has

led to an increased awareness that to improve health and well-being, professionals must cultivate the strengths and capacities of individuals, not simply reduce the presence of problems or deficits (Carruthers & Hood, 2007). This paper explores the role that recreation therapy (RT) has in creating opportunities to develop spirituality and well-being. For the purposes of this paper spirituality was conceptualized according to the five spiritual attributes identified by Martslof and Mickley (1998) as having a role in nursing practice. These attributes are: meaning, value, transcendence, connecting, and becoming. The paper also presents the results of a qualitative study that explored the impact of an integrated RT and exercise program on the spirituality of six women recovering from breast cancer treatment. These results suggest that RT, when conducted within the theoretical framework of the Leisure and Well-Being Model (Carruthers & Hood, 2004, 2007; Hood & Carruthers, 2002, 2007), may impact psychosocial well-being by creating opportunities for clients to have spiritual experiences. The paper concludes with reflections on how various RT interventions may set the stage for spiritual experiences and a discussion of the implications for practitioners.

## **Literature Review**

### ***Spirituality and Health***

Spirituality is generally defined as a condition of the soul that reflects a deep connection to the world and a strong sense of value for self and others (Burke, Miranti, & Chauvin, 2005). Spirituality concerns itself with several key aspects of life including: meaning (finding significance in life, making sense, deriving purpose); values (beliefs, standards and ethics that one cherishes); transcendence (experience, awareness, and appreciation of a "transcendent dimension" to life beyond self); connecting (connection with self, others, God/Spirit/Divine, and nature); and becoming (unfolding of life that demands reflection and experience; including a sense of who one is and how one knows) (Martslof & Mickley, 1998). These key elements of life can be challenged with the experience of illness or disability, therefore creating more stress in the lives of clients.

### ***Meaning***

Vicktor Frankl (1984) wrote extensively regarding what constitutes a meaningful life. Simply stated, living a meaningful life is one where the individual has identified his or her personal reason for existence and has dedicated his or her life to fulfilling that purpose. Living a meaningful life is an active process that requires us to think about our role

in society and to make daily choices to fulfill that life purpose. It is not the nature of the role that one selects, but rather how that role is expressed that gives an individual life purpose. With proper education and training, health care providers can help individuals search for meaning and formulate a spiritual memory, thus helping create an improved sense of well-being (Burkhart & Hogan, 2008).

### *Values*

Personal reflection on values provides biological and psychological protection from the adverse effects of stress (Creswell et al., 2005). The identification of one's personal values buffers individuals from the harmful effects of stress by allowing them to offset perceptions of threats, reduce prolonged reflection on negative events, and reduce defensive responses to threatening information. Stress-management interventions that incorporate value-affirming activities and thoughtful reflection on one's values can therefore reduce the negative effects of stress on health. Reflection on values seems particularly important to enhancing the health of individuals who have experienced an extreme negative event such as a devastating accident, death of a loved one, or a life-threatening illness. These experiences are likely to prompt individuals to reflect on deep existential concerns, to solidify values, and to focus on personal health (Koole, Greenberg, & Pyszczynski, 2006).

### *Transcendence*

Transcendence captures the innate human desire to improve ourselves and go beyond current limitations. While transcendence may be compartmentalized into specific areas such as mental or physical, it largely refers to a broader spiritual concept that captures an individual's search to become illuminated and gain an awareness of one's "true self." Inherent in this journey of self-discovery and ability to broaden one's boundaries are an appreciation of the self in relation to others and a higher source of power and strength. Individuals who have experienced a negative event or life threatening illness or disability are often forced to abandon previous self-perceptions that have changed as a result of disability (e.g., employment status, recreational activities pursued, or level of independence). This forced reflection may provide an exceptional opportunity to engage in self-awareness and to seek guidance from a higher source of power or strength (Kleiber, 1999; Kleiber, Hutchinson & Williams, 2002).

### *Connecting*

The quest for transcendence necessitates an authentic connection to oneself, to others, to nature, and to a higher power. Increasingly, research is

demonstrating that the number and strength of positive relationships one maintains is related to overall mental and physical health (Keyes & Watterman, 2003; Ryff & Singer, 2000). There are also many studies showing that social isolation (i.e., not having social relationships) is a significant health risk factor. The negative health risks of social isolation are comparable to the health risks of smoking, high blood pressure, being obese, or not getting enough physical activity (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Bowling & Grundy, 1998).

### *Becoming*

The capacity to identify meaning in experiences and to reflect upon and gain new perspectives about life is a critical component in the process of becoming (Moch, 1990). Simple reflection upon who one may be or who one wishes to become is not enough however. The process of becoming requires an individual to make decisions and to live life according to a set of principles. Becoming constitutes perhaps the highest level of spirituality in that individuals commit to self-expressive alternatives and affirm to themselves and others that they can commit to and live a life according to this set of principles.

Individuals who are experiencing illness and disability need to receive interventions that offer spiritual care (Burkhart & Hogan, 2008; Gall et al., 2005; Koopman et al., 2002; McCraty & Tomasino, 2006). Rather than treating mental or physical stress strictly through medicine, it is essential to offer experiential approaches that embody the potential for deeper reflection and transcendent meaning. One area of life that may offer meaning and opportunities for transcendence is leisure.

### *Theoretical Connections between Recreation Therapy and Spirituality*

Leisure has the potential to create a spiritual awakening, a *metanoia* (Greek word for "turning around"). That awakening can be experienced as a need to find life balance so that priorities reflect values. Thus, leisure is a remediation for physical, emotional, and social issues and an opportunity for self-examination and a reordering of priorities (Iwasaki, 2008). Because leisure touches the places within our hearts that are linked to the metaphysical, it can help create a larger context in which the experience of illness is balanced with experiences of joy, love, and appreciation. The profession that most often concerns itself with experiences of leisure for individuals who are experiencing illness is RT.

Heintzman (1997, 1999) postulated that leisure may play a particularly important role in facilitating spiritual wellness in persons with

disabilities because they may be devalued by society. He argued that leisure affords individuals opportunities to achieve an optimal level of wellness and quality of life by providing opportunities to transcend life challenges and attain physical, psychological, and social well-being (Heintzman, 1999, 2008). Perhaps most importantly, he argued that adding spiritual dimensions to leisure services can enhance the motivation level of persons with disabilities, the richness of the experience, and increase the effectiveness of services by creating opportunities to change behaviours (Heintzman, 1997). Heintzman also suggested that leisure services can improve overall quality of life because they help to restore and maintain balance in life and may help facilitate changes at the organizational, agency or community level. Iwasaki (2008) further argued that leisure plays a critical role in "meaning-making" and is thus a powerful context that facilitates: (a) positive emotions and enhanced well-being, (b) positive identities, self-esteem, and spirituality, (c) social and cultural connections with others, and (d) human strength and resilience. Leisure can help individuals transform negative situations and restore hope, identity, and well-being, as well as enhance existing levels of human strength by maximizing opportunities to achieve the highest possible quality of life (Heintzman, 2008; Kleiber et al., 2002; Iwasaki, 2008). Given these potentials it can be argued that leisure services should enhance spiritual well-being by including spirituality in program objectives and management, by incorporating spirituality into existing programs, and by offering programs exclusively focused on spiritual health (Heintzman, 1997).

Although several RT practice models exist, few specifically address spiritual health and functioning. Carter, Van Andel, and Robb's (2003) outcome model identified spirituality as one of the five interdependent dimensions of health along with physical, mental, emotional, and social health. Heintzman (2008) just recently developed the "Leisure-Spiritual Coping" model that can be used to direct therapeutic recreation and leisure services. This model was based on the Spiritual Framework of Coping (Gall et al., 2005) and integrates much of the literature related to leisure, stress and coping. The model suggests that life stress may prompt a spiritual appraisal process that is dynamic and relational in nature. Depending upon personal factors and past spiritual and religious experiences, an individual may engage in leisure-spiritual coping behaviour and make leisure-spiritual connections. These activities prompt an individual to engage in the process of leisure-spiritual meaning-making and provide a context in which s/he

can interpret, understand, and respond to the stressful situation (Heintzman, 2008). While the Leisure-Spiritual Coping model holds promise for helping to direct therapeutic recreation services and research focused on spirituality, it may need to be combined with other theoretical frameworks when attempting to guide practice aimed at improving overall well-being.

The Leisure and Well-Being Model (Carruthers & Hood, 2004, 2007; Hood & Carruthers, 2002, 2007) asserted that psychological well-being can be positively impacted by increasing positive emotion and developing the resources and capacities to fully engage in life. This model considers the individual's strengths, capacities, and positive experiences, as well as needs, when determining treatment. When all of these factors are considered they provide a picture of the client's resilience, well-being, and quality of life (Hood & Carruthers, 2002, 2007). Five ways that clients can enhance positive emotions and cultivate resources are savouring leisure, authentic leisure, leisure gratification, mindful leisure, and virtuous leisure. Resource development or capacity building is focused on five areas including: psychological resources, social resources, cognitive resources, physical resources, and environmental resources. When applied to practice, this model supports the application of a host of interventions targeting improved well-being including enhanced spirituality.

Although not implicitly identified as a major component of the Leisure and Well-Being theoretical framework, spirituality is implied in the model and appears to have an integral role in accomplishing the desired outcomes of overall health and well-being. Spirituality is ultimately concerned with the highest level of human evolution commonly identified as self-awareness. To evolve as an individual, one must engage in reflective processes that foster choice, perceived freedom, and the ability to define meaning for oneself (Frankl, 1984; Keyes & Watterman, 2003). These are also attributes of leisure that can easily be incorporated into treatment (Carruthers & Hood, 2007; Edginton, Hanson, Edginton, & Hudson, 2006; Heintzman, 2008; Hood & Carruthers, 2007; Parse, 1992). If healthcare professionals are to assist in the spiritual growth and development of clients they must help clients and their significant others uncover meaning and purpose, define what health is to them, and help them make plans for changing lifestyle behaviours to achieve and sustain high levels of health and well-being (Martsolf & Mickley, 1998).

### ***Recreation Therapy for Women with Breast Cancer***

Various interventions may be used during RT to facilitate spirituality and well-being. The combination of RT and exercise may help to offset the effects of lethargy and a listless spirit (Battaglini, Dennehy, Groff, Kirk, & Anton, 2006). Interventions that teach mindfulness and relaxation, such as meditation, yoga, and Tai Chi, may be used to create inner peace and calm (Allsop & Dattilo, 2000; Jones, Dean, & Scudds, 2005; Lee, Pittler, & Ernst, 2007; Mustian, Katula, & Zhao, 2006). Offering time for personal reflection and journaling may allow individuals an opportunity to explore their values and put the experience of illness into some larger context of meaning (Lerman et al., 1990). Expressive arts can allow individuals to examine emotions and process meaning during treatment and recovery (Devine & Dattilo, 2000). Fostering social support during recreational activities such as dancing, completing a challenge course, or going on outings can create positive emotions and facilitate bonding with family and friends (Carruthers & Hood, 2004, 2007; Groff & Dattilo, 2000). Parry (2008) determined that breast cancer survivors who engaged in dragon boat racing experienced improved health and well-being due to the solidarity and emotional benefits of the activity. The physicality of dragon boat racing also helped women cope with stress and it increased their appreciation for everyday life, thus resulting in a spiritual awakening. Finally, HeartMath and biofeedback can be used to create a physiological state of heart rate coherence that is essential for inner harmony and that opens an avenue for deep and meaningful connections with others (Childre & McCraty, 2001; McCraty & Tomasino, 2006). HeartMath® is a personal stress relief technique that trains individuals to be aware of and regulate their Heart Rate Coherence (HRC) by inducing a positive emotional state. Research has demonstrated that individuals who are able to sustain a positive emotional response to various stressful situations benefit from improved physiological, psychological and social functioning (Childre & McCraty; McCraty, 2003; McCraty, Atkinson, Tomasino, & Bradley, 2006).

The Get REAL & Heel (Get Recreation, Get Exercise, Get Active, Get Living) breast cancer program is an example of how exercise and RT framed within the Leisure and Well-Being model, can be used to influence the physical and psychosocial well-being of women who have recently completed chemotherapy, radiation, and/or surgery for breast cancer. The research that has been produced from the Get REAL & Heel breast cancer program thus far is consistent with a growing body of literature which suggests that leisure contexts may be particularly helpful



in protecting individuals from stress and can foster personal growth during negative life events (Carruthers & Hood, 2004; Hood & Carruthers, 2002, 2007; Kleiber et al., 2002). It has been argued that during a negative life event individuals experience considerable disruptions in personal expressiveness and socialization (Kleiber, 1999; Kleiber et al.). Leisure, defined as freely chosen activity that individuals pursue during their free time, often results in a satisfying state of mind. Thus, leisure affords individuals opportunities to escape, experience enjoyment in the midst of stress and discomfort, be self-expressive despite feeling constraints, and/or restore some sense of continuity.

Shannon and colleagues (Shannon, 1997; Shannon & Bourque, 2005; Shannon & Shaw, 2005) found that leisure becomes more of a priority for women who have completed breast cancer treatment because they increased their appreciation for life and they developed and enhanced their desire to engage in meaningful leisure activities that had value and were enjoyable. The women realized that by using the experience of having cancer as a catalyst for change, they were more focused on health-promoting leisure behaviours. Therefore, it seems reasonable to assume that RT can be a powerful tool to help reduce the stress associated with experiencing a negative life event and help clients develop positive coping skills that facilitate overall well-being. However, research that has specifically explored the perceptions of women with breast cancer toward the impact of RT on their well-being and sense of spirituality is scarce (Parry, 2008). The purpose of this study was to determine if women enrolled in an integrated exercise and RT program perceived that the RT component of the program impacted their spirituality.

## **Method**

Case study methodology was used to determine if a six month RT and exercise intervention provided during the Get REAL & Heel breast cancer program impacted the spirituality of women who had recently completed treatment. The present study specifically sought to answer the following research question: To what extent are the five general attributes of spirituality identified by Martsof and Mickley (1998) represented in the perceptions of female breast cancer survivors enrolled in an integrated recreation therapy and exercise program?

### ***Participants***

A purposeful sample of six women who had completed breast cancer treatment within the past six months (e.g., surgery, radiation and/or

chemotherapy) and had voluntarily enrolled in the Get REAL & Heel breast cancer program, were selected for inclusion in the study. Their stages at diagnosis and treatment varied. Three participants had stage I breast cancer, one had stage II disease, one stage III, and one had bi-lateral disease. The participants ranged in age from 43–66 years old. The ethnicity of the sample was primarily Caucasian ( $n=5$ ) with one individual of African-American descent. Five of the participants were married and had children and one was single. All but one of the participants had engaged in some amount of higher education. Their occupations varied with one participant being a homemaker, one employed part-time, one employed full-time, one self-employed, one currently unemployed, and one retired.

### ***Procedure***

Each participant had voluntarily enrolled in the Get REAL & Heel Breast cancer program. During the program participants received six months of treatment that included 60 minutes of exercise three times a week and 30 minutes of RT three times per week. The exercise component of Get REAL & Heel included individualized prescriptive exercise including: cardiovascular activities on the treadmill, cross-trainer, stepper, and cycle ergometer; resistance exercises on exercise machines, dumbbells, rubber bands, and fit balls; and a variety of flexibility exercises designed to assist clients in regaining upper body range of motion usually compromised by surgery to the chest and shoulder. The RT component included individual and group activities designed to accomplish the goals and objectives identified in the client's individualized treatment plan. Each individual enrolled in this study received biofeedback (consisting of HeartMath and the Journey to the Wild Divine), expressive arts, leisure counseling, journaling, and participation in a challenge course.

After each RT session a licensed recreation therapist documented the outcomes. Documentation included the type and duration of the intervention, identified the aspect of the leisure and well-being model that the intervention targeted (e.g., savouring leisure, authentic leisure, leisure gratification, mindful leisure, and/or virtuous leisure), and the type of resource development the intervention targeted (e.g., psychological, social, cognitive, physical, and/or environmental). Finally, if the recreation therapist felt that the participant revealed any significant and relevant subjective perceptions during the intervention, those quotes were documented verbatim. The subjective quotes captured by the recreation therapist as a natural outcome of the RT interventions served as the primary source of data for analysis in this study.

### *Qualitative Analysis*

The authors used content analysis of the RT documentation to capture the participants' perceptions of the effect the intervention had on their spirituality. All licensed therapists were instructed to capture the outcomes of each session using both objective data and meaningful subjective quotes. Subsequently, content analysis focused on the subjective quotes of participants was performed on all RT documentation recorded during the six month period participants were enrolled in the program. Content analysis is used to capture the content of documents as they relate to outsider variables (Miles & Huberman, 1994; Ritchie & Lewis, 2003; Robson, 2002). In this study, the contents of the documentation were compared to the five attributes of spirituality identified by Martsof and Mickley (1998): meaning, values, transcendence, connecting, and becoming.

The two licensed recreation therapists served as the primary investigators who completed analysis of the RT documentation. The lead author had been extensively trained in qualitative methodology while the secondary investigator received preliminary education in this methodology and was mentored by the primary researcher throughout the project. To improve the validity of the findings, the data analysis process included several reliability checks between investigators. First, the investigators independently reviewed all of the RT documentation and pulled out what they perceived to be relevant quotes related to spirituality. Next, they reviewed each other's findings and came to an agreement that a quote was either related or not related to spirituality. They then independently placed each of the quotes under the heading of one of the five attributes of spirituality that guided the analysis. They met again to review each other's findings and to decide on the placement of a quote under the heading of a particular attribute. It should be noted that some participant responses contained multiple ideas and could have fallen under multiple attributes of spirituality. In this instance the two investigators considered the main emphasis of the quote and the extent that it supported one attribute over the other. Discussion ensued until the quote could be placed in what was agreed upon by the two investigators as the primary emphasis of the quote. Data analysis was considered to be complete when each quote that was pulled from the RT documentation for each of the participants was either discarded or identified as being supportive of one of the five attributes of spirituality. Finally, each participant was given a pseudonym that was used to identify them throughout the presentation of findings.

## Results

To tell the truth I was a little skeptical about the recreation therapy part of the program in that I wondered why one would need such a program. (Sophia—Get REAL & Heel program participant)

The quote above reflects what we believe many clients feel upon hearing that they would be receiving recreation therapy. Common responses to this news included, "What is recreation therapy?" and "What do you do in recreation therapy?" Furthermore, clients questioned the necessity of RT services and occasionally resisted interactions stating comments such as, "I don't have time to play," "I don't think I need help with that," "I have lots of interests," or "How will that help me?" The thought of including a spiritual component to this already misunderstood profession would appear risky and potentially detrimental. However, documentation from RT services delivered during the Get REAL & Heel breast cancer program revealed preliminary evidence that RT aided these six women in their spiritual development and induced psychological healing.

In an effort to answer the research question addressed in this article, results are presented according to the five attributes commonly associated with spirituality: meaning (finding significance in life, making sense, deriving purpose); values (beliefs, standards and ethics that one cherishes); transcendence (experience, awareness, and appreciation of a "transcendent dimension" to life beyond self); connecting (connection with self, others, God/Spirit/Divine, and nature); and becoming (unfolding of life that demands reflection and experience; including a sense of who one is and how one knows) (Martsof & Mickley, 1998). The results section concludes with an observation that spirituality was not for all participants in the program.

### *Lessons on Finding Meaning*

Finding meaning in one's life necessitates that individuals identify what makes life significant, what they derive purpose from, and how they make sense of the world. All six of the women in this study described how leisure activities were a key venue for providing meaning in life. Journaling was a particularly effective intervention in allowing women to discover what brought meaning to their lives. Meredith used journaling to reflect on what brought her joy, and she determined that playing the piano and spending time with her family were the two greatest sources of joy in her life. She went on to reflect on the necessity of

taking five to ten minutes each day to engage in the activities that brought her joy. She stated, "You know it is really easy to get too busy and not take time to stop, but I always feel so much better when I leave here. I do not care if it is the exercise or the recreation therapy—I just need to make this a priority." Sarah concurred stating that "depression would be a big issue for me if I didn't have this program to go to. I would be left wondering: what is the next step?"

The women found opportunities to develop a sense of meaning during various interventions. Sarah was introduced to African music during the Journey to the Wild Divine biofeedback program. She stated that while listening to the music she reflected upon, "my family and loving, and being loved, and all the miracles." Chris experienced something similar while scrap booking. She stated that "I really love this time because it kind of forces me to slow down." She went on to state that finding time for self-expression was important and allowed her to contemplate what her new life was going to look like. She discussed with her therapist how making healthy decisions and making time for herself was an important step in defining her new self.

Developing this new life and new sense of meaning appeared to come with a few struggles. Four of the women expressed how they felt guilty if they took too much time for themselves. Audra summarized, "I am trying to not feel guilty when I take time for myself; that's my biggest issue—guilt. I like doing this [the Get REAL & Heel program] because I can have time and not feel quite as guilty." Meredith was able to provide insight as to why the Get REAL & Heel program created a more guilt-free environment compared to doing leisure-based activities at home. She stated, "I treat this program like any other doctor appointment. I have to make it. I can't let other things get in the way since we are talking about my health."

### *Lessons on Creating Values*

When considering what one values, individuals engage in a reflective process regarding what they cherish, what beliefs they hold, and what ethical standards they will choose to live. Creating values, and living life according to them, requires mindful attention to how we live, how we respond to various situations, and perhaps most importantly, how we feel about the life we live. Each of the women in the program described a situation where they were in the process of creating new life values. As they often stated during treatment sessions, they were in the process of "finding a new normal." While scrap booking Rita revealed how she

had begun to identify what her "new normal" was going to be. She questioned, "What should I take from my old life and put into my new life?" She went on to reflect on how she wants to lead an authentic life that is leading up to God's expectations of her. She stated that she would like to work with people and help them to feel good. "I just know since being in this program that there is a plan for me and I want to figure out how I can live up to that plan." This comment provided the therapist with the opportunity to discuss with the participant that she could set time aside for herself and value opportunities to be creative, reflective, and expressive.

Audra reflected on her life values while journaling. Reflecting on what was important to her, she spoke of the need to accomplish tasks around the house and to take advantage of the leisure time that she had without feeling guilty about it. When being debriefed about the journaling she had done, she stated that the program had "taught me that I need to take a moment every now and then and put things on pause." Five of the six women reiterated the need to put things on hold at some point during treatment, indicating that they were in the process of reflecting upon their values.

### *Lessons on Transcending Experiences*

Transcendence requires a deep appreciation and awareness of the self in relation to the world. Creating opportunities for transcendence requires an array of experiences and opportunities to think about and reflect upon life beyond oneself. All of the women in the program were naturally in the process of undergoing a life transition that was brought on by the experience of having cancer. The interventions that appeared to provide a powerful outlet for engaging in the reflective process of understanding one's self in relation to the larger world were the biofeedback programs. Sarah stated,

Through biofeedback I can control how I manage stress in my life and how I react to life's challenges. This has given me a sense of power and control over the negative stresses in my life and has made me feel that I can help the cancer not come back.

Sophia shared how being guided through a visualization of living in a rain forest resulted in her increased awareness of having authentic experiences where she felt true love and appreciation for others and the environment.

Another intervention that helped to facilitate feelings of transcendence was the use of a challenge course. Meredith brought away a new

sense of feeling at ease with herself and not feeling pressure to conform to how she thought others wanted her to be.

What I took away from it was, it was okay to say 'I am good with what I did,' and walk away with that. Not say 'Oh, I have to do this because of everybody else' and be real worried about that so much. It was good to just be okay with yourself.

The challenge course also facilitated transcendence. Based on comments that participants made during the challenge course programs, it appeared that these women helped each other accomplish a sense of transcendence. Meredith expressed these sentiments:

I guess I really appreciated being with a group of people who have been through the same kinds of things that I have and just recognizing that we are all participants in life again. You know you feel like you dropped out of life when you are in treatment and you just want to find a way to recover and get back some kind of normalcy. Being with other people who have gone through treatment was very important to me. Doing the kind of challenges that we came up against here, we were successful at different levels, but you know it is a journey in life. It is not the destination but it is the working to get there and the working to get there together.

### *Lessons on Connecting*

One essential component of spirituality is developing connections within oneself, with others, with God/Spirit, and with nature. Chris spoke directly about her increased awareness of her connections with others and with God because of the RT interventions. She had attended a Young Survivors Conference recently where she heard a physician speak about the importance of exercise and being spiritual. She commented how the physician "put spirituality in really easy terms for people to accept. It is really important to have outlets to feel that connection." She went on to comment that the Get REAL & Heel program had helped her gain perspective on life and that using the HeartMath technique to maintain heart rate coherence was particularly helpful. "I know I always felt good if I was at church or lying on a blanket looking up at the stars, but now I know more about why that is really so important to me and my quality of life."

Three of the other program participants also talked about how inducing psychophysiological coherence during biofeedback events related to spirituality in that it provided them with an internal state that allowed them to increase their awareness of self and connections with others. Audra summarized these sentiments stating,

Because of what I am learning through biofeedback, I feel more in control of my emotions and inner-peace. Just being around such a positive program with so much enthusiasm has helped me feel better about myself, my healing process, and my connection with others.

Not only were the one-on-one sessions important in providing opportunities to feel connected, but the group activities were instrumental as well. During one scrapbooking and drawing session, Rita commented how it was "easier to go through this [having cancer] knowing that you are not out there alone." Part of the effectiveness of this program may stem from the fact that it is not a typical support group provided in the community. Sarah stated that she "avoided support groups because it just didn't interest me." Similarly, Meredith noted during a debriefing on the challenge course that it was "so great to be with other people in the same boat." However, it was critical to her that she is around "people in the same boat who had made a decision that they wanted to do something about one particular aspect of having cancer." Sophia had a similar reaction to the challenge course experience. She stated, "The camaraderie was just real special. Even our trainers created a relaxed atmosphere. It was nice to be with people who are really all in the same boat because we all had that same feeling when we finished treatment." She went on to share how this camaraderie helped her, "We all had short hair in the beginning and I had my hat on and I thought, if everyone else can go without a hat on, so can I."

The changes the women experienced during the program also impacted other aspects of life, such as one's families and co-workers. Sarah provided these sentiments:

This program has changed every aspect of my life. I know that I have a calming effect on my boss and family. When I got in the car to go home on Tuesday after such a crazy day I was able to let it all go. But I really love how it is impacting my relationships with my boys. Now I hug them when they get all out of sorts and tell them it will be okay instead of putting more pressure on them.

### *Lessons on Becoming*

For all of these women, the experience of having breast cancer was a critical part of becoming. The experience demanded that their life unfold in an unexpected way. It was up to them and their families to reflect upon the experience and develop an appreciation for who they are and who they are to become.

Participants knew that it was necessary to change their life. After expressing her awareness of the fact that she knew she was going to



have to change her life, Rita exclaimed, "I am ready. I just know I have some work to do. I feel like I want to cry. I just don't know if I can do that here [during recreation therapy]." In creating a safe and trusting environment that was conducive to free expression, the therapist assured her that it was okay to cry, and on numerous occasions, both the client and therapist cried. Those tears seemed to be a natural expression of the emotion (joy, anxiousness, excitement, and fear) associated with becoming someone new.

Many women used the term "creating a new normal" to define the process of becoming. Each participant expressed considerable trepidation over the thought of moving forward and questioned how to accomplish this act. They spoke of how having opportunities to be creative during recreation therapy was an important step in beginning a new healthy life. The way that women used leisure to become someone or something new varied. Rita's cancer journey evoked a strong passion to share her experiences with her family, especially her children. She elected to write short stories so that she could pass on the lessons to her children. Rita stated, "I want my kids to know what life was like for their aunts, uncles and me growing up. I want them to see how we had fun, but also learned lessons. I want to bridge my history with a moral lesson." In this respect, she was essentially using the expressive art form of writing to become a new person and to help her children evolve as individuals.

Four other women spoke about how the challenge course offered them opportunities to identify who they were or were not. Sophia stated how she "loved the challenges. I found out I could do it, and that gave me a good feeling. I guess what I took away from the whole program was that I really can do anything I want." Meredith reflected how,

I had never done anything like that before. I'm really not a big outdoors, physical person and so it was awesome to learn that I could do something I just never envisioned myself doing. I learned that I must have this fear of heights and so I am up there going, Aghhh. I wasn't expecting this.

Similarly, Audra spoke of how the challenge course offered her feedback regarding her current physical abilities and motivated her to change:

I was very, very frustrated over the ropes course because, probably more than anyone, I was really looking forward to it. The fact that I was not able to even get up on the ropes to try made me realize that I need stronger legs. So I have been working really hard over the past two months to try and increase the strength in my legs.

### ***An Observation: Spirituality was Not for All Participants***

One of the Get REAL & Heel participants spoke of her difficulty in separating spirituality and religion. Due to her previous negative experiences with religion, she did not want the program to address issues surrounding spirituality and religion. During one recreation therapy session, using HeartMath in combination with the Journey to the Wild Divine biofeedback program, Sarah was offered the opportunity to consider if a spiritual state might help her achieve the relaxed physiological state needed to accomplish the biofeedback event. She commented, "If you want me to drop out of heart rate coherence, have me think about spirituality and religion." She went on to explain that religion had some negative connotation for her given previous family experiences that were still playing out in her adult relationship with her mother. She described how spirituality and religion were difficult concepts for her and had caused significant tension in her life. She stated that it was difficult to make a transition between thinking about accomplishing a biofeedback event from a spiritual standpoint when the previous physiological approach to accomplishing events had been to develop the skills and awareness needed to regulate her heart rate coherence, heart rate, and skin conductance level. She commented how "this whole time we have been talking about heart rate, skin conductance levels and breathing. To turn it into something spiritual is hard." These comments demonstrate that participants may have diverse experiences regarding the value and significance of the spiritual component of this program that warrant further evaluation.

### **Discussion**

The experiences of the women enrolled in the Get REAL & Heel breast cancer program provide considerable preliminary support for the notion that RT interventions can facilitate spiritual growth and well-being after initial treatment for breast cancer. It appears that the principles espoused in the Leisure and Well-Being model are particularly well-suited to facilitating this spiritual connection because of the focus on gratitude, appreciation, authenticity, mindfulness, and virtuosity. There were several limitations to this study that warrant some caution in the interpretation of the findings. Qualitative findings cannot typically be generalized to the overall population (Ritchie & Lewis, 2003) and that premise holds true for this study. Many of the subjective quotes used to support one dimension of spirituality may also support another dimension of spirituality. Thus, since spirituality is a multi-dimensional construct it may

be difficult to discern the direct impact that an intervention has on one specific dimension of spirituality. A good deal of work must be done before we can say with confidence that RT interventions have an effect on specific attributes of spirituality.

The Leisure and Well-Being model does offer extensive promise to the field of RT because it offers a way to understand and cultivate the individual and community supports that allow an individual to "thrive" in the face of disability or illness (Carruthers & Hood, 2007). It also includes the promise of using the experience of leisure as a mechanism to build a meaningful life and enhance an individual's capacity for well-being (Hood & Carruthers, 2007). In essence the Leisure and Well-Being Model articulates how the act of having recreation therapists help individuals savour leisure, be authentic, engage in gratifying leisure, be virtuous, and be mindful, can enhance their well-being by providing them with opportunities to live a meaningful and purpose driven life that offers spiritual fulfillment. Additionally, therapists who want to maintain a specific focus on spirituality as an element of the leisure experience may find the Leisure-Spiritual Coping model proposed by Heintzman (2008) to be an effective theoretical framework to guide service delivery.

If it is true that RT can be a mechanism to facilitate spiritual growth and development leading to enhanced health in individuals battling cancer, then the ability to effectively document the outcomes of services will be crucial. As several other health care professions have noted, if professionals are to assist in the spiritual growth and development of clients, they must clearly be able to articulate the anticipated outcomes of interventions and how these changes are related to high levels of health and well-being (Martsof & Mickley, 1998). Recreation therapists would have to be able to substantiate for the medical community that they are capable of providing medically necessary interventions that result in specific functional improvements. This will undoubtedly be a difficult task. Reliable and valid assessments would need to be developed and the competencies of practitioners assured. Developing reliable and valid assessments is a challenge given the various ways that individuals define and express their spirituality. As we witnessed in our program, some individuals may have concerns with incorporating spirituality into their medical treatment and may desire to draw clear distinctions between health care and spirituality. On the other hand, individuals who seek spiritual guidance as a part of their medical recovery want to be assured that the professionals providing care are qualified. A dilemma exists in that recreation therapists are not typically trained to intervene within

this domain (Burkhart & Hogan, 2008). Certainly, the issues surrounding how to train and assure professional integrity would have to be addressed if RT desires to deliver interventions within the spiritual domain.

Recreational therapists are typically trained to employ a number of interventions that can facilitate the coping and meaning-making process (Heintzman, 2008). As suggested by other authors (Carruthers & Hood, 2007; Heintzman, 2008; Hood & Carruthers, 2007) and as evidenced by the women in the GRH breast cancer program, interventions such as journaling, challenge course, expressive arts, creative writing, and dance may provide countless opportunities for therapists to include spiritual dimensions in their practice. The women in this study suggested that the variety of interventions employed in the GRH program helped them find life meaning, determine life values, transcend life experiences, connect to others, and become. However, as noted by the authors, the spiritual outcomes resulting from these interventions were largely unplanned, and at the time, not intentionally designed to target the spiritual domain. Therefore, to ensure the professional integrity of services, therapists should familiarize themselves with critical pieces of literature, provide services under existing theoretical models that explain the connection between leisure and spirituality, and obtain the education necessary to fully understand how spirituality can be used to facilitate client well-being and quality of life.

One of the most interesting and powerful interventions related to spirituality among the Get REAL & Heel participants was the use of biofeedback programs such as the Journey to the Wild Divine, Healing Rhythms, and HeartMath. There is considerable scientific evidence to suggest that learning to be aware of and to manage emotions may empower individuals to improve their health and quality of life by giving them skills to regulate their psychophysiological state (Childre & McRaty, 2001). Becoming aware of one's emotional state and being able to stay focused on positive emotions such as love and appreciation is indicative of an internal state of being that can foster the development of spirituality (Childre & McRaty).

Due to recent advances in medical research, we have a better understanding of the major role that the heart plays in influencing psychophysiological function. The heart is now being recognized as "a sensory organ and sophisticated information encoding and processing center, with an extensive intrinsic nervous system capable of making functional decisions independent of the brain" (Childre & McRaty, 2001, p. 14). In

an attempt to develop the capacity to engage in mindful leisure, and experience leisure appreciation (Hood & Carruthers, 2007), individuals in the Get REAL & Heel program received biofeedback and HeartMath training. Through continued practice, individuals use this training to regulate their stress level and to lead healthier lives. Therefore, if we are truly concerned with increasing well-being, recreation therapists should improve their skills and abilities to utilize techniques that enhance a client's functioning.

One simple way to measure improved psychophysiological performance is through distinct patterns of heart rate coherence (HRC) which represent a high degree of order, harmony and stability in mental and emotional processes (McCraty, et al., 2006). As our results demonstrated the process of developing the skill and emotional capacity to engage and sustain HRC often evoked a spiritual response as well. Given that research has linked sustained levels of HRC to improved DHEA/cortisol ratio and focus on positive emotions, the utilization of this intervention may be very well suited to improving physiological functioning (reduced stress reactivity and improved homeostasis), help individuals maintain good health, while simultaneously leading to the expression of their spirituality (Childre & McCraty, 2001; McCraty, 2003; McCraty et al.).

## Conclusions

Moore (2006) stated that "Spirituality gives the soul its vision and the soul gives our lives emotional, intellectual, and even physical vitality" (p. 10). He argued that if medicine addressed "us as whole persons, having important relationships, living, and working in a particular place, with our dreams and fears and concerns, we might be able to heal from the inside out" (p. 1). The Get REAL & Heel breast cancer program, framed under the Leisure and Well-Being model, may be able to improve overall quality of life and increase the length of survivorship by providing clients with opportunities to strengthen their body and mind during the cancer experience. The participants in this program were treated as individuals who each had unique goals, dreams, and understandings of spirituality.

There are several limitations of this study that warrant caution when interpreting these findings. Namely the case study methodology and small sample size limit our ability to generalize the results to the overall population. Particularly in light of responses of one participant it must be acknowledged that addressing spiritual concerns during recreation therapy may not be appropriate for all individuals. Future research

could greatly enhance our understanding of the relationship between spirituality and recreation therapy by conducting large, randomized trials that apply specific interventions designed to impact dimensions of spiritual health. We may never be able to develop a protocol whereby individuals receive a specific intervention and are assured of a desired spiritual outcome. What we have witnessed is that this integrated approach toward meeting the physical and psychosocial needs of breast cancer clients allowed individuals to express themselves spiritually, giving them an opportunity to fully heal from the inside out.

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